Reversing Hashimoto's? The Unconventional Tools You Haven't Tried Yet – With Lexi Yoo Transcript

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Introduction and Guest Background

Hello and welcome to the Thyroid Pharmacists Healing Conversations podcast. I'm your host, Dr. Isabella Wentz, your thyroid pharmacist, and today we're doing a special interview with Lexi Yu.

We're going to be talking about some of the unconventional approaches to Hashimoto's autoimmune and thyroid disease. i'm going tell you a little bit about Lexie before we welcome her to this show.

So Lexi Yu is the founder of Udirect Health, a leading integrative medicine practice specializing in anti-aging treatments and bioidentical hormone replacement therapy, as well as aesthetics.

A double board certified nurse practitioner in family and pediatric medicine, Lexie began her career in 2011. She earned her nursing degree from Purdue University, and has completed her pediatric nurse practitioner training at IUPUI and later expanded her expertise with a post-master's degree in family practice.

Her passion for functional and anti-aging medicine led her to pursue advanced certifications through BioTE Medical and the Institute of Functional Medicine, where she is recognized as an IFM certified practitioner.

In addition to her clinical work, Lexi is a national speaker, Galderma GAIN trainer, and aesthetic medicine expert with fellowship training from the American Academy of Anti-Aging.

She founded the YDH Training Academy in 2023 to educate practitioners in hormone optimization, thyroid health, gut-healing peptides, and aesthetics. She has a podcast, A Better You Project, I was recently interviewed for that, so I'll be linking to that.

Appearances on platforms like the Longevity Blueprint, she continues to inspire both patients and practitioners Delivering personalized care and driving innovation in integrative healthcare.

Lexi, it's so wonderful to have you here. I'm so excited to you and I am so exited about all the work that you do to help people live their best lives and thrive.

And you've been kind of at the tip of innovation and integrate of medicine. It's excited having you with me. Yeah. Well, thank you so much for reading that.

We need to shorten that bio a little bit, but as you know, I got to interview you most recently and just all the great ways that we can help patients who struggle with autoimmunity, specifically Hashimoto's.

I've been a big fan of yours for many, many years. The Hashimoto's Protocol is probably one of the first books I read that changed my whole mind on when it comes to approaching the autoimmune conditions and looking at lifestyle, nutrition, gut health.

Then not only that, taking what I learned in all these other organizations and then knowing what we know about cellular medicine is it's building onto different pathways and using things like nutrients, repurposed drugs, peptide therapy, IV therapy hormones as well to really help our patients.

I'm super excited to be on this episode with you and I can't wait to dig into some of the questions. Okay, I'm excited too. So I love repurposed drugs.

One of my favorites is low dose naltrexone. I know this is something that you utilize with your patients. And I would

love to hear your take on that, your best practices and perhaps just a little bit of a background on LDN and how you like to use it and what benefits you see.

Yeah, absolutely. And so, you know, coming from a traditional medicine background, we're all trained a certain way. So when you talk about things like naltrexone to a patient, they're like, I don't have an addiction problem, or I'm not overdosed on anything.

I understand that. But I always like this concept, what doesn't kill you makes you stronger kind of thing. So we talk about in wellness, in hormesis. Hermesis is yielding a small amount of stress to the body to then trigger its own natural immune modulating properties to heal itself by doing what it would naturally do.

Low-Dose Naltrexone for Autoimmunity

The way I describe low-dose naltrexone is it's a little baby dose of naltrexone that when we take it can help modulate the immune system in a variety of different ways.

And so one of the things that I love using it for is in my autoimmune population because it could help specifically with up regulating the system to kind of help heal itself from within.

Some other additional modalities that I use it for are things like mood. I find that it's actually very helpful for mood, it can be extremely helpful for recovery, repair, growth hormone, healing, kind of setting your rhythm for the day.

And so LDN has such a great impact on sleep. So what I tell patients, if you're not sleeping well, your body doesn't want to heal itself, right? It's going to be angry.

You're going be hangry because your insulin's getting dysregulated throughout the days. That's another way that I use it, chronic pain. So chronic pain, again, I can't stress this enough.

This is another great way to help again modulate the immune system to, um, help your body, kind of endogenously produce those, those kind happy hormones kind thing.

And, and basically what it does is it helps with improving the, receptors. So things are kind of turned on and they're a little bit more sensitive so this way your body does feel better.

And I would say that probably the fourth way that I use it in a lot of my patients and if you work in integrative medicine, especially in the women's health section, it's fatigue, weight loss, brain fog, anxiety.

Like those are like four most common symptoms and I feel like LDN hits a lots of those. But the weight-loss piece of it too, does help a bit on cravings.

I call it sometimes food noise and so it can kind-of help with supporting where the brain thinks about pleasure and food in particular. A lot of times I'll pair that with another medication called brupurpeon.

That can be super, super helpful for the weight loss piece of it, but really blocking those opioid receptors so this way you get this nice quiet and then boom, release of the growth hormone.

Then that is where really the immune modulating cascade takes place after that. It's really quite fascinating because I'll see women with Graves' disease and Hashimoto's, sometimes women, with long-term fertility issues.

They'll be able to take low dose naltrexone and that really helps to modulate their immune response. My husband was diagnosed with ulcerative colitis and thankfully, I went to like an IFM training on gut health right before he was diagnose and then we had a few really incredible friends who specialize in gut health and we were able to get him into remission right away.

And one of the things we did was making sure that he was on LDN because it can help with getting a whole host of

autoimmune conditions into emission, whether that's ulcerative colitis or Crohn's, and it's even used for cancer prevention.

Now, I know some practitioners will say for thyroid patients, they might use even a lower dose than like the traditional dodo snuff. And I'm curious what your approach is.

I am so glad you brought that up because I had a recent case, this physician that I take care of, she's a GYN, and she is coming over to the bright side of medicine.

So she in her A4M program right now. and I have taken her on as a patient. She's got Hashimoto's, didn't know it until most recently. And I started her, so my typical protocol is usually I start about 1.5 milligrams and I do that for five to seven nights and then I titrate up to three milligrams.

You know, and, I would say what I'm educating the patient is most common side effect can be some sleep disruption. Some people get great sleep with it, some people are up every couple hours kind of thing.

She almost had the paradoxical effect to what I would expect. So for her, I had to lower the dose a little bit. I think we decided at 0.5 and we were gonna do 0,5 for seven days, then titrate up to one milligram for 7 days.

And I to do that same protocol with another patient who had POTS. um she she actually with her I had to start at 0.25 because I try to jump into the 1.5 so it's almost like now I'm far more aware if someone has already this kind of immune system that's kindof finicky like we probably should start a little bit lower than I would traditionally start.

At the one point five so somewhere around point two five point And instead of like the every five days, I might go every seven to 10 days. Letting kind of how you feel.

I love when my patients track their sleep. So I'll say like, let's look at your heart rate variability, Let's Look at Your Sleep Scores, because then that can kind help us determine like are we able to go up or nope, lets just kind hold here.

I even have some patients where they say they get a little energy from it. I actually have patients that I'll have a smaller dose or the normal dose in the morning and a baby dose at night.

One of my employees, I have around a three in morning in a 1.5 at nights. In a day, she's getting 4.50. The 1,5 did not mess up her sleep. When I went to the three, it did.

Now she does three-in-the-morning and 1.,5-at-night and that works super good for her. So yeah, it's like the more kind of nuance-y things when it comes to, like with experience, right?

And you're like, oh, I saw this case, maybe I should start a little bit more conservatively. I would say my POTS patient and my HASHI patient recently definitely consider kind maybe a a bit of more of a conservative approach.

Yeah, it's interesting. My husband was taking it in the mornings because it disturbed his sleep earlier on in my healing journey. And I feel like it helped me sleep.

But I had very vivid dreams. Some people have nightmares. I have like five on a force dreams, I didn't complain. Like, but they were interesting for sure.

when I'm doing a consult on low dose notrexone, and I think this is probably because I have a pediatric background. So like things are things in Peds are a little bit more at my forefront.

I asked them, do you ever have you, ever had a history of night terrors as a child? And if they say yes, which it's not super common. But again, I didn't because that worked in peds.

.25 or.5 or you know what, let's just do it in the morning because it can trigger and I don't want all of that to come

back on the patient. So sometimes I just start a little bit lower but I do tell them about the vivid dreams.

Yeah. One of my colleagues, a nurse from from Nashville, Shannon Garrett, she had talked about how you have to get a person ready for low-dill snail track zone.

And I know in my experience, about half of the people that I've worked with tend to do really well with it, and then the other half just don't really see benefits, or they're like, oh, you know what?

It actually kind of makes me more tired. She had mentioned that Candida was sometimes something that could prevent the LDN from working well. And I'm curious if you have any kind of experience or insights of like, can you predict which patient might do well on LDM or do you just say like it's worth a try because it is so well tolerated, like is either going to help you or not and then we can just stop it if it doesn't help.

Yeah, so I, you know, I'll look at their entire med list and see what other maybe, the nice thing is Zeldian is actually very, very well tolerated. You know the only contraindication would be is if they're on high dose opioids, because it can potentially cross cancel.

If someone's having surgery, i have them stop it like seven to ten days before their surgery because I want their anesthesia to work. I would say as far as any other things, Not in particular that stands out to me.

Because the price point is not bad, the barrier to entry to try it is no bad. We've got some amazing compounding pharmacies that we work with. So we're able to kind of like, I need 90 capsules of 0.25 so we can kind mess with it a little bit.

But rarely do I have people not tolerate it. It's usually because of the sleep thing and then I say take it in the morning and there's that. I love to check things on laboratories, so some of the markers I'm looking at to see, are we on, you know, people like, I take it, and I don't know if I notice anything, well, let's look at the details here, or the data.

And so I'll look thyroid globulins, reverse T3, TPO antibodies, homocysteine, high-sensitity C-reactive protein. So these are all kind of these like markers of distress or inflammation, if those are getting better, listen, your body is telling me something on blood work here that we might be moving in the right direction.

I wouldn't say there's a direct patient avatar that's like, no, don't do that to them. But I would just say, there are certain ones I'm more cautious with, more conservative.

Then I am very, very big on we got to check blood panels to see what other benefits or downstream effects that that were getting for patients. Yeah, I love that approach.

I feel like it's worth a try for everybody because it does work so well for the people that it works well. For and then some people like I loved that you do blood work before and after because some People might not feel different after the first month, but their bloodwork is going to start showing some changes, right?

Yeah. And you know too, and I'm sure you've seen this, is sometimes people don't realize that they are feeling better until they're like, I think I am going to stop it.

It's not doing anything. Then they've been off of it a week or two and they were like oh my gosh, my inflammation is back. My joints hurt. I don' remember them hurting.

Sometimes it's like the test is when you stop and it was actually helping and you just didn't realized it because it is so subtle. It's so true. I know sometimes we'll do like an intake and a person will have 17 symptoms and then we will do a follow-up intake, and they'll have five symptoms.

But they might be very focused on those five systems that are persistent, that they forget that 12 things actually got better with all of the amazing changes they were making.

The name of medication we're talking about. So the name is Neltrexone. And if you were to get a regular prescription for it, it is like 50 milligram dosage.

But what scientists and researchers and clinicians have found is when you use it in a small compounded dose, like anywhere from 0.5 to 4.50 per day, you end up being able to modulate the immune system.

It is known affectionately as LDN by the people that know it or love it and low dose naltrexone is typically people in the know will know. If you see a practitioner and if you're trying to advocate for yourself, you can ask for, hey, do you prescribe LDN or low dose naltrexone?

Because you don't want the 50 milligram dosage that you could get from a pharmacy. I know when I was first on my healing journey, I I asked my doctor if they would prescribe Naltrexone to me, and they're like, here you go.

When you're a pharmacist, doctors are just like okay, you know the risks, I'll trust you with it. The 50 milligram isn't going to work as well. This is the prescription version and we do need to get that compounded for people in order for them to gets the benefits of the immune modulation.

The other therapy that you mentioned that sometimes use along with naltrexone is bupropion, which is the generic for wellbutrin. It's typically, I guess the unlabeled uses would be like depression, even smoking cessation.

the older brands. I think it was a Ziban. It's actually one of my favorite medications as well, because it can have so many benefits for a lot of thyroid patients.

What I find, it helps with focus, helps a little bit with weight loss, a bit of energy. And I'm curious what benefits you see in your patient population with that.

Yeah, you know, I love it. So in our practice, we do a lot of women's health. I like that one in particular for a couple of reasons.

Bupropion and Synergistic Weight Support

Um, don't see that it negatively impacts libido, um, which is, a big part, as we all get older and it's kind of like one of those things that, it still very much, uh, an area of health that we need to address.

And so I'm a, big, advocate for sexual health, So I like that for that reason. A lot of times women also come in and they feel very overwhelmed, right?

And they're used to handling 20 million things going at the same time, and then they have a job, they are a wife, a mom, or a daughter. I liked it because it helps with that overwhelming feeling.

Meanwhile, I'm also replacing their progesterone. It's working on sleep, but it kind of helps patients come up for air. You know, so so I do find it's helpful for that.

Um, I want to say too You probably would know better than I knew it. It's on label for I think adult ad d Um which I, think sometimes gets a little bit overdiagnosed um, but I Do feel like it does help people not feel so overwhelmed by all the commitments that they've made So whether that's an add you're overcommitted or you' re a hormone imbalance, you know know, kind of thing.

So I do like it for that. The brain fog in particular, so I want to say that there was a study I read in particularly that helps, it can also help with post concussion syndrome that I thought was interesting.

It was, oh, is a paper from a while ago, but I think that was super, super fascinating on that, but I couldn't remember exactly that mechanism. And then I would say the other, again, kind of thinking the most common complaints when women come in to see me is the weight, and so pairing, well, beetroot by itself can help with weight with modulating kind some of the appetite, hunger cues, you know, food noise, emotional eating is probably one of biggest things.

And I almost feel like pairing a little bit of Wellbutrin with Lodos not Trexone is they work synergistically and it's almost like one plus one equals three in that they help optimize each other.

So they actually work even more better than they do in by themselves. Um, so I would say that, you know, there's a lot of study support that it does help with kind of the addictive type behaviors.

Thinking about, vaping wine in particular, like, my lady's using wine to wind down kind And a lot of times I will pair low dose naltrexone with a little bit of some glutite because that also helps on the hypothalamus of the brain, which is where some of those addictive behaviors come from.

And so I pair that together and I can't tell you how many patients I've gotten off of alcohol, nicotine, TikTok, like just, you know, the mindless doomsday scroll, kind of thing, vaping, all kinds of different kind advices that people have in particular.

But like I said, I feel like the least amount of side effects, especially on the sexual health, the weight, focus, overwhelming feeling of being a lady in their 30s and 40s, and 50s kind of thing.

And then kind just some other little, like, nuance-y things. Like, oh, it does help with that, too. Yeah, it's incredible. In recent years, semiglutide has become very popular.

And I know some of my my friends that were like really into wine, they got on semaglutaride in very low doses. Some of those cravings that I had are just not there.

And I'm like, that's great if it can help you, you know, lead a healthier lifestyle. I love that you talk about using some of these therapies in synergy, right?

So you use LDN with peptides and hormones? Yes, absolutely. As we've all learned from our friends at the IFM, autoimmunity starts in the gut, right? Genetic predisposition, there's usually a trigger, whether it be an infection, a pregnancy, trauma, any of that, and then the got permeability, so we always say genetics holds the gun, but lifestyle and choices is what pulls the trigger on that.

Genetics don't define us. And so when I have an autoimmune patient, I'm like, have you listened or read the Hashimoto Protocol? So that's like number one.

And then now it's the most recent podcast that we did that will be now you got to listen to that. That's step two. But the third thing that, you know, and what's so hard, because our toolbox is massive when it comes to helping patients with Hashis, right?

And, we get excited about it, but sometimes it can be overwhelming to patients. So what I would say is, how do we do little changes that can make the most impact.

This is where I really love utilizing some of the peptides because peptide are naturally occurring. We make them already in our body and we've made them for years and years.

Peptides are not new despite what you might see on social media. They're not knew. The first peptid that was ever discovered was insulin. Going back to our gut health, we make a 15-chain amino acid peptde called BPC157 or body protection compound.

This is a wonderful, very, safe peptide. Again, already made in our body that a lot of times I will use in patients with autoimmunity or with gut issues because what it does is it can help with improving gastric juices.

It can also help in accelerating gut healing, inflammation. If you're taking a patient through a five-hour protocol and you are doing the removal phase, so you may be using some oil of a some berberine, some antimicrobials.

Well, you got to repair somehow. So honestly, pairing BPC-157 with like an L-glutamine or something of that nature

can be so, so harmonious in that it works so well together.

The other thing that Bpc- 157 does is it improves angiogenesis. You're improving blood flow to areas that maybe wasn't the most optimized. So when you improve those areas, you can accelerate healing in a lot of different ways.

Lots of great research on utilizing BPC-157 in like peptic ulcers, gastric ulcer, any kind of surgical Crohn's disease, anything like that. So in our practice, anyone who's had like mommy makeover or they're going through a hysterectomy or just had their shoulder repaired or whatever, whatever they are doing.

BBC 157, hands down, is probably one of my most favorite peptides for that reason. Price point's not bad. It's actually a nutraceutical now, so it's more on the supplement side.

And as a capsule, you don't have to inject anything, which I think sometimes using injections can be very overwhelming and kind of scary for patients.

So it is a great, great peptide. I love it so much. Actually, I was giving it to my dog, a little hip from swimming. Anyway, works great. I pair that also, if I'm again taking a patient through a five-hour gut protocol, I will pair it with KPV, which is another, it's actually a tripeptide.

And KPB, lots of great, great research using it in Crohn's and ulcerative colitis as well. It's an anti-inflammatory, kind of again, having that synergistic effect like one plus one equals three.

The cool thing about KPV, though, is it's got some antifungal properties to it. It's antimicrobial properties, antibacterial kind of thing. And so there is a supplement that not only has BPC-157, but it has got KPB in it, and so that one can be great for a patient where maybe I'm concerned that they might have Candida or SIBO or H.

pylori, which is I feel like everybody's got that. So that one can be super, super helpful.

Peptides for Gut Healing and Hashimoto's

And then the third peptide that I would say that is really pinnacle in this is as we talk about, gluten in particular can such a problem within the microbiome, right?

There's molecular mimicry where your body sees gluten and it's like, oh my God, Ford Invader, attack everybody. Well, unfortunately, your poor thyroid gets caught in the crossfire.

And so that's where those antibodies will start to build up. So one of the most basic things patients can do is try to eliminate or minimize gluten as much as possible.

There's another peptide called lorazetide. And lorozetides is another amazing peptides that it's a capsule, which is great. But what it does is it reduces the intestinal permeability by preventing the activation of immune system by helping block zonulin.

Some of that with gluten and zonulin, if you've got these little junctions in the gut, think about a white tight picket fence, it's removing little pieces of wood off of them.

When you have those open junctions, that's where you're going to get that infection, the endotoxemia, where your body's just not going feel good. The rasatite can tighten up those junction to form a nice protective barrier, so your is not constantly getting almost like poisoned from within with gluten or dairy or whatever potential triggers you might be.

So I would say, you know, those three peptides, there's so many peptide, I could go on and on, but I'd say those 3 in a really good Hashimoto protocol can be game changers for that.

The gut healing peptids, so we're talking about BPC157, KTV and lorazotide. I feel like not a lot of people have

heard about these. They've been available for the last few years, sometimes in injectable form.

And it's like, peptides are such an incredibly helpful emerging body of science. I know it was maybe like 13 years ago when I was researching how to get Hashimoto's into remission and the whole three-legged stool of autoimmunity, I came across the work of Dr.

Alessio Fasano, and he had talked about when you have an autoimmune condition, need to have the genetic predisposition, you need have some kind of a trigger, and then you have to the gut permeability.

And I know you and I are like, okay, so that gives us an action plan where we know that a person has gut-permeability, if we can address that, we get that autoimmunity into remission because it's like the three-legged stool, to be present in order for it to stand.

And so I was really excited because he actually had been studying lorazetide many, many years ago, and I just realized a few years that you can get it as a supplement.

So it's now available for people to utilize it for gluten sensitivity and any kind of intestinal permeability issues. I know I've seen a lot of my colleagues have been using peptides for gut healing with autoimmunity.

And it's just been really, really fascinating. So I'm excited that you had a lot of experience using these in your patients because, you know, sometimes you hear about these like very promising things in the research, and you're like, Yeah, but it doesn't actually work in real world.

and these are actually working in in Real Life, right? Yeah. So that's super exciting and people can get those. Sometimes they're via prescription and I know there's companies that are coming out with them in supplement form as well.

What about we mentioned testosterone and hormone balancing, I feel like a lot of times women and men with Hashimoto's are going to have issues with low testosterone levels.

I'd love for you to share perhaps that connection between testosterone and thyroid health. And if we replace testosterone, are we going Yeah. Great question.

I think what's difficult in hormone management and thyroid management is all the symptoms can very much look the same. A lot of times, it takes a really good investigation of blood panels and symptoms to see what because low progesterone or luteal phase defect can sometimes look like the systems of low-progesteron.

estrogen dominance can also, you know, look like that. So I would say one thing that's really kind of unique about testosterone in women is we have more circulating testosterone and our body than we do estrogen.

A lot of people don't know that, but it's true. It's truth. Unfortunately, on the market, there are 30 available FDA approved options for testosterone.

And men, There are zero for women. zero, which is so disheartening. The other piece that is really interesting in Hashimoto's and specifically testosterone is testosterone can help support the thymus gland in a lot of different ways.

And the Thymis gland, in particular, is where much of the immune system can be kind of enhanced or is kind of where like the strength of it kind comes from.

And so when a lot of times when I see, when i replace testosterone in women, I may have not done anything with the LDN or all my other cool tricks, we've just did testosterone, their TP-L antibodies will start to drop.

which is incredible. I think in many ways, the five rights, you've gone over what the risks and the benefits are. The right dosing. Finding a good dose for a patient, and everyone's different.

Like I train practitioners all the time and they'll say, what's the right dose? I'm like, whatever's right for the patient. Monitoring lab values. Again, that can be difficult because if you look at any standard lab, their reference rate on testosterone in females can like five to 40. What's like if you're six and you feel terrible?

You're like, sorry, you are in the normal range. You know what I mean? So that's what's also really, really tricky about women and replacing testosterone.

So the answer is no, You are not going to turn into Arnold Schwarzenegger or you not gonna look like a man. And male dosing of testosterone is 10 times more than what we would dose in women.

And so I have the very fortunate opportunity. I offer all kinds of testosterone placement. We do creams, we do shot in women, cream shots. Um, We're trialing out this, um, lymphatically absorbed oral testosterone called Kaiser tracks.

Uh, I'm actually on it right now and I I've been doing a study on myself so that I can report back to, but I always say, would never do anything to a patient.

And I would try myself. We do pallets, we do everything, and so I think, again, for the right patient, the modality works best. So I know that a lot of people do creams, which is great, low barrier to entry, cost is not bad.

I just feel like when I've tried it compared to some of the other modalities with my patients, I feel like we see better outcomes sometimes more with injections or like a once-a-week injection of testosterone or sometimes even pellets.

Again, this oral testosterone is very intriguing. Don't worry, I got baseline blood work, so I will report back on LFTs and totals and frees and sex hormone binding, and all that good stuff.

Testosterone can help support the immune system. to no end when it comes to that. The other piece of it too on hormones and the connection with autoimmunity is thinking about low progesterone.

Low pro gesterones can very much cause symptoms of impacted sleep where you're waking up or you are waking in a night sweat. If you aren't sleeping well, you won't be recovering well and you will not be producing some of those other hormones.

And that can cause something that is stressful in the body, which can a rise in something called reverse T3. And so when we talk about, you know, free T-3 and reverse, T 3, we say T three is is the gas and reversing three as the break.

Again, if you're not recovering well and you are not sleeping well in your moods all over the place and your drinking wine to medicate yourself before you go to bed, guess what's going up?

Your reverse. T Three. And so it's almost like the downstream effects and this is where functional medicine is beautiful because we're looking at upstream and downstream and what can we do to help all the streams is that you have to it.

It's a balancing act between this. Is the symphony like just focusing on one is not you might feel better, but you're not going to feel the most optimal.

So I think looking at all the hormones and where they're at in their cycle, if they are still cycling, or if you know that they's cycling can be so helpful.

Where it gets really tricky though, women with an IUD, just because they don't menstruate. So you want to check progesterone and luteophage, you have no idea.

Women who have had ablations, they have no menstrual cycle at some point. So again, looking at blood work can

be tricky. And then I would say the last one is let's say they had a partial hysterectomy or even a full hysterectomy.

They went through surgical menopause early, so they're missing that estrogen piece, which is super important when it comes to all the different functions, heart, brain, lungs, bones, all those things, mood.

so, they are very much intertwined. Yeah, it's interesting because sometimes women might come to a provider or they might have a thyroid disorder as their primary issue or that they were diagnosed with.

But then when they get a full workup, insulin resistance and you actually have low levels of progesterone and your testosterone is testing at zero and, you know, your adrenals are really crushed and so I know a lot of times women will be like, well, I was given thyroid hormone and you know, I thought I would feel better.

I though this was my problem. But it turns out you have to like dial in a few different things. You have dial-in sometimes it's the hormones, sometimes its like nutrient deficiencies, sometime it is like, you now, whatever toxic exposure that they've had.

And I love that you really work on these nuances. A lot of times, unfortunately, women going more of like the traditional conventional medical approach they'll get a provider that will put them on levothyroxine and synthroid, and they will be like, I'm still feeling depressed.

I am still anxious. And they would be, well, let's send you to the psychiatrist or let us give you an antidepressant. If it helps somebody, absolutely.

But there is a whole autoimmune hormonal cascade that sometimes progesterone deficiency can cause anxiety and insomnia. It's not like a Prozac deficiency, it's like pro testosterone deficiency.

And if we can figure that out, then that could really change a person's life. You know, too, having mentioned that, I think it is not talked about enough, the impact of oral contraceptive pills on thyroid.

Like, It is incredible to me how many thyroids tank after people start birth control. Again, i'm not against that. But it's one of those things that, you know, if we're doing a consult with a patient, I would say, like, these are the other things we have to monitor.

When you're on oral contraceptive pills, it is going to rise something called sex hormone binding globulin. And unfortunately, that sex-hormone-binding globilin might also bind up that thyroid hormone.

So you might feel I've been on the same dose forever and all of a sudden I don't feel good. Well, let's look into that. Sometimes that can be an issue too.

When I was working at the pharmacy during pharmacy school, I remember it would be dispensing birth control pills and then proton pump inhibitors. I worked at that same pharmacy from age 16 to 23, so I would have the same patients who I knew by name and got to know their families and their histories over time.

At a certain point, it will be like, okay, you start off with birth-control and you end up with a thyroid prescription. And for me, it was like, oh, this kind of happens when women get older.

Then a part of me was, like hey, is there a connection between birth control pills and thyroid dysfunction? And I don't know, I had this intuitive feeling that there was.

I think my first blog post was about birth-control and thyroids back in 2013. Just recently, they did a large-scale study that did show birth can lead to autoimmune thyroid disease.

And like, I'm not anti-birth control either, but it's like there's other ways to prevent pregnancy or manage your fertility.

Hormones, Testosterone, and Thyroid Health

People should be educated about that. There's ways other to manage hormones. A lot of times, conventional practitioners are really quick to say, like you have PCOS, here's some birth control, or you drone, here's some birth control, or you have menstrual cycle irregularities.

And it's like a band-aid approach because it doesn't get to the root cause, right? Yeah, no, I completely agree. Yeah. It's been really challenging, some of the people in my community coming from a conventional medicine practitioner to advocate for themselves just because a lot of questions they ask and perhaps they might educate themselves watching us or reading things online or books, but then they go see their conventional provider and they're sort of, it's like a deer in headlights, they are sort told like, no, this is all in your head, right?

That can be very frustrating, and this is what I tell patients is one chef, one kitchen. I'm not going to argue with your other medical team. i'm glad that you have them, but there's different schools of thought.

Not one is better or worse, you as a patient have to decide what route do you want to take and then stick with that route because it can so frustrating when you're getting…

We see this all the time with hormones when we're replacing hormones, right? And it's like, okay, listen, I'm not going to argue with your GYN. I am happy to send them research.

They're never going read it, but I will send it to them. Same with thyroid. Well, once I've checked your TPO, don't need to check it again. There are so many ways to reduce thyroid peroxidase antibodies and thyroglobulin antibodies.

I feel like, yeah, it's like a big thing like oh, they don't matter and the thyroid antibodies don t mean anything. And I'm like and some practitioners will say like you don' t even need to reduce them.

But they've been implicated in so many different You know anything from like anxiety to multiple miscarriage to cardiac issues to brain dysfunction where I'm like if you have them, then you need to try to reduce them and monitor that and I think it just doesn't make sense for people to I guess.

at this day and age not to do their own research because I feel like there's so many things they could do to get themselves to feel better. I know we get super excited about all of the things and sometimes they can feel overwhelming.

So it is a bit of a learning curve, but I think it's worth it to be able to understand your body and your health condition when you're going through something because that allows you to properly advocate for yourself.

Absolutely. Um, there's a lot of controversy about pellets these days and I know, um, I Know that you use a lots of different ways to replace hormones and testosterone So i'm curious your thoughts about Pellets.

I knows some practitioners are like never pellet and then others are Like we only use pellete You know I ii'm so glad you brought that up because I very much feel that way too is is like you're either all in for pelletes and everything else is garbage or you like pellettes are the devil and every you know like you know, whatever, right?

I have the wonderful opportunity to do all of it, because every patient is unique and different, and I can't expect the same modality to work for everybody.

I would say, to be really honest with you, a majority of our practice does pellets. And so let's talk about what that means. So a pellet is kind of like the size of a piece of rice, Basically, it's a minor surgical procedure that we do in the office.

You're numb before we it, and we take into account a lot of different information. We look at your activity level, your testosterone levels, we look what other medications you're on, you health history, all these other things.

Basically on that piece of pieces of information. We put together a dose that we feel that would be the best for you. And the nice thing is, I have tons of experience.

The last seven years doing pellets, my practice does about 300 to 400 pellet a month. So we do a lot. Our retention rates are great. Why are we so busy?

I've seen patients for the last 7 years on pelletes. So having said that, I say pellets are kind of like the crockpot of hormones. It's kind like set it and forget it.

For some people like us, you know, too busy and it's like I don't have to remember to inject myself or I remember slap on a cream every day and then not only that we've got little kids.

I worry about transference, right? So we got to figure out places where it is not going to touch our dog or our child or it will rub off on the couch and the kid sits on it, So creams can be great for a lot of patients.

It would be something you'd have to do every day. Pellets in females is typically done every three to four months, depending on the patient activity level.

I have some women in their 60s and 70s who get it every six months and they feel amazing. And they're like, I never not wanna do this again, which is great.

So those are two really good options. With pellets, in particular, they get a bad rep for couple reasons. I think because there are a lot of maybe training companies who are bit aggressive with some of their dosing, which whenever I'm training practitioners, I tell them, we start really, really low and we work our way up.

And I told patients that you may notice nothing when you come back. It's like adding seasoning to a soup. Once you add it, you can't take it out. I always say we can always add in more later.

It is not uncommon to not feel a whole lot of anything to your second round of pellets because by that point, I've figured out a little bit more sweet spots.

We check labs very often. Will check a peak and we check at trough, so I can assess where things are at. Some people who are marathon runners and when they're in season and training, they up their testosterone a bit because it's released on cardiac output.

I have some patients during a stressful season in life like my accountants I Have to up their testosterone a little bit more because it's such a brain hormone for them You know as far as managing side effects I go over every potential side effect that that I can think of with my patient I tell I'm gonna go for everything you may not get any of these but I gonna Go over everything just in case you're that patient that does for every thing that i do There's something I can do to help mitigate that system.

But yes, to answer the question, once pellets are in, you can't take them out. That's why you have to start very conservatively. Pellets may not be for everybody.

I'll give you an example of a lady who maybe pellet weren't for her because she got a lot of scar tissue in the area. She's someone who tends to keloid.

That is where you'll develop a raised fibrous scar. For her, she wanted to wear cheeky bathing suits. Her pellets were going into her butt cheeks. I totally get it.

We moved her to testosterone shots. She does a shot once a week. she feels great. we work with a compounding pharmacy who makes a small compound inversion because commercially available is a 100 and a 200. Well, I want a 50 milligram per milliliter vial, because then it's easier for them to see what they're doing versus trying to use a male vile.

And I'm like, it is like a wasp, like just barely touch the tip of the vials. So there's that. Creams can also be helpful for women who want a little bit more control or who don't want something as invasive.

The thing you got to be careful about, again, we talk about transference, but We have DHT receptors on our follicles, right? So I always tell them to like some of the areas that you put the testosterone cream on might get a little bit more hairy.

So just keep that in mind. And then this other protocol that I'm working with now is called Kisotrex. It's an oral testosterone. I'm actually going to have the CEO on my podcast, I think next month.

And so I am trialing it out now before I unleash it onto my fellow females. It's supposed to be lymphatically absorbed, so you shouldn't be going through the liver.

Again, there's no FDA approved. So the way my protocol is, is I do one capsule like Monday, Wednesday, Friday. I have labs tomorrow. Tomorrow is my four weeks.

So, you know, we'll kind of see how that is. And again, I've done shots, pellets, and I have done the capsules. I will tell you, my favorite is pellet because I don't have to think about it.

Like I do not have inject something once a week. But again I get it, they may not be for everybody. And I always tell my practitioners, I have five wonderful NPs, and unfortunately, GYNs will bash pellets.

And the problem is we get to see all the amazing stuff. Unfortunately, when they're involved, it's because something's not going right. So all they see is the bad stuff, they don't get see like all of the lives that we've changed and all, you know, all other things, right?

So the answer is pellet are FDA approved in men. They are not FDA-approved in women. So, it is a great option. I would say I'm team camp, whatever is right for that patient.

So whether it be pellets, whether be creams, weather it shots, wheter it would be oral, what ever works for the patient is the team that I am on. Thank you so much for sharing that and it just kind of always brings me back to like first semester pharmacology is like start low and go slow, right?

And especially if you're going to be working with women with testosterone, I do feel like a lot of the I guess the criticisms I've seen of pellets is because people are overdosing on them, right?

And like, I think a lot of times practitioners who might just be like starting off with hormone replacement, they might go to pellet first. And so they're not necessarily people like you who have been utilizing them and trained in all the nuances and have seen it with your own eyes.

So I'm always like whenever people reach out to me I'm like I don't think you want to be somebody's like first patient. Like I get we all have to start but one of the things that I can't stress enough and and you know I've been doing functional medicine for almost eight years is investing in your education is absolutely crucial and having a mentor, like paying someone to mentor you.

I have a mentorship academy where I am mentoring practitioners like every day and I can't say that enough that I've kind of learned from my mistakes and i'm clearing a path and you don't have to take as long on that path because I'm going to show you or you're going stack that case with me and we're gonna kind wrap about it as far as that goes.

You know the cool thing you know, that I often see too with testosterone is that, and there's studies to support this is, you women who have had breast cancer, right?

That's always like a hot topic and we're not going to get too much into that. But women, who I've had, breast, cancer and let's say they can't have estrogen, they had an estrogen during breast.

Testosterone replacement therapy can help mitigate 70 to 80% of menopausal symptoms. It's not talked about enough. It really is not. And so when I have women, and they're like, well, I've had breast cancer.

I don't know if I can have hormones. Well, you can testosterone. Like, that I show Dr. Rebecca Glazer's research, we go into it. Yeah, one of the options that we give them if they are postmenopausal is we'll put a little, there's a pellet that they make with a bit of anastrozole.

Dr Glazier did some amazing research and what they showed is that it reduces the recurrence rate of breast if you utilize the testosterone with the Nashville pellet versus testosterone alone, which is fascinating.

Fascinating stuff. I can send you the research if if want me to send it, but that's not talked about enough. And so 70 to 80 percent of those menopausal symptoms can be improved by just replacing testosterone.

Now, estrogen has its place, you know, if possible, and you're both in your post breast cancer survivors, maybe localized estriol to help with, well, the vaginal area, your urinary genital system, But testosterone can be such a game changer for so many women where they were told nothing.

And it's like, well, listen, let's not throw the baby out with the bath water here. But there's great research on that. That's me just, you know, spewing it out.

There's Dr. Glazier, Dayton, Ohio, the Dayton study. It's awesome. Thank you so much for sharing that I'm going to have to link to that study. I wasn't aware of that, but that makes so sense.

And that's a really common question I get from women who have perhaps estrogen driven breast cancer. They're like, you know, I don't feel good. What do I do?

Because I can't take estrogen. What am I going to do?" This is such a great pearl and such great option for them. It just makes so much sense. Thank you so for sharing that.

I know people, ozempic, this is kind of a hot topic out there. And it can be very controversial, especially in natural medicine circles, where this the devil and you want to completely avoid it.

Then there, of course, are You know, cases where women, you know stop defecating and they lose their hair and then lose body mass. And I know I have some thoughts on this and I'm sure you have a lot of thoughts.

I am like, how do you get the benefits of semiglutide, which is, the generic for Ozempic, without getting into the risks?

Pellets, Creams, and Oral Testosterone Options

And, I there's some research about, their initial research, about thyroid cancers. higher rates of thyroid cancer, but that research has been, I guess, not rescinded, it's disproven and there's been a lot more research done and they're not finding higher rate of nodules or thyroid cancers with them.

I'd love to know how you use Tide and how do you most benefit from the risks? Yeah, so I think that's such an important topic and I feel like every time I'm talking about semaglutide, this is like a question about thyroid, right?

Because I do a lot of thyroid. So there was one study done in rats using laryglytide and they were given 10 times the dose that you would give a human.

Not only that, that particular thyroid medullary carcinoma cancer is common in It is not super common in humans. Papillary carcinoma is the most common thyroid cancer in human.

So when we talk about, we're trying to translate research from a rat, given not even semaglutide, 10 times the dose, and that cancer is already more prominent, it's hard to translated that.

You're comparing apples to oranges. Again, looking at current research, there hasn't been any documented cases in humans with the dosing that we have and the link to thyroid cancer.

Let's start there. How do I use and how do mitigate side effects to really use it in its most optimal form? We have a really comprehensive program. We do extensive blood work on our patients.

And not only that, we do body composition testing. So like I would say it's like your sixth vital sign is the in-body. We do a body impedance analysis.

The company uses in body. we've got two different kinds and that is a way that we can make sure that you're losing body fat mass and not just muscle mass.

I think that's number one. And I always say there's three things that especially as women need to maintain our muscle testosterone, that is protein. So making sure our body is getting enough amino acids.

And the third thing is, is we need resistance training, right? So lifting, rucking, walking with some weights, all those things. We do a lot of education, almost at nauseam with our patients, like, I've heard your podcast.

I get it. I say semi-glutite responsibly. So with that, we also have a very strict protocol that we follow where we start off lower than what is commercially available if we were using compound.

If we are using brand name medications, follow the same protocol, but they're going to start off at 0.25 milligrams. In some patients, that might actually be too much.

Some of the things, and this is completely off-label, so some of things is I'll say, if 0,25 is maybe too for us, maybe instead of every seven days, let's do every 10 days.

That way, we can try to mitigate a little bit of side effects on that. We require that our patients come back after six weeks of being on it because I want to check their in-body again.

I wanna check the labs. So I'm gonna make sure that everything's going well because what we do find is if someone is in a calorie deficit, reverse T3 is going up and guess what's goin' down?

Free T-3. They come in like, oh, I am so tired. You know, so fatigued. And I was like great, are you losing hair because of your thyroid or you're losing it cause you are malnourished?

The other thing is is that we also make sure when we looking at them at the in body we've given them macronutrient recommendation so there is a nutritional counseling piece to it, we give them a protein list we can give him a meal plan, We give all these tools to be the most successful that they can be.

So, so we'll start off at a really low dose, we bring them back about six weeks later and then kind of depending how they're doing will bring him back again until they are either at at their their most optimal right so I always try to tell patients to Simiglutide is a tool for longevity.

It's not just for weight loss. Weight loss is the side effect of what it's doing. So there's even studies to show that it helps with addiction, studies that show it help with lowering LDL.

I get to see how much impact it has on apolipoprotein B levels because it is part of our blood panel. Part of that is because it's improving androgen and insulin communication.

And so when we improve that specifically in like PCOS patients, I've had patients PC OS get pregnant. I'm like, okay, well, that wasn't what we're supposed to do.

So we had to stop it, but it worked. But it but I had patient's autoimmune patients with celiac disease who maybe we used it a little bit to kind of get some weight off and they've and we've weaned.

so I don't ever stop at abruptly. Wean them down off of them and I monitoring them. And they'll say, hey, I think I need to get back on a little low dose because my inflammation in my hands, my knees, and my bloating was all better on that.

And there's actually some research to support. There is a benefit of semaglutide on the immune system. Osteoarthritis, we call it diabetes of the joint.

I can't tell you how many patients say their joint pain gets better with semoglutaride. Alzheimer's and dementia we call type 3 diabetes because there's maybe some correlation with glucose uptake and insulin regulation.

So again, if we're trying to help patients age better, If they're an APOE 3, 4 or 4,4 carrier, I tell them, hey, we might want to consider utilizing some aglutide off label to lower your risk factors.

So osteoarthritis, gut health, celiac, inflammation, dementia, heart health addiction, PCOS, I feel like those are the most common that I will use it for.

Where you gotta be a little bit careful though is because what side effects is it does slow down your gastric motility. And so you wanna think about your patients who maybe you do have dysbiosis, like a SIBO, small intestinal bacterial overgrowth, right?

So you've got bacteria that lives in the small intestine hanging out in large intestine, and if you're not eliminating regularly, you might cause a bit of a worsening symptom.

So some of the other tips and tricks we use is I have patients take magnesium at night, I saw someone was talking about butyrate. I love using butyrite in those patients, because those will feed your short chain fatty acids, which can help with the metabolism piece of the microbiome.

Magnesium, what was it I was thinking? Electrolytes, I loved using electrolytes in water for patients because not only does it kill your cravings for food and snacking, sometimes it can kill craving for thirst.

And so that can be super helpful. So I find that, again, utilizing all these integrative tools can really help patients. They'll be on it two, three months, like, I don't have any side effects.

I'm like good, you're not supposed to. And so those are kind of how we use it in clinical practice beyond just weight loss. We use for all those other symptoms, longevity.

I appreciate you sharing that because I feel like, you know, the media always overblows things. And a lot of times, it's like the people that are going to conventional practitioners, they're getting on a super high dose, perhaps that's too high for them.

They're having nausea. So they are not eating protein, eating like crackers, not properly told to nourish themselves. how to exercise to build their muscle and to maintain their muscles.

And so they're not eating a protein and they are nauseated and their are muscle wasting. That's going to be an issue for people where if you use the appropriate dose for somebody along with all of these lifestyle interventions, then you can help a person feel so much better.

Semaglutide for Longevity and Metabolic Health

I know some of my colleagues have been seeing thyroid antibodies improving and fertility improving, and it's just amazing. A natural medicine, we tend to be like, oh, this is not a supplement, therefore it must be bad.

But I feel like we need to more open-minded. Like I'm a pharmacist, so I am a big proponent of whatever works for people. safe. Let's realize that because we can really make a big change for so many people.

It changes literally. I hate that it's touted as the miracle drug because it kind of is, but it literally changes so much patients live. So sad to see that the access to it has recently changed.

I mean, that's a whole other topic there, but it's amazing. I actually had the opportunity to speak at IFM this year, and this is the first time that they're actually talking about peptides.

It's my mentor that I was telling you, I said, pay for a mentor. My mentor and I are actually taking about peptides, she's speaking on one section on peptide, s and how I use them in gut health.

and the ones I mentioned and some of Blue Tide will be in that discussion. So yeah, super excited. That's fantastic. I think this information really needs to get out into the world so it can help more people.

It's exciting for me because it's like a new class of healing modalities, right? There's so many amazing healingmodalities out there and I love being able to take advantage of the different ones out there.

Another one that I wanted to ask you about, and these are not peptides, but ozone therapy is gained fraction in immune modulation, detoxification. We do know that some people with autoimmune disease, they can have chronic infections that can be tricky to treat.

And so I would love to learn more about how you use ozone and perhaps what it is for people that may not have heard of it before. Everyone's heard of oxygen, right?

That's O2, so that's two oxygen molecules. Ozone therapy is three oxygen molecule. What's interesting about ozone is it is what happens after lightning strikes.

When we draw it up in our office, my nurse will say, oh, it smells like earth. It smells rain. There's lots of different ways that you can use it. You can do a rectal encephalation, for any kind of GI, gut distress, because it's really close to the portal vein.

You can inject it subcutaneously, you can injected directly in there, and actually just a treatment on a patient right before I got on doing prolo therapy with ozone.

But how we do it a lot for our autoimmune patients is we will do a IV therapy. What ozone does is it's going to help modulate Treg cells and Th17. These are part of the immune systems that help with up-regulating to support.

Again, we talked about LDN giving a little bit of formesis where you're giving us small amount of distress. and then it's going to trigger the cascade.

That's what we're doing with IV ozone is it has almost like a little bit of a hormetic effect. And what it is going do is, is its going help as an antimicrobial, it will help eradicate infections.

It's gonna help upregulate the immune system. Its also great for the mitochondria, which we hear so much about the Mitochondria because of NADs all over the place right now.

But this is a great way to support the outer cellular membrane of the mitochondria of this cell. So this way, we have more energy. The way that we do it for our autoimmune patients, and I've had patients come in with TPO antibodies in the 300s, do six rounds of IV ozone, undetectable TPL antibodies.

That was the only thing we changed. And so I'm a huge, huge believer in IV ozone therapy. So how it works is we place an IV in you, we draw off, it depends on what dosing of ozone that we're doing, We draw some blood, and then we take the blood and we spike it in a bag of normal saline.

Then what we do is we have something called an ozone generator, where it looks like it's an oxygen tank and it is connected to this little box, which is the ozone-generator, and we draw off so many gamma.

So gamma would be like whatever the dosing number that we're doing. We'll take the ozone, it literally looks just like an open syringe, then we inject it into the bag of saline, we swirl the back of the salines with your blood and the Ozone in it.

OZONE is not directly going into your vein. ozone has hit and is kind of purified the blood that we're running back into your body. When we run it back in to your, body we are running it through a UV light.

And what that does is it helps remove some of that oxidative stress that's in the body, so the that you're getting back is your own blood, but it's just a more rich, purify, less damaged product.

So what it does, is as it mix within your system over the course of the 45 minutes that it is running, Things are getting cleaned up. Things Are getting optimized.

The inflammation is going down. the oxidative stress is improving. It accelerates wound healing. it increases something called VEGF, which is vascular endothelial growth factor, Which can improve blood flow and blood cells, circulation, all these things.

So we do an IV as my autoimmune patient. We also do it as limb bagging. Where we have a specialized bag that's coated on the inside where I had a patient who had foot ulcer.

And basically you put her foot in the bag and it's sealed off. And we connect our ozone generator and we let it run for about 15, 20 minutes. I think it was like 20 gamma or 30 gamma.

It accelerates the healing and its amazing. So that's another way. On the aesthetic side, I get the wonderful opportunity to be both an injector and an integrative medicine person.

So I love to marry both worlds. That's probably one of my favorite things to do. And so one the things that we start doing in our practice is called easy gel is the company biofiller.

Biofiler is where I take PRP, which is playa rich plasma, and I have a special tube where i can separate your albumin. Okay, so albumin is that thicker, thicker product, and I heat the albumine, And I mix your PRF, which is platelet-rich fibrin, different from PRP.

PRPs are rapid release of growth factors. Prf is a delayed release growth factor. So I take the PRf plus the Albumin and mix it together and it forms your own personalized filler.

So a lot of aesthetic patients who don't want to use artificial hyaluronic acid fillers, that's what they'll want do. And then what I do is I take ozone and I mix it with the easy gel or the biofiller.

So what it's going to do, is it is going help your body build collagen and it will help accelerate some of the results that you're going get. No one else around here does it.

And so it's great. It's a great way where I can marry the science of kind of integrative medicine and cellular medicine into the aesthetic world to give people very natural, long lasting results that are extremely safe.

So those are all kind the different ways that I use ozone therapy in our practice. Yeah, I really love that.

Ozone Therapy and Aesthetic Applications

I know aesthetics is not something that we talked a lot about, but this is a really, really big concern for I feel like women in their 30s, 40s 50s 60s and women with Hashimoto's because Hashimoto's and hypothyroidism can really affect our hair and our skin and, you know, just everything right and so I appreciate you sharing that because we do know some people with autoimmunity may not tolerate some of the fillers or right oh absolutely and it's very annoying because it like you're like okay well this is an option but it is not necessarily going to be the best option for me and utilizing this new innovative therapy that you are utilizing can be a safer and active and more natural

options so you don't look like a balloon.

Yeah, I would say that because we do, you know, integrative medicine here, that's a lot of our patients are like, "I want to look better, but I don"t look crazy." I'm like I won't make you look, crazy.

But yes, yeah, it's amazing. It's I know that we talked about a lot of innovative treatments and people that are listening are going to want to find out where they can connect with you if you take on patients.

I've got some practitioners that would love to have your mentorship. How do I sign up? Can you tell us more on how we can find how to connect with you, work with, you for sure.

For sure, so I do a lot of education just like Isabella does on social media. You can follow me on Instagram at Lexi UNP. We have a training academy and it's YDH, like letter Y-D-H.

academy.com. And on there, you'll see it's an online platform. So as I said, I've done a lot of education through IFM and A4M, and different peptide societies.

But what's really difficult with them is none of them actually shows you how to do it in clinical practice. With my academy, is you sit through a module and there's a whole module on thyroid health, and then you actually come on site and you get to shadow with me or my practitioners, then, you can just see what that conversation is like.

We talk about like, okay, we're going to see this patient with their thyroid labs, look out, how do we adjust? Ours is more of an interactive, what we call classroom to clinic.

You do the virtual stuff and the you come onsite. My practice is called UDirect Health. I have two locations in Noblesville. One is in Nobleville, Indiana, the other one is Greenwood, I also have a podcast called The Better You, spelled Y-O-Oh Project, where I got to interview Isabella recently.

I do a lot of content there. A lot speaking and a of traveling also at different variety of conferences as well. So I'm speaking at IFM in May, which is super, super exciting.

Then I am speaking the aesthetic show in Vegas the next month. How cool is that to get to speak on the stage for functional medicine and then swing it around and go right into aesthetics.

That's my favorite. So there's that. And then as far as mentorship, you can find it there, or you could send my assistant an email, send me a DM, any of that's fine.

But yeah, that is kind of where you find me. Wow. Thank you so much, Lexi, for sharing all of your knowledge with us. You're a wealth of knowledge. This has been so incredibly helpful and fascinating.

I know I learned a ton. And be sure to connect with Lexie to find out more about her work. consider her mentorship. She is, like I said, a wealth of knowledge.

Lexi, before I let you go, I wanted to ask you a couple of rapid fire questions, put you on the spot a little bit. One of them is if there are any wellness hacks that you would refuse to participate in.

There was like a push for a while on like juicing celery or celery juice.

Where to Find Lexi Yu and Rapid-Fire Takeaways

Yeah. Like I don't understand that because celery doesn't have a whole lot of nutrients in there. So I'm not real sure, you know about about that one.

I would say that when probably in particular, the other thing that I kind of frustrates me a little bit is, you know, some people, will say like, well, I'm going through menopause and I just took black cohosh and all those things.

And it's like that's awesome. That may manage your basal motor symptoms. But the thing that black cohosh will never do is protect your bones from osteoporosis, your brain from Alzheimer's disease.

and your heart from cardiovascular disease, that's where your hormones will have to come in. And so just saying herbs and I say weeds and seeds can kind of help manage everything when it comes to the hormone world.

Sometimes you need the real hormone. So maybe that. That makes a lot of sense too, because I feel like there's a big myth. Again, sometimes in the natural medicine world, people just want to use herbs, but hormones can oftentimes do a better job of replacing the actual hormones, right?

Yeah. Yeah, to get the long-term benefits. If the supplement police came to your house or your clinic and were like, hey, we're going to confiscate everything, you're allowed to keep just one thing, what would be that?

I would say probably vitamin D. Vitamin D is so pleiotropic in that it impacts so many things. It can help with depression. I live in the Midwest, so seasonal affect disorder.

it's actually a pro hormone helps your body make more hormones on its own. One of my NPs calls it a hormone D. So I feel like because of all the other cellular pathways it would hit, I think vitamin D for me would probably make the most impact on that.

Thank you so much for sharing that. I know that's a really good one, especially in early spring and late winter and because a lot of us can become vitamin D deficient and it can make a big difference for helping getting Hashimoto's into remission and so many different conditions.

Lexi, it's been such a pleasure to have you, really an honor to you here. Thank you so much for sharing all your knowledge with us. Everybody listening at home, thank you for joining and hopefully this has been a healing part of your day.

Until next time.