Introduction to Graves' Disease and Thyroid Basics

Hey everybody, Dr. Rob Silverman here. I'm here with thyroid expert, Doctor Eric Ozansky. I'm excited to have him. This is a topic that we have not covered before.

Doc, my pleasure. Thanks for coming on. Dr Rob, it's my Pleasure as well. Thank you. My pleasure. Let's set the table. Hypothyroidism affects about 1.3% of the population, with women being affected 10 times more often than men.

You're going to have to address that. Graves' disease, which is an autoimmune disorder where the immune system mistakenly attacks the thyroid gland, causing an overactive thyroid, accounts for many of cases in the U. S.

about 60 to 80%. The prevalence is higher in older adults over 65. And I'm going to get a little heady here. Overt versus subclinical, overt has a low TSH with a high T3, T4, sub-clnical low-TSH with normal T-3-T-4.

What is going on? Why aren't we talking about this more? And what did I just all mean by what I said? Yeah. So, uh, Graves' disease is, ah, definitely overlooked just because there's a lot more people with Hashimoto's thyroiditis, which is associated with low thyroid, with hypothyroidism, um, many times subclinical.

You mentioned sub clinical Grave's. Uh, what Hashimoto's, a, lot, more common for Hashima to be sub-clnical, we have higher TSH, normal thyroid hormones, and then the auto antibodies with Grav's Uh, most of the people I work with are not subclinical.

I mean, I do sometimes work. Um, those who have normal T three, normal t four, uh, depressed TSH and the elevated Graves antibodies, which are the thyroid stimulating immunoglobulins.

Uh. But yeah, like I said, it's overlooked even endocrinologist. Sometimes I'll have, cause usually when someone sees me, they've already been diagnosed with hyperthyroidism and many times Grave's disease.

And, and. It's not uncommon with an endocrinologist isn't doing the right test. I mean, they'll do the thyroid panel correctly and even that they won't do in a full thyroid pan all the time.

But the antibodies, sometimes they get them. They test antibodies for Hashimoto's and not for Graves. And you could have the anti bodies for both for, both Grave's in Hashimoto's, but, um, yeah, just, uh, you know, of course we wouldn't be having this conversation if I personally didn't deal with Graved's disease.

Right. I mean, that's the backstory to it all. And it's interesting how we all get into the idea of functional medicine because something happened to ourselves or somebody that we know that is real close to us.

You suffered from Graves' disease and you went through the medical model and your story is great, so I don't want to steal any of your thunder.

Dr. Ozansky's Graves' Disease Story

Lay it on the line, bub. Yeah, sure. So, you know, again, I'm a fellow of DC, fellow doctor of chiropractic and just had, uh, in a regular chriopractic practice and really no experience with thyroid conditions.

Uh, but I will say when I, Whenever I would take my continuing education credits, I never took chiropractic technique seminars. I always would to take nutrition seminars or functional medicine seminars, and there were some standard process.

And I'm sure you're familiar with them. They had years back some functional endocrinology seminars that I attended prior to my Graves diagnosis. And so they spoke more, of course, about Hashimoto's just because again, it's more common, but they did talk about some natural approaches for hyperthyroidism and graves.

I didn't know at the time. Of course I would need them personally, But when I was diagnosed, I remembered going through those seminars and realized that, Hey, you know, just like anything else, there's an underlying cause.

There's a reason why people develop hyperthorism engraved. So I knew I wasn't going to at least attempt a natural treatment approach. And, um, You know, I got diagnosed, that was losing a lot of weight, had increased appetite, but I was also dieting and detoxifying, so I didn't realize it was partially related to the hyperthyroidism.

But one day I walking around a retail store, took my heart rate, measured my rate at one of those automated blood pressure machines. My blood was normal, heart was about 90 beats per minute.

Thought, well, i'm walking round, maybe that's the reason, I measured on my own the next few days, definitely made sure I was resting and it was anywhere between 90 and 110 beats per minute.

Went to a primary care doctor, diagnosed me with hyperthyroidism, then eventually saw an endocrinologist, got the official Graves disease diagnosis and And then just again, from what I learned through those seminars, I decided to take a natural approach.

Uh, didn't, uh, was recommended to Take Methimazole, which is a type of anti-thyroid medication. I Decided to. Take an herbal approach and, um, thankfully it worked and thankfully I was able to restore my health and.

that was in 2008 into 2009 and you know then realize there's so many people out there with thyroid and autoimmune thyroid conditions and so just since then I've been working with others primarily with graves I mean I do have a book on Hashimoto's but Again, there's so many practitioners that help people with Hashimoto's and there is unfortunately not a lot out there that focus on graves.

And so really just over, you know, the last years, I mean, probably last seven years is really I was like, You know what? I'm not, mean I won't refuse a Hashimoto's patient, but again, just written my books, two of my book are on hyperthyroidism.

Again, it's a challenge, just any autoimmune condition could be challenging, but with Graves it could scary because they, again, they might have a resting heart rate of like 130, 140, 150 beats per minute, and as a result their endocrinologist is pressuring them to get radioactive iodine or thyroid surgery.

But again it is all about safely managing their symptoms while addressing the cause of the problem. So to be clear, you had it, You decided to go the herbal route.

You didn't use the medication and you found success. Correct. The herbal out for managing the symptoms. I mean, I took some other herbs for like adrenals, but I did more than just the herbs as far as restoring my health.

But yeah, from a symptom management standpoint, if you're familiar with the Herbs Bugleweed and Motherwort, They're not as popular as Ashwagandha, but it sounds like you're familiar with them.

So I took those specifically and they really helped. Well, you kind enough. You gifted me a copy of your book, so I'm up on those. But I appreciate that.

Hyperthyroidism is not necessarily always an autoimmune condition. If you have Graves' disease, it is an order immune condition, Hypothyroidism, the same thing.

You can be hypothyroid, but it's not necessarily always autoimmune, typically in the auto-immune condition it is called Hashimoto's. So let's dig in a little bit.

Why are women more commonly affected by both of these auto immune conditions? Dramatically affected. Yeah, it's a million-dollar question, but it is not just Hashimoto's and Graves.

Women, Autoimmunity, and Common Thyroid Symptoms

I mean, there are a few exceptions. Type 1 diabetes is more common in men. But I think most of them, like multiple sclerosis, rheumatoid arthritis, all these are predominantly in women.

You know, so I wish we still don't have all the answers. I mean, the difference in the hormones play a role. Uh, I. Again, we see it. We could say, well, in post menopause estrogen levels drop and estrogen, even though it gets a bad rap and you hear like estrogen dominance.

And I, mean there could be concerns. what problems with estrogen metabolism, but also estrogen is important for modulating the immune system. But that doesn't explain why there's also an increased prevalence in younger people too.

I mean, it's not just post-menopausal. It's, also, we see teenagers and And again, I see men too, but you're right. You're absolutely right and of course I was one of those lucky men, But it's still mostly women.

So I mean hormones seem to play a role the way the hormones affect the immune system. But again we're still that's some of this is still theory and honestly I don't think we have all the answers.

I think everything's evergreen and they're growing without question. I we're in an interesting time in healthcare where both drugs and the medical model and functional medicine model are growing exponentially, literally month by month.

You made a great point about men and women with autoimmune conditions. The problem is that auto immune conditions are on the rise. That's number one. I think that most people in America don't value their health.

That's just a little thing from practicing and I see you nodding your head so you're concurring with me. Thirdly, and they all want to know, signs and symptoms of hypothyroidism versus hypathyroid.

Do you want list those for us? Sure, so I guess we can start with hypo since it's more common. So with low thyroid hormone, some of the more commonly signs and symptoms, fatigue, low energy, weight gain, feeling of coldness, brain fog, brittle hair, sometimes depression.

And I mean, hyperthyroidism, it's the opposite. So with hyperthorism you get the increased metabolism. Again, increased resting heart rate is common, heart palpitations, tremors.

Weight loss is funny because again, I lost 42 pounds when I wasn't looking to lose. Yeah, what I was looking at losing maybe like 15 pounds. But yeah, like weight loss is common, but some, not everybody loses weight, But that's more of the, that is more Of a classic symptom.

The weight Loss. What was that? Nice problem to have. Yeah. I hear my staff in the background going 42 pounds. Hey. Well, you know, it's one were you using.

It's funny, though, because when someone doesn't, like, I'll work with some people, they're not losing weight. And they are like it is bad enough. I'm dealing with Graves disease and I thought I might lose weight, but I am not loosing any weight and am actually gaining weight sometimes it could be.

Related to the anti-thyroid medication, but there could be other factors. But loose stools, where it's like with hypothyroidism, usually more sluggish bowels.

Hair loss is pretty common, insomnia, anxiety. And then what graves specifically, there's something called thyroid eye disease. which is when the immune system attacks the tissues of the eyes and so that could result in bulging,

pain, swelling, sometimes double vision and just like it involves the same autoimmune component as Graves and that can be also pretty scary when someone has those eye symptoms and usually they're mild but they could be severe at times.

And so, so yeah, those are some of the more common differences when it comes to, you know, the symptoms associated with hyperthorism and hypothyroidism.

There's a controversial position on iodine. I know that I'm putting the grenade and pulling the pin out when I ask you the question. What's your feeling on Iodine?

Why are so many people for it? why are somebody people against it. Where's the data lie? Yeah, that's another great question. So, and again, I've changed over the years.

I'm definitely, you know, like, again let's face it, we, need iodine. And I mean, iodines is a mineral and it's important for thyroid hormone production.

It's, important to breast health. There's I think it is crazy when practitioners say like avoid iodide like completely, but On the other hand you want to be careful because, you know, like years ago before, I mean, well not before but I guess around the time that I was diagnosed with Graves there was more of a push for high dose iodine for, uh, not just randomly taking it but doing urinary testing, iodide loading testing and I did that.

You know I, did the iodime loading test. I took milligram doses of iodines. I don't think it, if anything I think, it helped, like it didn't have a negative effect on my health.

And so for years I would recommend the same to patients, to my thyroid patients including Graves, Hashimoto's.

Iodine, Triggers, and Autoimmune Overlap

Let's do some urinary testing, let's supplement with iodine if you're deficient, which it seemed like most people were. Again, I can't say that everybody did, most honestly did okay, but some people didn.

In some cases, I mean it's every year I have at least a few people come in with Graves and the one thing they say is that I started taking high dose iodine and so atleast that seems to be a factor in some cases.

Like again, like I said, I'm not opposed to iodines but just seeing those trends, you know, potentially, we had a conversation about Dr. Datis Karazian before, and I learned from him that Iodine sometimes could be a trigger, an autoimmune trigger in Hashimoto's and Graves.

I know he talks more about Hashimoto's. So yeah, it's tricky. My approach is, I'm not afraid of recommending a multivitamin with iodine or iodin-based foods.

Maybe in some cases, be careful about if someone's eating kelp, sea vegetables that has a lot of iodide. But, you know, when it comes to milligram doses of iodine, I would recommend working with a practitioner and that's not my current approach as far as, like, what I did years ago, testing everybody and then putting someone on iodorol or something similar.

So, again, i try to at least initially focus on getting iodide through the diet and again maybe a multi if they're taking that and and yeah so it's it is tricky though because you get both sides of it like you got some doctors that are still strongly in favor of higher dose iodine and um and sometimes you see like stories you'll see in um facebook groups or elsewhere where someone would take iodide and it still like higher dosage and helps with their goiter the swelling of the thyroid gland But then you see those other stories too, where they took iodine.

And again, it seemed like it caused their problems. So even when taking proper precautions like selenium and other antioxidants. Like I said, I'm definitely not anti-iodine, but I am more cautious with iodide than I was a number of years ago.

Well, you laid that one to rest. I appreciate that. Let's play a little game, scale from 1 to 10. Which one of these are real triggers for Graves' disease, you know, one being not so much, ten being beeping red light, yes.

So I'm gonna hit you with some different things. We'll do this New York style, we'll a pretty quick. Stress! Ten! Smoking, vaping, whatever you want to call it now.

I don't see it a lot in my practice, but ten, according to a research, cigarette smoking, I would say like a ten. Okay, i'm going to put you on the spot, nicotine patches.

Rob, I can't believe you did that to him. I don't know. As far as I know, unless, again, and I'm not familiar with all the research, but the data itself seems to show actual cigarette smoking, not the patches.

So I Don't Know is the honest answer to that. But I guess I'd exercise caution. Yeah, about the actual, if it's really the nicotine itself. But yeah, so I don't know, I can't say a 10, because I'm not sure.

So maybe a five in the middle, just because i'm Not sure, put it down the Middle, high, High IDON intake. So we just spoke about that. I mean, I could say a 10, but I don't know, it doesn't have that same, not that stress.

There's a try to avoid immunity. So it's not like if someone, a lot of people have genetics for graves and have stress, that doesn' mean they'll develop graves, and I guess similar with iodine.

And so I'll say seven, let's go with a seven. With high dose iodide, you're saying, right? Right, high-dose iodides. How about pregnancy? Pregnancy being a trigger, I would say zero.

Okay. We talked about autoimmune and why do other autoimmunes, so I'm kind of like prefacing the question, you know, pulling you along the lines. Why is other other immune disorders, usually associated with this auto immune disorder?

Why, like when someone has graves or another autoimmune condition? Yeah, let's say they have rheumatoid arthritis, why do they usually develop graves?

Why is that common? I know I just jumped off the scale from 1 to 10, but I think it's a good question. That's okay. You wanted me to extemporize, so here we go, I'm extemporizing, breaking my structure.

Yeah, no, that's okay. I mean, so I mentioned briefly before there's that triad of autoimmunity where in order for autoimmune to develop, you need three components, genetic predisposition and exposure, one or more environmental triggers that increase in intestinal permeability that leaky gut.

So, I, mean a few have, the research clearly shows that if you have one auto immune condition, your more likely to developed other auto-immune conditions in the future.

Now, why is someone more to likely develop you know, like Graves and not Hashimoto's, or have the antibodies for both, have Grave's and MS, develop rheumatoid arthritis and then develop Grav's.

I mean, it's again, does relate to those, to the triad, but from what we think we know. Again, I'm not saying it is wrong, we have different genetics, and again just having the genetics doesn't mean we're going to develop.

The condition because twin studies kind of show that's not the case. But but if someone has antibodies for rheumatoid arthritis and then develop graves I mean, it's you know, they they most likely have the genetic predisposition for both of those but then there are Potentially different triggers.

I means there's also an overlap of triggers to like it like stress could be a trigger for multiple autoimmune conditions but I know what rheumatoid arthritis, you know, they found different microbes in the gut that can play a role that might not be the case with Graves, like Grave's H.

pylori seems to be a potential trigger. Rheumatoid arthritis is I think like Prevotella is like one. So again, there could be exposure to different triggers, making someone more likely to develop.

But the truth is, if you don't Address the autoimmune component. You're more likely to develop other auto immune conditions in the future where if you do things to, um, to again, suppress, I don't like to use suppressed, but really it addressed the root cause.

So essentially naturally suppressing, like trying to find the triggers, remove the trigger, seal the gut. Then you're less light. If someone has rheumatoid arthritis, then they are less likely develop.

Graves or other, auto-immune conditions down the line. Blood tests are considered the standard to ascertain whether you've got Graves' disease or Hashimoto's, correct?

I mean, yeah, that's used to diagnose, exactly, like the blood tests used as a diagnosis for Grave's or hashimoto. So give me some of the markers that people should look for.

Sure, so TSH, not the most important marker but the more commonly tested marker which is actually a pituitary hormone. So T SH is thyroid stimulating hormone secreted by the pitutary gland and it stimulates the thyroid gland to produce thyroid hormones which are T4 and T3.

Thyroid gland produces mostly T-4, approximately 90% T 4, 10%T3, most of the T 3 is produced by the conversion of T four into T three and C three is the actiform.

Testing for Thyroid Function and Antibodies

of thyroid hormones so you can test for those in the blood and what hypothyroidism you have again like the T3, T4 on the lower side and as a result the pituitary gland is secreting more TSH so that you'll have higher T SH because it's telling the thyroid gland we need more thyroid hormone whereas what Graves with hyperthyroidism, it doesn't have to be graves.

With hyperthyrism you have too much thyroid hormone, so T3, T4 are elevated and so you're not getting as much TSH because the pituitary gland does not want the thyroid gland to produce thyroid hormones so it's saying, hey, you know, let's stop that production.

So you see lower TSh levels, many times undetectable Tsh. So we got those markers, we've got the antibodies. There's three main antibodies, thyroid peroxidase antibodies or TPO antibodies which again those are the more common ones and you see those more commonly in Hashimoto's but also you can see them in Graves.

Thyroglobulin antibodies Thyroglobin is a part of the protein, I mean it's a protein of a thyroid and And that's, again, more commonly associated with Hashimoto's.

Usually when you have thyroid globulin and or thyroid peroxidase, it's more a commonly associate with damage to the thyroid gland. The antibodies themselves don't seem to be damaging the gland, but the immune system itself and thyroid stimulating immunoglobulins, which is a type of TSH receptor antibody.

Those are the ones associated graves. And like I said earlier, you could have multiple antibodies, it's not uncommon to have all three of those antibodies.

Now, these are all blood markers, blood serum that can be taken from a Quest, a LabCorp, without any additional fee, am I correct? You said without additional fees?

Yeah, I mean it is not something that you have to write in. You can check it and insurance should cover this type of serum test. It should. I mean, medical doctors are, for whatever reason, hesitant to measure the antibodies sometimes.

They'll test it initially and then they'll say, well, but I think it's not so much that insurance won't cover it. If they're elevated, insurance will cover cover them in the future, but just they don't believe that, I mean, they're not doing anything for the immune system.

So they, it's, not really going to make any difference when it comes to their treatments. Um, so, um, like insurance typically we'll, we will cover those.

You're just testing the thyroid markers, you're testing antibodies to thyroid as well. That is correct, and then there's also reverse T3, which is another marker.

So, I mentioned T-3 is the active form of thyroid hormone, so T4 converts into T 3, but could also convert into reverse-T3 which the inactive form with thyroid hormones.

And, um, still some controversy, some I've had people on my podcast. I'm like, like just saying that what others say about teeth reverse T three doesn't like they, they're not sure if that's the truth, but most, most feel that reverse t three is kind of putting the brakes on that conversion process.

And like if someone is dealing with like acute stress or an infection or. Hyperthyroidism. With hyperthyrodism, I do not test reverse T3, at least not initially.

And the reason is because everybody has elevated reverse-T3 with hyperthoridism and it makes sense. If you have too much thyroid hormone, the body is going to try to put the brakes, try stop the thyroid hormones, T-3 from getting into the cell and produce more reverse t-threes.

So I think and hypothyroidism Hashimoto's, it does have more value. So again, for a number of years, I can't say that I test it in my hyperthyroid patients, but I still do when I see somewhat hypathyroid.

True or false? Gut issues like small intestinal bacteria overgrowth, parasites, can drive autoimmune thyroid problems. Sure, very true. Environmental and chemical exposures, heavy metals, and toxins may exacerbate thyroid auto-immune dysregulations.

That is also true. Stress, nervous system dysfunction, and trauma are highlighted as hidden drivers of the immune thyroid link. Yes, true! Allergy, food sensitivities, nutrient depreciation, And mitochondria inflammatory burden are part of what we call the bigger map.

True or false? True. They kind of sound familiar, correct? Yes. All these are big factors, or can be big factor, not in everybody. I mean, toxins definitely like with everybody, I mean, really, most of the things you mentioned are factors, but yeah, and unfortunately most conventional medical doctors If you ask them about any of these things, they'll dismiss it and say, no, it doesn't make a difference.

Just take the anti-thyroid medication or the levothyroxine. That's the solution. Right. Because I was going to ask you about conventional versus, I guess, non-conventional alternative treatment.

You just mentioned the conventional treatment, let's talk about the functional medicine approach. One thing, Dr. Rob, quickly.

Functional Medicine and Natural Treatment Options

I want to say also I'm not against, I mean I work with patients who take anti-thyroid medication, take Methimazole or those with Hashimoto's that take Levothyroxine or desiccated thyroid like Arma-NP thyroid.

So I am not agains it, it's just that as you know most endocrinologists and even regular medical doctors, primary care, that's all they're doing. That's the knock against them.

Not that they are recommending it but that is their sole solution. Yeah, you know, it's an interesting thing. I just went

to the doctor. Went to a neurologist because I've got a nerve issue.

Got my torticollis and it is my second one. And, they're really good at the assessment. They're very bright. Very well educated. Um, and they care about their patients.

but I don't know if they see the full field. And if you play quarterback, if play point guard, you've got to see, You've gotta have the periphery. If you played tennis, the whole court.

So clearly drugs have their place, alternatives have that place. Probably in some world where we can mesh everything together, we would get the best outcome.

I think if we rely on one thing too much, There's some downstream negative effects. That said, why don't you give me some alternative stuff? I've got my list over here.

I'm coming in and I don' want any drugs. If you got hypo or hyperthyroidism, help me out. Yeah, I mean, well, hyperthyroidism, as I mentioned, there's bugleweed, which is an herb with anti-thyroid properties, motherwort, similar to a natural beta blocker, obviously not exactly the same, but those are what I took.

There's lemon balm, that has a calming effect. maybe some mild anti-thyroid properties but doesn't seem to be as effective as bugleweed, so definitely not exactly the same.

L-carnitine, which has numerous functions. I mean it's not just for hyperthyrosis, most functional medicine practitioners that recommend L carnitin, it is not for hypothyrosism but There's some interesting studies, so some older studies show that between 2 and 4,000 milligrams of L-carnitine can block the entry of thyroid hormone into the cell but then a more recent study from August 2025 showed that only 500 milligrams L carnitin when combined with selenium and only 80, I think it was 83 micrograms of selinium First of all, it was specific for Graves and so those Grave's patients taking Methimizol, which is a type of anti-thyroid medication, showed that they required a lesser dose.

Those who were taking the L-Carnitine and Selenium needed a less dose of the anti thyroid medication the Methimizol and also it did help to lower their thyroid antibodies.

I would say the thyroid antibody lowering probably more related to the selenium, because selinium alone, there's been studies showing that, but still an interesting study.

So, I mean, symptom management that would be, and then for hypothyroidism from a symptom-management perspective, if you have Hashimoto's, again, that's immune system damaging the thyroid gland, And if your need thyroid hormone replacements, it's a little bit different, cause there is not like an herbal replacement for thyroid hormones, like you could take things to stimulate the thyroid, like things like ashwagandha, which a little bit of controversy with hyperthyroidism in ashwa gandh, but um, and even a bit I guess if someone's like autoimmune and they're following AIP diet and auto immune protocol, ashwo ganda is a nightshade.

But point is, Ashwo Ganda could stimulate the HPT axis, the hypothalamic pituitary thyroid axis. If someone has Hashimoto's and their hypothyroidism is related to years of damage to the thyroid gland, taking Ashwagandha probably is not going to help much.

So, but there are obviously natural, like there's desiccated thyroid instead of synthetic T4. Instead of levothyroxine, you could look at Armour, or you can look a Nature Thor, not Nature Throid, Nature is no longer available but NP-thyroid is what I meant to say.

And then, There are over-the-counter glandulars, companies like Biotics Research, which I guess not really over the… you're supposed to work with a practitioner, but these days people could if they really want to get out on their own things like GTA, GTA Forte.

There is a company called Tharagold, that people can get on there own and that has T3, T4. I mean it's obviously

good to walk with the practitioner not just to self treat that way.

And then, I mean, we're just talking about symptom management. There's obviously a lot of other things. I mentioned selenium. Selenum is a really wonderful antioxidant.

It's a mineral that precursor to glutathione or a cofactor, cofactored glutothione, which is the master antioxidants of seleneum. Lots of studies showing that it could benefit people with autoimmune thyroid conditions and Vitamin D, a lot of people are deficient in vitamin D which modulates the immune system, so that also could be a factor.

Omega-3 fatty acids, very important. I mean, really, all the nutrients are important, but these are some of the more important ones. And then, I don't know if you want to talk about things like focusing on adrenal health, and you mentioned gut health.

Supplements are great, tying in everything, dot the foundations like the, so eating a healthy diet, of course, whole foods, healthy foods. You mentioned stress, you asked about stress being a trigger and I said it was a 10, in many cases.

So, I mean, just, again, blocking out time for stress management, getting sufficient sleep, So, you definitely want to incorporate the foundations and time and place for functional medicine testing to see, how bad your adrenals are, what types of infections you have.

That's a good point. I mean, I don't mean to interrupt you, but what about these secondary tests? But you know what? I'm gonna put the brakes on that.

Hypothyroidism, and hit you with a couple of other possibilities. You said hypo or hyper? Hyper. Hyper, okay. Sounds good. Hyperthyroidism, everybody asks me.

Melatonin, yay or nay? It depends. It's not nay, you know, because there are some studies showing not for hyper, the conscious, some controversy with hyper I'm sorry, what melatonins more, I've seen autoimmunity, not really hyperthyrosism.

So I would say yay. Meaning I thought I have people with hypothyroid take it, but it's something I commonly recommend because my goal is to try to see if we could restore melatonin without having to take melotonin.

But again, in some cases, it goes beyond sleep. I know it's a good antioxidant. It has other benefits. To answer your question, I would say it is okay.

Magnesium, and you can pick the form of magnesium, what do you feel its positive effects, if any at all, on hyperthyroidism? Yeah, definitely positive.

How about some B vitamins? I commonly give B Vitamins, not in everybody, but yeah, for the most part positive, I'm not negative in any way like for hyperthroidisms.

I'm trying to add legs to the conversation. So coenzyme Q10 because it's positive effect on mitochondrial dysfunction, which I am robust on. Yeah, so CoQ10 definitely could be positive.

I mean, when you have hyperthyroidism, it does put a lot of stress on the mitochondria and I will say if someone's taking beta blockers, which is common with hyperthorism you want to take Coq10 because many beta-blockers will deplete Co Q10 like propranolol commonly given to hyper-thyroid patients and so if some propranolol or different type of beta blocker, then especially I would recommend CoQ10.

What are some of the risks with conventional treatments with all due respect? Yeah, well, I mean, the biggest risk is it's not doing anything for the cause of the problem.

So, if someone has Graves or Hashimoto's, like we said earlier, they are at greater risk of developing other

autoimmune conditions in the future. If someone takes levothyroxine and that's it, you know, besides feeling lousy many times, it is also, again, at risk for developing if they have a genetic predisposition for MS or rheumatoid arthritis, then they might, and again it doesn't mean they will, but they might develop that condition.

Same thing with anti-thyroid medication. If they're given that, or radioactive iodine, thyroid surgery, other options, then again these aren't addressing the cause of the problem.

As far as other risks with, it's more so with antithyroid medic… I mean there's, I shouldn't say that there is also a risk with thyroid hormone replacement, but with an anti thyroid medication there are so many different side effects that could And again, some people tolerate it well, so they don't, not everybody gets these side effects, but it could increase liver enzymes, put stress on the liver, could depress white blood cell count, has some negative effects on a gut microbiome.

I mean, those are like three there that, like if someone's taking it and their, you know, liver enzyme are crazy elevated. But it comes down to risk versus benefits.

If someone is taking, the livers enzymes are mildly elevated and otherwise they're tolerating it. And maybe they've tried the bugle we but it didn't work.

Yeah, so, but yeah, I mean the risk is, again, effects on the liver effects under white blood cell effects, on, the gut microbiome, and then. I mean we'll leave out thyroxine or even with Armour NP thyroid.

You know you could take too much of that which could have a negative effect on bone density if you take, you know, could overdose with it. But, again, like I said, I think the biggest concern is not addressing the cause of the problem.

There are a lot of people who in the Hashimoto's world, or hypothyroid world are taking thyroid hormone and maybe, maybe they don't need thyroid hormones.

I'm not saying to stop thyroid hormon, but I am just saying, you know, that people definitely, some people need it, But there are some doctors, they just look at the TSH, okay, and you just need, just needs to go on thyroid Hormone based on that.

But, there could be other factors affecting TSh.

Diet, Gut Health, and Lifestyle Foundations

And then, um, There are people with Graves, Or different types of hyperthyroidism that unfortunately got radioactive iodine or thyroid surgery just because their doctor said that would be the best solution this way.

It's pretty easy. You just swallow a pill, the radioactive Iodine, and then you just take thyroid hormone for the rest of your life and you don't have to worry about the hyperthyroidism.

When again, what's the cause of the problem? And if you have graves and you do that, yes, you're you, don' have, to, worry, about, the, hyper, thyroidism, but maybe there's issues dosing with a thyroid hormone replacement.

But beyond that it's like, again you haven't addressed the autoimmune components, so you are at greater risk of developing other auto immune conditions in the future.

Right. So let me ask you. Everybody always says diet. What's the best diet slash lifestyle that you would recommend? Because we all know that it begins and ends with the diet, and then I guess we should also cover the idea of environment.

So lifestyle and diet foundations. All right. Well, definitely not New York pizza since we're both from New york. A little too much gluten. Yeah, so, but I mean, there's not a single diet that fits everyone perfectly in my book, the

hyperthyroid healing diet.

I don't just talk about one diet, There's three different diets. So, you know, for Graves, I do recommend an AIP type diet or an autoimmune paleo diet but Some people maybe mentally they're just not ready like if someone is eating new york pizza on a regular basis you know maybe it's like okay let's maybe just do a paleo or modified pale or let me we just go gluten free initially you let try to eliminate the gluten and the dairy.

and take it from there. So I would say that at the bare minimum, you want to go gluten free and try to avoid other common allergens while healing like gluten, dairy, corn.

If you wanna take a step further, which I recommend, but it depends where the person's at. Maybe we go full paleo. A lot of people do follow AIP. Some people You know, they've been following me for a while and just took him a While and so they were mentally ready to follow a more Restrictive diet.

And again, I hate set, you know restrictive diet You Know, it's like it again that first of all, It's not a long term that nobody wants a restrictive died and there's definitely controversy over restrictive diets but the thing about these diets to you're not restricting calories you are like eliminating certain foods, but you there is a You could definitely eat a good variety of different, like if someone's a vegan, maybe more challenging, but if you're eating meat, you could eat different types of meat.

You can eat types different vegetables, different kinds of fruit. I mean, it is restrictive, um, But it's an elimination diet. So look at it like when someone calls it a restrictive diet, yeah, its restrictive.

But elimination diets, that's the purpose of an Elimination Diet. It's not meant to be a permanent diet it may be few months you know 30 days to 90 days which um which yeah when you're doing it it's not fun to do that but then eventually you reintroduce foods and again i i don't follow that type of diet these days i can't say i never indulge and eat foods that you wouldn't eat on a regular basis but you on an every now and every now and then basis is okay and I say that just because again I don't want people to think that hey I got to you know I need to be 100% whole foods, healthy foods I can't stray at all but when you're trying to heal you do want to ideally want do everything you can from a diet perspective.

So gluten-free, dairy- free, we can car whole food, nutrient- intense diet, stabilizing blood sugar, optimizing adrenal and nervous system function. avoidance of some specific dietary and lifestyle factors that exacerbate thyroid hormones like high stimulant intake, unmanaged stress.

You talked about chronic inflammation. These are notes I took reading your book. I used the old yellow highlighter and it went through it and everything like that.

So you also emphasize gut healing, detox support, resetting the nervous system via vagus nerve rather than simply suppressing the thyroid gland. What's the relationship of the gut, which I believe is the epicenter of your health, and your thyroid glands?

Yeah, I mean there's a few different relationships. I mentioned earlier the triad of autoimmunity where that leaky gut component, that increase in intestinal permeability is a factor with different autoimmune conditions including Graves and Hashimoto's.

So, if you have that leaking gut in combination with the genetic predisposition and exposure of one or more environmental triggers that could not only set the stage for auto immunity but It would make sense in order to heal autoimmunity, you would need to, heal that leaky gut.

Um, but then also I mentioned earlier, like conversion, thyroid conversion T4 to T3. And I mean, about 60% of that conversion takes place in the liver, But 20% takes places in a gut microbiome.

So if you have a disruptive gut micro biome, that could also directly play a role in that, conversion. There are other ways, if you have depressed secretory IgA which lines the mucosal surfaces of the body including the GI tract, that

can make you more susceptible to infections which could be a trigger of thyroid autoimmunity.

So yeah, there are some ways directly and indirectly that the gut could play a role in the development of thyroid conditions and thyroid autoimmunity.

You're most of my thyroid patients and I don't treat thyroid like you do. It's not my jam, although I want to be your root cause thyroid partner. That's our new term.

We're going to start a club. we're gonna see how many people we can get in, maybe even like a Facebook discussion group. Many of them have gut issues and leaky gut and food sensitivities.

I think the bane of our existence may be the fact that not enough people really look at what comes with the food, not just the fruit itself, but what it's, you know, grown in what its wrapped in.

What it sprayed on and things of that nature, I always like to end. I have a buddy of mine and anybody who follows the podcast knows the question. He watches and he listens to all my podcasts and says, Rob, he's a very well-educated, bright guy, and implement machine.

Give me one thing to make Monday better than the previous Monday. The microphone is open for you, Doc. Yeah, I mean, there's definitely more than one thing, but…

He can take up to three. He's a smart guy. From the tribe, he's smart. Yeah. So, the one things, just the foundations. Don't overlook the foundation. We get so caught up in taking supplements and I'm one of them too.

Probably like you, we get exposed to so many supplement companies and going to seminars and it's like we want to try this and that. And again, i'm not shy about recommending supplements.

And same thing with testing, you know, like, again, I try not to over-test, but I do recommend the comprehensive blood testing and some functional medicine testing but…

You could do a lot on your own, you know, with the foundations, just like cleaning up your diet. And again, maybe it's just starting, as we mentioned earlier, gluten-free, dairy- free, blocking out time for stress management.

I had a consultation earlier today where the person was admitting, diet, we're doing great. Her and her husband are cooking their own meals. They're really doing good, but they're not really, she's not doing a great job of managing stress.

Again, like just saying, could that prevent me from reaching my health goals? And it's like, yeah, without question. I mean, it is all important. Everything's important and if someone's not doing a great job of managing stress, that could be an important factor.

So that, of course, sleep. I'm just trying to get at least seven, eight hours sleep. I mean, again, not just eight in your bed or seven hours. And I can't say I get eight every night.

So I'll admit that I try to my seven and a half hours of sleep, and I feel good. If you get seven to seven-and-a-half hours and you wake up and dragging out of bed, then Maybe you need more, maybe just the quality is not there.

But I would say the one thing to make next Monday better is start just incorporating these foundations. All lifestyle changes. I love it. So once again, Dr.

Eric Osansky, great job. Chiropractic brethren without question. Hypothyroid man, Graves disease expert, does know Hashimoto's. Great time. We cut it within the hour that we allotted.

I love it. You're gonna be able to do your thing. Thanks so much. Round two is coming up soon. Thank a lot. My pleasure, everybody. Dr. Rob, Dr Eric, Proven Health Alternatives.