The Better Question: What Is The Thyroid Domino Effect? Transcript

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Podcast Intro and Thyroid Myths

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No, no, within normal limits, but normal. You're fine. Your normal, your fine, get more sleep. Yep. My mother had problems with it too. Anyways. I think I would say don't trust the Blood Works so, so much.

Welcome to the resiliency method, the truth about healing. I'm Dr. Erica and we are here to uncover the root causes keeping you stuck. Together we'll restore your energy, your focus and your resiliency so you can finally heal, regenerate and feel truly alive again.

80% of women are suspected to have subclinical hypothyroidism, meaning your thyroid isn't working right, but you don't qualify for a diagnosis. Welcome to the resiliency method, the truth about healing podcast.

I'm Dr. Erica. And today my fellow practitioners Lyric Turner and Susan Hoffman are having a short wrap session with me to expose the thyroid myths, keeping women sick and medicated for life.

We're revealing why TSH is actually a pituitary marker, not a thyroid marker.

Subclinical Hypothyroidism and TSH Limits

Why doctors prescribe levothyroxine without ever asking why your thyroid is struggling and what the thyroid domino effect really looks like when your thymus gland, your pitutary, you're hypothalamus and your liver are all crashing together.

If you've been told you just need thyroid medication forever or that your normal blood work means you're fine despite having every symptom, this conversation changes everything.

Welcome back to the Resiliency Method, the Truth About Healing podcast. I'm Dr. Erica. Today I am joined by my fellow practitioners, Lear Turner and Susan Hoffman, and we thought we would invite you into our sessions.

So today's topic is going to be about the thyroid and kind of some of the myths that we see are often out there in the public, people are being misled about when it comes to their thyroid gland.

And it's one of most probably under-diagnosed situations out. I think it is like 80% of women or so are suspected to have what's called subclinical hypothyroidism, meaning you don't necessarily qualify for a diagnosis, but yet your thyroid is not functioning as it should.

So, we want to explore this conversation a little bit more, talk about how it relates to other things that we notice as well. So Lier, set us up a bit with what are some of the things you see when patients come in for the first time?

What are the thing that they're talking to you about when it comes to thyroid health? Yeah, well, it's either one of two things. I either have a female patient who already is on thyroid medication or maybe is being told they need to go on thyroid medications because they just had labs done a long time ago that showed that they had low TSH or

from their T3 or T4 and some sun level, some marker on their thyroid was off.

A lot of times only TSH, right? Let's talk about that one for a second.

Root Causes: Toxins, Viruses, and Endocrine Domino Effect

Thyroid stimulating hormone, which we know is really a reflection of how well the pituitary gland is doing, what just sits above and I say always bosses the thyroid around.

But that is technically a marker of the health and how while your pitutary glands is But it is the marker that's needed and evaluating you for a drug for your thyroid.

So that why Western medical professionals are always looking at that number for you and sometimes only looking that that for number you, which is one of the problems, key problems.

But then if we expand out a little bit more, we talk about some of them more functional medicine approaches to working with the thyroid, or starting to look at a bigger data set that would include some these other markers like you mentioned.

So what are some of the things that we're looking at and encountering with thyroids? Would you say, Susan, when we were talking about the thyroid in particular?

Well, toxins, one, for sure. Heavy metals is a good one. Viruses. I'm seeing barvirus. What else? How the other, as you mentioned, how the pituitary or even hypothalamus is…

Go back even a little further. Right. Yeah. How that is affecting the thyroid. And it's really a domino effect. endocrine gland goes, it affects. They're all related, interrelated, and so you can't just look at one independent of all of them.

That's correct. Yeah, you got to kind of understand into what these other glands are in particular. For example, Hashimoto's is a big one that we know about with the fibroid gland.

There is another gland in the body that would always have some kind of challenge with it because it's an autoimmune situation. So anytime we have an automobile situation, what do we?

Thymus, a sick thymous. A sick underperforming thyrmus. But what about the thynus? I mean, who cares? Doesn't that thing just trip up and die when you hit adolescence?

That's what they tell you. That is what tell us, right? And we also see our autoimmune rates are going like this, the more that we buy into that story.

this gland is really not important. So combine that the thymus gland insufficiency with thyroid and potentially pituitary gland and hypothalamus insufficiency.

You got a liver congestion. Liver congestion downstream probably from all of this miscommunication in the endocrine system, but for liver. getting beaten up all the time, just trying to be good at his job, regulating, keeping everybody in check, the old sergeant.

And then we've got a situation. What does that look like? How does it manifest publicly when the liver is congested related to the thyroid gland? Who is that lady?

Who's that lady? What does she look like? Oh, like what's the patient profile? Yeah, she's type Elvis, type A, personality, making everybody crazy.

Hashimoto's, Thymus, and Liver Congestion

Yeah. Have anybody in this group ever been that Lady? No. I was, definitely. When I first started getting working on my health. What experience for you have you had with your own thyroid?

Well, I put on thyroid medication. I wasn't even out of range. I was just in the low, well, normal. And I just had a very eager beaver doctor who went everything.

when everything is a nail, everything looks like a nails. I actually knew several other people who went to that same doctor who all were put on thyroid medication.

The first visit was her favorite thing to do. That actually had the opposite effect on me. My thyroid levels are great now without being on a medication, but had I gone on that and stayed on, I think a big problem is that people go on this medication your thyroid doesn't need to make that.

Right. It down regulates making hormone because it doesn t have to. Gets tired and lazy. Yeah. But I find it fascinating that doctors are prescribing this left and right without asking the question.

Um, let's see, like why is this woman's thyroid, why are the levels looking like that? Why is the thyroid suddenly, it's been performing, the blood work looks great all these years and now all of a sudden it is not.

I asked my patients, did you ask your doctor that question and they gave you an answer? First of all, nobody asked that questions because they don't realize they should.

But I think if you were to ask a doctor, that they would say, yeah, this is what happens. You're getting old or it's genetics or that's just the thyroid It just does that over time or we don't know why maybe they would say that.

Are you tied to treatments, protocols, and gurus who promise results but don t deliver? You're not alone. For years, I struggled with my own long-term illness and I know how frustrating it feels when nothing seems to work.

That's why I developed the resiliency method. It's a science-backed approach to combining the best of Western and ancient medicines to restore your body's natural intelligence.

Patient after patient has discovered what's possible, living stronger, brighter, and more spiritually connected than ever before. Whether you're facing autoimmune issues, hormonal imbalances, weight struggles, or just feeling stuck, you don't need another quick fix.

You need a clear path forward.

Personal Thyroid Medication Experiences

take the first step with a discovery call at drericaonline.com forward slash discovery that's d-r-e- r-i-k-a online. com forward source discovery or dive deeper with the full initial consultation at doctor erica online dot com board slash initial dash consultation because your health your clarity and your freedom cannot wait So we mentioned seeing Epstein-Barr virus, heavy metal toxicity.

I think also gluten for people at the very beginning oftentimes needs to come out for a little bit. There's usually some kind of gluten and or wheat sensitivity involved, sometimes corn, and sometimes dairy, right?

But we know from working with the resiliency method that those are actually not truly the root cause. It has more to do with insufficiency of the the thyroid gland itself never fully getting to repair and as well as the thymus gland, the immune system not being paid enough attention to and ultimately you're in this chronic inflammatory state because that thimus is insufficient, right?

But some of the worst cases that we've seen sometimes actually have even more nervous system involvement with their thyroid glands, which can include because the cervical ganglia that's back here behind your neck sometimes is also toxic or holding on to encapsulated toxins that can continue to kind of insidiously leach in over toward the

neck and into that area of the thymus, first the thyroid gland, and then they're continuing to be exposed to those toxins.

So we've even seen we appeal that back and start treating some of the neural connections to the thyroid glands made a huge difference with some our more chronic and medication females that finally that's the last thing that we need to do to get them fully off their medication and get that thyroid gland fully restored, which is pretty incredible.

Yeah. I mean, I think, you know, with our kind of phased approach that do and the resiliency method. You know, we will sometimes, you know thyroid is usually, I mean I don't think I've ever had a female patient.

I'm not sure if you guys have, have ever a had female patients that hasn't had thyroid on their list of- Very rarely. Yeah. Maybe if they were a child or three.

If I can think of ever the history of my work with this.

Iodine, Toxicity, and Treatment Timing

To some extent. It's always, it's a beat up little gland. And we do do some kind of shoring up of that usually in phase one, but a lot of repair work comes in Phase 3. Yeah, absolutely.

Yep. Yeah. And then what's some of the implications that we've seen? I know that one of reasons why the process that use works so well is we can put things in an organized fashion.

So it's in the right amount, at the for the individual and that in particular, I know I had a personal experience with this when I first started on my healing journey.

Like my thyroid was so insufficient. I was like down to like a size double zero. People thought I have an eating disorder and I didn't realize it was going on.

It was actually several months later, I'm on the kitchen floor because I had taken a little bit of iodine, which is like, if you hear a functional medicine doctor, all they'll tell you is all you need for your thyroid is iodide.

They're usually men saying that, but yes, it's a bit oversimplified and over-classified that Hashimoto's or even hypothyroidism is an iodined insufficiency.

unfortunately I got treated with iodine but because the heavy metal wasn't in checked on my thyroid I had the opposite reaction that I should and was literally on the kitchen floor like it's so much anxiety in the fetal position so freaking out now I was like this is not me what the heck is going on yeah And that was a really important lesson for me as a clinician is you need a systematic way, especially when you're talking about dealing with a thyroid patient, you needed a system out of the way to go about analyzing, making sure that what you are giving them verbally, whole food, nutraceutical, whatever it might be, homeopathic, is actually going to get by that thyroid gland.

you know, because the wrong thing can actually kind of make a spin out situation. I mean, we use iodine. Sometimes it's the thing that's needed. Usually when we've cleared…

I never put anybody on iodide. The gland's too toxic and it'll upregulate it too much too fast. And that brings us to that conversation that we always have too is with right order, right time is making sure we're understanding Are we in an excess pattern phase right now with this person and what we're working on, or are we more in that deficiency?

And iodine is a good example. If we are in a deficiency stage and we need to boost the performance of that thyroid gland, and it's a great tool.

How to Know If You Have a Thyroid Issue

Um, if we, are, in the phase we'd clear toxins or handle parasites or whatever it might be, then it may not be the time to use it. Definitely, probably not.

Yeah. What do you think wrapping up this conversation is a better question for somebody who might think that they're having a thyroid issue or is wondering if they are having the thyroid issues?

What are some things that could ask themselves to kind of get to the point where they might be taking some action on it? Well, I was one of those subclinical people, so it never showed up on my blood work, even though every single doctor took a look at me and went, well, you look like a thyroid person.

And then they do the bloodwork. No, no, within normal limits, but you're normal. You're fine. Get more sleep. Yep. My mother had problems with it too.

Anyways, so I think I would say don't trust the so, so much, you know, that there's… On either side of that, right? Yeah. Yeah, yeah. Like, if your blood work looks bad, it's not your final answer is just to go on thyroid medication for the rest of your life, and that's going to resolve your problems because there is a deeper issue at play.

And then vice versa if it is not showing up, but you have all the symptoms. Exactly. Either way. It's probably dysfunctional. This is Got it. Great advice.

Thanks for joining us today. We'll see you on another episode.