The Fibromyalgia Hypothyroid Connection Transcript

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Introduction and summit welcome

Hi. Welcome. I'm doctor Roger Murphree, and I am your host to the Freedom from Fibromyalgia Summit. I have Doctor Celina Allergy here today. And Doctor Allergy is a wellness expert.

She's an ObGyn doctor who, practices esthetics and wellness. I first learned about Doctor Shell from her podcast, Get well, a doctor shell. What a great name.

And she does a wonderful job with her gas. And one of the things that I really stood out, stood out was her expertise in hormones. And we've had some discussions in the past, but today I really want to focus on the connection between thyroid dysfunction and fibromyalgia.

And here's the expert today. So Doctor Shell, thank you so much for being part of the summit. Oh, thank you so much, Doctor Murphree. It's amazing to be here.

I've always enjoyed having conversations with you and your audience. So thank you for having me. Oh, you're so welcome. So let's just just do the basics, because sometimes I think people start talking about thyroid and they talking about reverse T3 and the T44.

You know what? It can get really complex. And we're going to cover those things. But let's just start from the beginning. What is the thyroid and why is it so important for our health.

Great question. So for everybody who's watching, the thyroid is right over here. It sits around in our neck right below. This area. And, it's really one of the most important glands in our body.

Right? So it's a gland just like you've got the pituitary gland or your, you know, your ovaries, your testes, etc. it's a very, very important gland.

What the thyroid does and common symptoms

Because when I explain this to my patients, Doctor Murphree, it's almost like you have a symphony orchestra and all of the different hormones, whether it be your estrogen, progesterone, testosterone, cortisol, all of those are instruments and the symphony orchestra that you need someone to lead the orchestra, the conductor of the orchestra, that is your thyroid.

So your thyroid sort of conducts the entire symphony and is a very integral part of the rest of the hormones to function appropriately. So it's really the center most hormone that we all should really know about and pay attention to.

I love that explanation. The symphony, the conductor. I'm a steel it, That's wonderful. It's great. Yeah. So I you know, I tell people, you know, the thyroid controls every cell in the body, every system.

It's so important that when it's not working correctly, what are some of the symptoms that we see if your thyroid production or your thyroid function is compromised?

Sure, sure. Again, another great question. Because you know what I tell patients, and I'm sure you do as well, is, I like to think that we as human beings, once we become intuitive, we really know what's going on in our bodies and some of the symptoms that we should be looking for, first and foremost, that I see all the time is loss of energy.

So, you know, you could have fatigue, you could just feel malaise, you could have pain. And this is why. And we'll get to it. This is why it's such an important part of the fibromyalgia discussion.

Right? People can have their metabolism affected, so difficulty losing weight, they might gain weight when they think I'm not doing anything differently.

Fluid retention. You can feel cold, so extremities can be cold. Call sensitivity. Difficulty concentrating. So some short term memory loss where you feel like, oh, my God, I can't remember names anymore.

Muscle pain and crowns. That's a very common, symptom as well. Joint pain. Feeling tired after even a full night's sleep, being unable to sleep, insomnia, having hair loss, which we see all the time in our practices.

Depression, mood swings, gut issues like constipation, maybe, menstrual irregularities if you're a female, brittle fingernails, dry skin, headaches. And now, I mean, I've just listed so many different things here.

And you might think, well, gosh, I mean, how are you going to know? But all of these symptoms are so important to pay attention to because you and I both know this, because we practice personalized medicine and root cause approach is a symptom is really your body communicating with you.

And so if you have any of these symptoms, we as people, as human beings, as doctors, we have to listen and see what's causing this. So those are some of the important symptoms that we see all the time.

So the audience is sitting there and they're going, gosh, I've got that and that and that. Because. Right I mean those symptoms are mirror. Yeah. What we see in fibromyalgia. Right.

And so it's sometimes it's hard to know what what's what. And oftentimes they go to their doctor or their practitioner usually a conventional doctor. And they go and they share all these symptoms.

And the doctor says, oh, sounds like your thyroid is compromised. Let's do some test and we'll get you fixed up. Don't worry. Then the tests come back normal and we'll say, hey, I'm good news, your thyroid is okay.

So let's just put you on antidepressant for that depression. Or let's just put you on some Adderall for that fatigue. Now what? Why what in the more. And I'm not trying to pick on anybody now, I'm just saying we practice the way we practice is a little bit different.

Looking at, as Doctor Schell said, the root causes. But what what what what is that disconnect? You go to your doctor. Conventional doctor. He or she does the test comes back normal.

They send you on your way. Why is that? Well, a variety of reasons. Let's start with what are they testing? Right. So when we see our patients, the first thing we do is we truly take the time.

And I'm not saying conventional doctors don't. Right. Because we all practice conventional medicine. I myself practice conventional medicine for over a decade.

The problem, unfortunately, is, is the system. And we could have an hour long discussion about that. We're not going. But as an again, I was seeing 30 to 40 patients a day, right?

As a functional medicine doctor, I see 7 to 10 patients a day. So it's it's the time that we are able to really spend to delve into our patients history, their symptoms, what's going on.

So really making that connection number two is what are we testing. Right. So if you go to your sort of average traditional physician, you're going to and this is kind of what the insurance companies approve.

So it's not even really the physicians, issue. It's the insurance companies issue. They're approving a and a T4. All right. Usually. Yeah. What is that telling you. Not much. I'm not.

Yeah. Not much. Because here's the thing is when you look at the TSH, which stands for thyroid stimulating hormone, right.

Why standard thyroid testing misses problems

When you look at the TSH, the range, the normal range goes depending on the lab goes anywhere from about 0.4 to about 4.5. I mean, imagine how wide that ranges.

And if you're anywhere in that range and you could be 4.4, right. Or 3.9, unfortunately, your doctor's most likely going to tell you that you are within normal limits.

Now, when you felt great and you didn't have any of these wide variety of symptoms that we just talked about, your TSH was probably around 0.5 to 1.5 in that range.

So what's changed? Well, what's changed is your thyroid is not working quite as well. It might still be within normal limits. But what who is that normal for?

It's certainly not normal for you. It might be normal for 99% of the population with which these ranges have been established. But we must as practitioners and we try really hard to do this, do a good job of this in integrative and personalized medicine, we really like to look at the whole picture.

So in our way of practice I always recommend and you know, please audience, if you're taking notes, please write these tests down because it's really important because you have to be your own advocate.

So when you go to your physician, whoever that physician may be, you're going to want to ask for a TSH or a free T3, a free T4, a reverse T3, and a set of all your thyroid antibodies.

At least thyroid oxidase and antibody, as well as anti thyroid globulin antibody. Those are sort of your basics that you need to start with. Because just because your T4 is fine and you've never looked at your free T3.

And to kind of distinguish between the two, if you'd like me to doctor more free the T3. And for would you like me to do that? Well, we'll get into that. Yeah okay. Okay.

So those tests are really important. And that's why just to kind of come back to your question, that's why a lot of patients come away from the doctor's office, you know, thinking and being told, oh, it's not your thyroid.

You must just be depressed. Or maybe you're eating too much and not exercising enough. That's why you're gaining weight. So it's it's a tragedy because essentially, you know, we want to validate the patient's concerns and it's not being done unfortunately.

So in your your view, what we see as the insurance companies are kind of dictating what labs they're going to cover and what they're not. And so that's kind of trickle down to the to the physician.

He or she for years has kind of bowed to that. I mean, that's kind of, you know, how it is. And so when you go see your doctor, they're kind of they're, they're taking a snapshot of a train coming by.

Yeah. And you get a little picture of what that train looks like. The problem is you don't know what's behind it. You don't know what's in front. So you really you're just kind of it's really, in a lot of ways, kind of a destination. Yeah.

If your TSH is in the average range for the average person, you're fine. But there's a lot of potential problems that you just already kind of brought up.

One of those is, the American College of Endocrinology. Well over a decade ago came out and said that anybody with a TSH above 3.01 should be considered hypothyroid, Lazaro and should be on medication.

Now, it it's what do you say. It's 4.5 I think here the norm right now. So if your t h is below 44.5 but it's above 3.01, they're going to say your normal. Yes.

And you know so there's a disconnect right there. And then the the other thing we see is oftentimes you're on thyroid medication. Yes. And you go to your doctor and he or she says, oh well your TSH is at 4.2.

You're good. Let's just keep you on the same dose. But you feel terrible. You don't feel like anything's working with that medication because it's not enough.

It's not aggressive enough. Right. Absolutely, absolutely. So you know, again, it's it's like you and I say this all the time. Right? We want to be optimal.

We don't want to be within normal limits. We want to feel optimal. We want to have all of our other hormones function optimally. We want our cellular metabolism and our cellular function, mitochondrial function, all of that to be optimal.

So we can all live healthy, happy, revitalized lives and, and age, you know, in a healthy fashion. Right? And really prevent disease, chronic disease.

Because if we're not optimized, if our hormones are not optimized and say we have all these symptoms, we're not going to want to go out and exercise six days a week, you know, an hour a day or even four days a week.

We're not going to want to prepare healthy meals. We're not going to want to take our nutritional supplements. We're not going to want to do the things that are good for us, and thus we're going to open ourselves up to chronic diseases, whether they be, autoimmune diseases, neurodegenerative diseases, cancers, etc., because we know that all of these chronic diseases are now being seen as, you know, stemming from inflammatory processes in your body.

And so it's really a vicious cycle that we're creating, unfortunately. Now, you mentioned T3 and T4. You're about to go into inches. So people when they think of thyroid hormone, hormone singular, it's really plural.

So there's two main thyroid hormones that people need to know about right. Absolutely absolutely. So the thyroid stimulating hormone, it's the hormone that stimulates our thyroid gland to release these two hormones, the T3 and the T4.

Now what's the difference? T4 is the inactive form of the thyroid hormone. T3 is the active form okay. So the T4 has to then convert to the T3 because we have receptor sites for T3.

So what could happen. And this is where everything else that hopefully we'll talk about a little bit later. Your nutrients, your minerals, your, you know, lifestyle, your stress, your cortisol, all of that takes place because your T4 can either go to T3 or to reverse T3.

T3 is good solid because you've got receptors. Reverse T3 is sort of that sabotage or that can come and block that receptor and never be able to connect to the T3 and give our body the functionality that it needs.

T3, T4, and reverse T3 explained

And it depends on the thyroid for. So it's really crucial to check both. In fact, not just both, but all three of them, right. Because you might and I think so because, you know, we check a very in-depth thyroid, analysis.

We do end up our analysis on every patient that walks through our office because we have discovered that thyroid, low thyroid or, you know, hypothyroidism or subclinical hypothyroidism is something that is missed all the time in conventional medicine, unfortunately.

And so you might actually even have a pretty decent DSH, a pretty decent for a pretty decent free T3, but your reverse T3 might be sky high, right? That's telling you something that's telling you that there is something going on.

Whether that T4 is converting to the reverse T3 and you got to see what's going on that's making that happen,

because at the receptor site, you're still not going to be able to do what your body needs to do.

So there's a yeah, there's a wealth of clinical, pearls in there, a lot of stuff in there. So one so one of the things that, often happens is patients are taking synthetic T4 medication, levothyroxine or synthroid.

They take those medications and their TSH looks normal. Yeah. So the doctor's telling him everything looks good. Just stay on your desk. Stay on your desk.

Meanwhile, you can barely get out of bed there. Lateral thought of the eyebrows or, you know, falling out, the hairs falling out, brittle nails, cold hands, cold feet, tingling, achy pain.

Like fibro. Yeah. And what's being missed is that synthetic T4 medication is not converting. Right. And that's why you're saying we need to be looking at that reverse T3.

Absolutely. You need to be looking at the free T3 and the reverse T3, because that's where the gold is, right? That's where you really that's that's the that's the key.

The key is how much active thyroid hormone do you have and how much of this sabotage or do you have that's going to come and block that. And if you don't look at that, we're just simply not looking at the whole picture.

Right. Because if you're just going to say, okay, everything's good, I don't know why you're not feeling good, here's a sleeping pill because you can't sleep.

Here's, a little something to elevate your energy. And here's an antidepressant. So what we're doing is we're really just putting Band-Aids on all these symptoms that could easily be fixed by seeing where those other hormones are and what could be causing that conversion to not happen properly.

Yeah, absolutely. So what are some of the drivers that affect the thyroid or compromise what are right. What are some of the triggers. What are some of the things that can affect, the thyroid in a negative way.

Sure, sure. So several things. And this is why several things need to be looked at when you see a picture that it's not just not working well. Right. And we'll kind of come to treatment in a few minutes as well, I hope.

But the things that I like to look at for my patients is hormonal balance number one. Okay. So when I talk about hormonal balance, if you're a female, for example, and you have pain and symptoms of fibromyalgia or symptoms of low thyroid, you want to look at your estradiol, progesterone, testosterone, DHEA, all the sex hormones.

Because if you have estrogen dominance, which means if your estrogen is too high compared to your progesterone, right, it should all be balanced. If it's too high urine estrogen dominance, that can trigger T4 going to reverse T3 number one.

Number two, we live in a stress world right. So and I know you do this to Doctor Mercury. But anybody that I do a cortisol test on I mean it's very rare that their cortisol circadian rhythm is going to be normal, especially if they come in very stressed.

So if you have elevated cortisol or adrenal insufficiency you're again not going to convert your T3 T4 to your T3 and it's going to block the conversion and you're going to get more of the reverse T3.

So then the stress needs to be looked at, the cortisol needs to be addressed and the adrenals need to be addressed. Number three gut microbiome. So if your gut health is off, if you have dysbiosis, leaky gut syndrome, yeast overgrowth you know just candida overgrowth, you're going to have our food sensitivities.

You're going to have the lack of conversion again from T4 to T3, vitamin and mineral supplementation. If you're low on, you know, a lot of your minerals that are vital for your body to work, you know, function well in your cells and in mitochondria to function well, that's another thing that can really, cause an issue.

And finally, I would say inflammation in your body can also disrupt the conversion of the thyroid. So, you know, some folks instead of taking a synthetic medication for their own, a more natural oriented, it's a prescription like armor west toward nature, toward which is a combination of T4 and T3.

Right? Yes. And I'm so glad you brought that up, because what's really important to realize is sometimes our body just can't make that conversion right.

And so we have to help our body, right.

Adrenal stress, conversion issues, and thyroid support

We can't just keep pounding our bodies with T4 and say, just convert, convert, convert. Well, the body's already told you I can't convert because I'm on estrogen dominant or I'm deficient or I'm very stressed.

My cortisol tie. Okay, we're gonna put you on a program to fix all that. While we're doing that, let's also give you T3 so we can get that T3 to connect to your receptor sites.

And it's really important to give you the long acting and the short acting together so you can feel great as soon as possible. Right. And I personally never give you know, never say never, but hardly ever.

I could probably say never give just T4, you know, it's always a combination. Whether it's a compound at T 43 or what you mentioned, armor or nature etc..

Yeah, you really want to combo and I think most people do better on that combo. Although there's, you know, there's certainly people who do fine. I've done synthroid levothyroxine, but there's that percentage of the population.

It just doesn't work and they get frustrated. Now you mentioned some of these other hormones and you mentioned cortisol. So I'm curious but this is something that I see a lot of times I'm trying to get my patients to move from synthetic T4 levothyroxine synthroid to ARM or something that I would use naturally.

Yeah. Yeah. They have a problem with that conversion. And, and typically it's because their, their adrenal glands are weak. And if you try to give them that energy they can't handle it.

Same thing if you go from trying to increase for those of you out there, you've tried to increase your thyroid medication, whichever it was and you got rapid heartbeat, or you just felt irritable or you feel revved up.

Yeah, a lot of times it's because your adrenal glands are not strong enough to support that increase in energy. Yes, yes. Well, so adrenal fatigue is something that, you know, you and I know very well, but unfortunately it's not really discussed much in your world is black and white and yeah, the fictional world, it's there's a lot of gray. Exactly, exactly.

So you know, what I tell my patients is, you know, your adrenals sit on top of our kidneys, right? And they're two little glands but very important glands.

And they're really responsible for producing that cortisol. It is the stress hormone. It's the hormone that gets you in a fight or flight. But if it's off balance, if it's either insufficient or in overdrive, you're going to have many, many issues, right?

So a lot of the issues really kind of overlap with even fibromyalgia. It overlaps with thyroid issues. You know, I have patients that are, you know, who just are in complete adrenal failure, where they're in severe adrenal fatigue.

They can't even get themselves out of bed in the morning. Yeah. They have so much muscle pain. They have so much passion and panic attacks and low blood pressure.

And much like hypothyroidism, it's a very common condition. And that is unfortunately overlooked by traditional medicine because we just weren't taught about it in medical school.

Right. So of no fault of anybody else's. But we've had to take the time and the energy to educate ourselves and really open up our minds. Right. So cortisol is a very important piece of the puzzle.

Yeah. So we want to talk about protocols here in just a second. But before we do a couple other little things I want to get into your. This has been very informative.

I think we really have, you know, laid the foundation and gone above and above board trying to explain this, but a couple things. One, there's a thing called you thyroid syndrome.

So it's all the blood test or normal, but you've got all the symptoms of thyroid. Some doctors will acknowledge that most in the conventional world probably will not.

In functional medicine. Now we're really treating the person more than we are the lab, even though we're we don't want to guess. We want to, you know, we want to test, but let's say you've got a patient that comes in, they've got all the symptoms, but their TSH and other numbers look good.

Would you put them on, you know, some thyroid and, you know, to to just kind of see how they do. And I need to say yes to because we need to realize that we're measuring thyroid hormone once second out of one minute out of one hour of the day.

Yeah. And we're measuring what's in the bloodstream. We're not really measuring what's in the cell. So it may not even be getting into the cell. We're kind of guessing.

Yes, that's a great question because, you know, we've all had patients, that come into our office with this exact picture, right? And, because we're looking at the person and the labs together and combining the two of the subjective data, putting everything together to answer your question, the short answer would be yes.

And I always want to make sure that their TSH can, you know, afford to be a little bit. Okay. So for example good point. Sage is 1.52. Oh yeah. They can afford it, right?

They can go a little lower. But if they come in with a TSH of.3.4, then that's probably not the solution. If they're free, T3 is already at 3.8, right.

I'm going to look for something else so that they are super optimal with their numbers. I'm going to look at make sure that I look at their adrenals, look at their nutrients, look at their gut health, look at their sex hormones.

Because probably what's happening is there's overlap of symptoms where it looks like hypothyroid. We know that the and the other thing I would say is I would repeat the lots because of what you said.

Exactly. Because of what you said. Data free. We don't want one little snapshot. Right. So the labs look amazing. Okay. Let's repeat them. Let's just kind of put them side to side and see how you are.

Are you still consistent a week apart or are you completely different. And then let's look at the whole picture and sit down. And I always tell my patients this we are copilots.

Hashimoto's thyroiditis and thyroid antibodies

So we're going to sit down, we're going to talk about this, and we're going to lay everything on the table, and we're going to see what is best for you that both of us can agree on.

Yeah. And that's kind of how I've always kind of practiced with my patients, because again, they know their bodies. Right? Yeah. That was definitely the art and the science of being a practitioner.

Right. Well, now you mentioned thyroid antibodies. So I see in my practice time and time again I see patients who come to me, they have all the symptoms of a low thyroid.

And I'll check their thyroid antibodies. TSH looks okay. Even free and total T3, T4 look good, but their antibodies are sky high. Yeah, and it's telling me, hey there in the beginning of this thing called Hashimoto's thyroiditis.

Celina, can you tell us a little bit more about that condition, what that means and what what all that's about? Sure, sure. So Hashimoto's thyroiditis is, essentially autoimmune thyroiditis.

So it's essentially your body attacking your own thyroid gland, right now. When your body starts attacking your thyroid gland, you're in a period or you're in a condition where your thyroid is simply not going to be able to function well because it's under attack, right.

And that's why you look at these antibodies and the antibodies. It's very important to look at them. And when I mentioned a few different antibodies, I would definitely highly recommend that all of them be looked at because one might be completely normal, but the other might be elevated or vice versa.

And so it's important to look at it because you also don't want to miss Hashimoto's because there are specific things you want to do for Hashimoto's. And a lot of that gets missed.

So unfortunately, in traditional medicine, most patients that come to me, they've never been to an integrative doctor, functional medicine doctor have never had their antibodies checked, and they've sort of just been given, you know, Lieberthal rocks and Lieberthal rocks and for years and they are like, my thyroid is okay, but I feel terrible.

I don't know what's going on. And they still have all the thyroid issues and the thyroid symptoms. So it's really crucial to follow those antibodies as you put them on the right protocols to bring those antibodies down, because that's the only way you can tell that the attackers are, you know, being put to, put to rest a little bit and your thyroid is not under attack quite as much.

Yeah. So with Hashimoto's, this autoimmune disease, you just explain we've got the bodies attacking the thyroid tissue erroneously. Yes. And it's generating all this inflammation that will eventually destroy the thyroid, but also it's generating inflammation that goes to other parts of the body.

So it can create all sorts of symptoms elsewhere. And typically in conventional medicine, it's not even acknowledged they don't because they're not checking for it.

Finally, when the TSH spikes up, because the thyroid is so destroyed, we see now you can go into hypothyroid now and say, oh, you got Hashimoto's. Let's put you on, center levothyroxine.

Now, the thing about that is that's probably not the the protocol you need to be. I mean, it's not that you need more thyroid hormones. I mean, sometimes they certainly can be helpful, but what is it that's triggering this body's, errant attack on the thyroid tissue?

What is that? There's something that's creating that. That's what we need to focus on, right? Correct? Correct. Absolutely. And again, it's the root cause.

What got you to the Hashimoto's stage? Yeah, I got you there. And like you mentioned, your mercury inflammation. We got to look for the sources of the inflammation.

Yeah. Because if it's attacking the thyroid gland it's probably attacking many other glands as well. Right. So you want to look at the inflammatory markers you want to look at.

Because you know I try I like to tell patients a lot of inflammation. And sometimes most inflammation begins in the gut. And then you have the gut brain connection.

It's going to go from the gut. It's going to go to the brain. And then you're going to have things like brain fog and then develop neurodegenerative diseases.

And of course, we're seeing a huge spike in dementia and Alzheimer's and ALS and Parkinson's and M. S., I mean, all of the neurodegenerative diseases that are super scary for all of us, leading to cancer, leading to other autoimmune conditions.

So inflammation is our enemy and we have to figure out how to lower the inflammation in our bodies. And it all starts with the food we're putting in our bodies.

Yeah, yeah. The stress that we are not deferring away from our bodies, the stress that we're under our toxic environment, what we're eating, what we're drinking, our Wi-Fi, our EMF.

It's all of that, right? I mean, we live in this toxic environment. And sure, we can't just go move to another planet, but we've got to figure out how to protect our bodies in the best way possible against all that toxicity, to reduce the inflammation.

Yeah. So I have patients often ask me, well, well, Doctor Murphy, why don't why I did my PCP check my antibiotics. Well why why not my doctor check man about is like you do.

And they don't check it because they don't know how to treat it until the thyroid becomes true. Hypothyroidism. And that's my take on it. I'm not sure about your take, but you've been in both worlds.

You one point, you were really more of a traditional practitioner. Now you over to the wellness side, but that is really yet I mean, but in functional medicine, we're trained.

We know how to treat Hashimoto's from the beginning, and it may take 5 or 10 years before the thyroid ever burns out. And your thyroid test becomes abnormal in the conventional world.

So you can have five, you know, half a half a decade or a decade of symptoms. They keep telling you everything's okay, everything's okay. Well, you know, everything's not okay.

And one day you finally get to a practitioner like Doctor Schill. They do a thyroid antibody test. Oh my gosh. Look, your TPO antibodies elevated. We've got to get that down.

We need to balance your immune system. It's overreacted. Yes. So what are some of the protocols that you would like to share? Some of the nutritional things.

Diet. I mean you've shared a little bit about it, but let's talk about some particulars. Sure. Okay. You know, all that to say, first of all, 20 million Americans have some form of thyroid disease.

Yeah. Amazing. Yeah. And, at least 60% of those patients do not know they're unaware of the condition. Right. And like you and I talked about, inflammation is the biggest barrier.

So when you're looking at treatment protocols, the first thing I like to start with are the basics, right. Because you want patients to be compliant and you want to make this as easy as possible.

So I always say sleep is your best friend. You need to get 7 to 9 hours of sleep depending on what you're going through in life. I'm a huge proponent of sleep because sleep is when your body heals.

Sleep is when your body's inflammation goes down and you've got to have that deep sleep. Number one. Number two, lower your stress.

Lifestyle, nutrition, and treatment protocols

Okay? Now you can't just snap your fingers and go, okay, I don't want to stress anymore. No, we can't do that unfortunately. So meditation, yoga, mindfulness is deep breathing walks nature.

Whatever appeals to you, that's what you do. But you need to have some protected time. Number three, what are you putting in your body? Food. So I always say, and especially with Hashimoto's, this is very important.

99% of patients with Hashimoto's are gluten sensitive or respond or react negatively to gluten. Yeah. So for all of my, patients, especially with Hashimoto's, but any thyroid issue or really people that I'm treating with functional medicine, we know the three monsters right now are gluten, sugars, and dairy.

Okay, now, if people want to know what their specific sensitivities are, certainly there are several foods sensitivity testing that we can do. Look at 198 different foods and let you know.

So look at that. And for the time being avoid inflammatory foods and processed foods. Right. More vegetables, blah blah blah. More minerals, more greens, etc..

Number four hydration. You've got to just take your weight and pounds divided by two you got to have that much water, natty water in your drink. Number five.

And that's all lifestyle stuff exercise, movement, etc. and then you've got to look at the protocol, the medical protocol. Right. So you've got to balance your hormones.

And we talked about this. You've got to check your sex hormones. You've got to check your cortisol. And you've got to balance them with bioidentical hormones.

I'm not a fan of synthetic hormones. I'm a fan of bioidentical hormones, which are biologically identical to what your body's produce. So it can combine to the receptor sites, much like the T3.

Then you've got to get rid of inflammation from the gut. So balance your gut microbiome okay. And again you know we can just this isn't something you do on day one right.

So you're building this up. But when I talk to my patients I'm talking about an eight step approach to wellness. So I'm going to talk about lifestyle I'm going to talk about nutrition getting on the right supplements.

So iodine I think selenium very important for the thyroid to work. We know this for patients with Hashimoto's. Something that has worked incredibly well is low dose naltrexone.

And a lot of my patients I especially with Hashimoto's because it does a great job in your body with autoimmune issues that might be going on and inflammation.

So that's just kind of I'm touching upon some of the basic necessities that have to happen. And then of course it's just personalized and individualized based on the history, what's been going on as well as their test results.

Yeah. So gluten. So you mentioned gluten is a big one. I mean, that's linked to Hashimoto's for sure, there's no doubt. But people will say, well, I don't have any negative reactions when I eat gluten.

You don't realize what's going on inside. So you got these warning signs, tingling in your hands and feet. Cold hands and feet again. We talked about your hair falling out.

Those are the warning signs. It may not be because you're eating gluten. You don't get a stomachache. Yes. And so, you know, I'm so glad you mentioned that because there's such a big difference between food allergy and food sensitivity.

Yes. Right. I always tell my patients your food sensitivity. You're not going to see anything maybe until 36 hours later. And that will come up in the form of more inflammation.

And a food allergy is okay. If you have a peanut allergy, you eat peanuts. Okay, got to go to the emergency room because you had an anaphylactic reaction.

We're not talking about allergies. We're talking about sensitivity that's going to lead to inflammation. So much to your point. That's why they don't see the direct connection right.

So viruses Epstein-Barr virus cytomegalovirus is herpes viruses. They can the body can be fighting those off get the virus and the thyroid tissue mixed up.

And now it continues to, you know, fire trying to attack the thyroid tissue. The virus is gone. But low vitamin D has been implicated. Anemia has been implicated.

Low ferritin levels. You mentioned estrogen dominance. When I see you on the history, endometriosis or fibro tumors. Are you thinking already estrogen dominant?

Probably going to find something wrong with your thyroid, right? Absolutely. I mean, you see heavy menstrual periods or infertility or, like you said, fibroids, ovarian cysts, endometriosis is all of those are very telling signs of estrogen dominance.

And I'm so glad you brought up vitamin D deficiency, because you and I both know most of the people that come into our offices for the first time. When we look at their vitamin D3, what are we seeing?

We're seeing them at the very low end, or just completely in the tank because again, the range. Right? I mean, you look at a Lab Corps report, it's going to be, you know, the normal range is 30 to 100, right?

You and I know we need to be around 70 to 80, not 35 not 40. We need to have vitamin D. It's such an important hormone actually. And it's really important to supplement the vitamin D with vitamin K2.

And that's another important point is you can't just take vitamin D and not have enough K2 for the absorption or there we go.

Where to learn more and closing remarks

So we see people will come in with a vitamin D3, level 31 and they say, yeah, that's good. Yeah. But really, I mean, I think the, the vitamin D council years ago said you need to be above 50.

If you're not above 50, your pain threshold is lower. You're more likely to have mental clarity issues, low moods compromised your immune system. And there is a correlation we know with with Hashimoto's too.

So absolutely. Yeah. And it's so easy to fix. You know, there are certain things that are super easy. So why not get that optimized? And I love to just let my patients know, do you want to lead an average okay life, or do you want to be optimally, you know, optimal and you, Derek, and, you know, just feel awesome and you know, so and then once you kind of picture it that way for them, obviously nobody wants to just be alive and wants to feel great.

Right? Yeah. Well, Doctor Sheil, this has been great. I think would you did a thorough job of thyroid? Oh, people were taking notes, and I want them to be able to learn more about you.

I know, I want, I want everybody check out our podcast because it's fantastic and get well a doctor shall. But your website, what do they need to go to learn more about you and your practice there in Houston?

Sure. So doctor shell.com, and that's Dr. Sagal one elle.com. And it's great because, you know, we have some test yourselves for thyroid, sort of like, you know, you can actually test to see if you might have thyroid issues or adrenal issues or Candida issues.

And I welcome everybody to just get educated. We have a lot of blogs on there just get yourself educated, be your

own advocate. And yeah, let us know if we can help you in any way.

Great. Thanks so much. This has been a delight. Thank you. Thank you, Doctor Murphy. Always a delight talking to you. Thanks for coming.