Everybody. Great to be with you. Have. My special guest happens to be my wife, Doctor Angela Stengler And today we're going to talk about the gut connection to the thyroid.

So, Angela. Doctor Angela, thanks for joining us. Well, thanks for inviting me. It's nice to nice to hang out with you again today. So, hey, we're going to talk about again, the guy kind of hormonal connection to the thyroid.

Let's just talk a bit about, you know, the kind of patients that you see. See a lot of patients, women, thyroid disorders. Lot of hypothyroid, autoimmune thyroid problems.

Tell the viewers a bit more about, you know, in terms of the connection between digestive health and and functioning to it. Yeah, that's a good question.

And it's an interesting question because today, interestingly enough, when I was talking to a patient and she was convinced that she had thyroid issues and she had all these symptoms, her labs looked actually pretty good.

But when we were talking about all of her symptoms, I explained to her that we are not diagnosing her with a thyroid condition right now. We're diagnosing her with a gut situation because her gut shows a lot of bloating.

She has a lot of pain. And so those symptoms could definitely be reasons for why she feels very fatigued and some of her hair loss and things of that sort.

And then obviously, yes, I am testing her thyroid. Her mother has autoimmune thyroiditis. So there possibly could be that connection there. But this is the thing in general in integrative medicine, treating the entire person is very important.

So I never like to just say you just have a thyroid condition because a lot of people come in and they want to hear that, or really it is. We have to start with the gut because the gut is very important.

The liver is involved in the gut. The pancreas is in the gut. You obviously have your intestines in the gut, and that's all all connected to getting out toxins and making sure that we're metabolizing our hormones correctly.

And of course, it can work the other way around. If people do have low thyroid, that can affect their digestive symptoms. Most common thing would be with low cost of patient.

What do you see when people have died in balances that aren't treating? What kind of things do you see affecting the gut? So a lot of things that I see, if there is an undiagnosed thyroid disease or if someone is coming in on thyroid medication in their management, is not very good, believe it or not.

I mean, we were trained to test people's thyroid at least every six months. A lot of patients come in and, you know, they're barely even, you know, tested once a year.

And so, yes, things like constipation is something that I commonly see, as is weight gain and fatigue. If someone's thyroid is not properly, properly adjusted.

And and we've talked about this before, you and I, it depends on the form of thyroid that they're on. Because not all thyroid medications are created different are created equally.

And not only that, but if your gut is not working correctly, you cannot absorb that thyroid medication like you should. So there's it's all multifactorial for sure.

I read right, we've talked in a series about leaky gut syndrome, and there is some literature in terms of leaky gut connected to problems, especially the autoimmune catchy steroid and low thyroid.

Again, like you said, we're always looking at gut connection to all parts of the body. But what do you do with patients in terms of looking at this connection based on symptoms or maybe tests?

So first of all, we always listen to the patient because obviously they know their health history way better than I do. So it's really good to get a good health history with them if they do have thyroid disease.

I always ask about the gut, and one of those main reasons, like I just discussed, is I want to make sure that their medication is being absorbed correctly.

Otherwise, you know, it's like they're taking something and they're they're not absorbing it at all or it's going right through them. If they happen to have some irritable bowel or something that's associated with that.

Gut. Do you like to just go on their symptoms? Got the gas floating. Get your bowels moving. Probably can help their thyroid function directly. Or do you do tests at times?

Well, I always like to do testing because it's a confirmation that there is something going on with the gut. And there's a lot of options for testing.

There's a stool analysis, which is also very, very helpful to look at. Dysbiosis. Inflammation with the immune system is doing as far as the gut goes, if there's any parasites and things.

There's also food testing that that we can do. A lot of patients want to do food testing and they have gut issues. And this is what I tell them, especially if cost is an issue.

I always say to them, let's test your stool instead of the foods, because you can't be sensitive to 100 foods. It's got to be because of your gut, right?

And so I really try to make them understand that even if we do no testing, we need to focus on healing the gut. And I know you and I've talked before, you've had some patients with Sibo, small intestine bacterial overgrowth, where people get overgrowth of bacteria that shouldn't be in the small intestine, actually coming out from the colon.

And I think that some patients where their main tower hormone, the free T3, was low. And then by addressing that you've seen the main T3. Our hormones come up and normalize cost about that.

Yeah. It's very it's actually quite fascinating. I see that more often than I realize when I kind of look back and it doesn't surprise me anymore. People with abdominal distension, bloating, small intestinal bacterial overgrowth.

Quite often when I do their full thyroid panel, their free T3 is on the low side. And so obviously, you know, improving the gut health will help with their thyroid function.

But I do end up giving a little bit of free tea to kind of like boost that up a little bit. It makes a world of difference with patients. It's very interesting observation.

You've done a lot of studies with the Hashimoto's thyroiditis. You've looked a lot of the literature. And this is autoimmune condition that affects the thyroid.

And in a person to be more prone to having issues, especially though there's conditions autoimmunity which can cause hypothyroid to not as common. Tell us about how you address that with patients.

Maybe start with a gut. Certain supplements. What do you do to help all of these, you know, millions of people or giving recommendations to millions of people out there who have autoimmune problems and developing the library?

So that's a good question. So this is what I always tell people that there's four things that really affects our health and that stress. Sugar, being sedentary and not sleeping well you know and I always also say look, health is partly

genetics and your lifestyle.

And if you are taking care of your gut, most definitely you're able to sleep better for sure, making sure that you're not eating too close to bedtime because that will affect your sleep.

And so I really bring the gut into the entire protocol in itself, because a lot of people don't realize that how important their gut is. Maybe they've just lived with having a bowel movement every four days, and they don't realize that that is not healthy.

So really understanding that the whole function of the gut is to get out those toxins, as well as making sure that you're assimilating and absorbing food.

And that's another reason why I love the GI maps, the other gut tests to kind of show if there's any fat malabsorption going on. And when you look at the different bacteria that may be in balance, some of them could be too low, which can then tell you, okay, you've got a little bit of leaky gut going on there.

There's like not a band aid that's covering that intestine. And then things can kind of go through. And I find it fascinating. And people are always shocked when they start feeling a lot better when I address the gut first and I don't even really look at treating, quote unquote, the thyroid.

Now, if they actually do have hypothyroid, there is too high. Obviously I'm going to give them thyroid medication, but if it's a kind of on that edge where it's still in range, I'll treat their gut first, give them some nutritional recommendations and and see that go down.

What are some of the nutrients you'd like to use for just in general, in general types of nutrition? I mean, besides a healthy diet, you like selenium, myelin, vitamin D, what kind of things do you like?

Well, if they actually do have autoimmune thyroiditis so those antibodies are high then yes we do give this money in the Myo. And also that's really important.

I do check iodine with all of my first time patients that have concerns with autoimmune thyroiditis. And if that's on the lower side then yes, I give them a thyroid supplement that includes just the recommended amount of iodine.

You know, the one thing and I know you see this too, is that people come into the office and they they honestly think that the thyroid is causing all their issues.

And when you really get down to it, you find out that their digestion is not very good. And so there's that understanding that you're not just a thyroid gland.

And I think that that's kind of a challenge that you and I face every day. But the results are way better than just giving thyroid hormone. You've got to treat the whole person.

And how about all these patients on acid blocking medications, the eyes which suppress comic acid that people use for gastritis, acid reflux, Gerd, we know that can inhibit the absorption of a lot of nutrients.

That could affect your power, too, because your thyroid needs certain nutrients, including iron as well, to make our hormone. What do you see with that impatience?

So, number one, it depends how long the person's been on that medication. Some people come in and they've been on it for like 20 years, you know, so it's kind of hard to convince them to decrease it or to get off it completely.

And so the first thing that I do is I add some herbs and things to help support the GI system, help with inflammation. You know, certain things like licorice, aloe, glutamine, you know, all of those sorts of things, get them feeling better and then telling them, okay, go ahead and take half of what your dose is, or maybe skip the morning dose because they've been relying on this for many, many, many years and they are a little afraid to get off it.

And then they realize as they start healing their gut, they don't need it as much. Yeah. And with these still tests, how common are you seeing problems with the microbiome?

What kind of things do you see on on these tests you run in terms of the microbiome balance? I would say most everyone has something that's out of balance.

None of us are perfect. Obviously, some of us have more, you know, despite than others. Some of us have a higher immune reaction in our gut than others.

Some of us have more fat malabsorption than others. So really, I always look at the symptoms and I always ask them what the quality of their stool is, which kind of shocks them.

So I'll say, hey, was your stool a little bit loose? And they'll say, well, yeah, was. And so that changes how you interpret the, you know, these stool tests.

And that also tells me that their guts really inflamed if they're having lots of diarrhea, lots of loose stool. We've got to address that. And are there certain supplements do you like in terms of to use to enhance digestive function?

So if we're looking at probiotics, I mean, I do look at various probiotics to see if there's some out of balance or some not there at all. And one of them obviously is if that's not even present in an adult's GI stool test, then we want to increase that.

If someone's got like a really secret low secretory IGA, then giving them a good general probiotic is a good idea. A higher dose 100 billion or something.

And incidentally, I'm sure you see this as well. But people came in on probiotics and there's maybe 2 billion or 4 billion and you have no idea what's actually active in there.

The other thing that I would do is if there's a lot of like higher amounts of the inflammatory type bacteria that I want to give herbs and nutrients that we just spoke about, the aloe and the glutamine and things to help decrease that inflammation, which is really important.

Use digestive enzymes at all. I only use digestive enzymes if the patient tells me that their stool was relatively on the harder side or really well formed, and it shows that their enzyme activity is low, if the enzyme activity shows it's low and they've got a super loose stool, then I can't be sure that that test was right.

So in that case, I just tell them to chew their food really, really well. But if they've got, you know, kind of a form stool or they're constipated and they've got low enzyme activity, then absolutely.

And it makes a world of difference in how commonly for the patients that you give supplements for their thyroid or medications for their thyroid. I mean, how commonly do you find that improved different digestive symptoms?

That's a really good question. In the Sibo patients, I will see tell you that giving that extra three does make a difference. It's one of the contributing factors that make a difference.

I mean, it not only helps with their fatigue, that's the big one is their energy helps with their constipation. That's also helps with their brain fog.

But the thing is, is it's not going to work if I don't fix their gut because like we talked about before, we're not going to get that good absorption of the medication.

And what kind of thyroid medications do you like to use with patients? Because there's different categories of them. Yeah, that's a hard question because everyone's so different.

And I mean, with me, when you and I were going through my journey with Autoimmune Thyroiditis, I think we tried

three different forms of thyroid medication until I felt stable on one of them.

And so, number one, if someone comes in on one already, I usually stick with that, you know, unless they're not feeling well. But I always prefer the compounded T4 and T3 for many reasons.

Number one, I can control what additives are in there, which I really like. Number two, I can control if I want the T3 to to be sustained released or extended release.

So that's really nice. And I like them separate so that I can adjust the doses if I need to. Some of the combination T3, T4 is I'll use them if someone's already on them, but they're not my favorite and I don't like synthetic hormone replacement at all.

I only like the bioidentical thyroid hormone replacement. Can you tell the viewers what compounded hormones are? Yeah. So that's a that's quite the explanation.

So basically they do make up these medications in the lab. But their bioidentical to what is in your body. And so you're not getting any extra additives any extra preservatives things of that sort that are in these compounded hormones.

So you know, no gluten. You can say no gluten, which is a big one. You can say no dies, which is also a big one. No corn, which is a really big one as well.

And like I said, you could make it sustained release. So here's a perfect example. And I can give my example since it's not a HIPAA violation. But you know, if I take regular T3 from the pharmacy, my heart starts going really, really fast.

It's just too much of a release for me. So I have to get my T3 from a compounding pharmacy so they can add something into it. Just kind of like slow that release down so I get more of an even keel throughout the day.

So that's the differences that we have with the compounded T4 and the compounded T3. Okay, good. Well, maybe just give us your final closing statements on the so between a guide and function if you would.

Sure. In general, you cannot have optimal health until you do treat that gut for many reasons. You know, if you're eating foods that are affecting your digestive system, that are affecting your absorption, number one, you're not going to be able to absorb that medication that you are on very effectively.

So that's really, really important. The other thing is remember your liver. That's all responsible for converting that T4 to T3. We got to make sure that your body is functioning correctly.

So we have to talk about diet things like decreasing alcohol and sugar and all those things that can affect your immune system. And in your book, it's so perfect because it does talk about how like 70% of that immune system's in your gut.

And so we can't discount how important the digestive system is. And then you get someone, you know, in my age category, the whole menopause, you know, the whole menopause population here.

And our microbiome has changed even more. And, you know, you and I have always talked about something you can't veer once we get older and we, you know, we can't eat like we used to.

Our portions need to be a little bit smaller. Those things just kind of happen as we get older, however, we can really optimize our health by chewing our food very, very well, which is important because that's where all that digestion starts.

And then making sure that whatever you are putting in your body is very nutrient dense. And if you are going to be on thyroid medication, remember you're still putting that in your body.

And that's why I always choose compounded hormones over something that's commercially available. Okay, great. Well, hey, thank you for the time. And I know for the viewers out there who have thyroid problems, family members with thyroid problems, this will give them a lot of great insight understanding that gut thyroid access.

So thank you, Doctor Angela. Thanks, Mark.