Introduction to the Summit and Guest

Hey, everyone. Welcome to the Reversing Type 2 Diabetes Summit. It's my distinct pleasure and privilege to interview one of my colleagues, Dr. Sharon Stills.

Dr. Stills is an amazing person. She's also a naturopathic physician, just like myself, and we are both experienced members of the team That helps people who have those more complex embedded issues, whether it's with thyroid, other kinds of hormonal considerations.

If insulin issues and all that goes on in between. And I know this is going to be a really, really rich conversation. Please check out Dr. Stills bio for more info.

But we're both experienced clinicians. So with that, Dr. Stills, welcome to the Reversing Type 2 Diabetes Summit. Thank you. Very nice to be here. I'm delighted you're able to be part of this.

One of the things I can't wait to unpack with you is talking more about the overlap between the symptoms that go on that either look like a thyroid sort of a problem or look like a blood sugar problem, or maybe both.

And how is it that when people's lived experience, how they feel in their own skin, how they can determine who can help them? And we can also talk to the clinician who's, you know, seeing these people and maybe not always understanding that both systems, the blood sugar regulation system, along with the thyroid system, might be in need of support or further lab work, etc..

So let's get into it. Yes. Well, you know, I was just thinking, as you were saying, that the hipbone truly is connected to the knee bone. It is small.

And I think that's what really sets us apart. As much traffic physicians as that we we I always, you know, think like, oh, niche as a natural physician like our niche is that we look at you in your entirety.

And so if you're in the regular medical system, you're going to go see someone is going to monitor your insulin and you might see someone else is going to monitor this in your cart.

And to me, it's all connected. And they all it's just a web. They all interact with each other. So everything needs to be evaluated. And so if you're you're listening to this, it's like you need someone who understands all the pieces, who knows how to put the jigsaw together.

Absolutely. That's so well said.

Thyroid, Adrenals, and Blood Sugar Connection

It is a spider web with a jigsaw puzzle, and sometimes the pieces don't feel even like they're all on the board, never mind in the right order. So in terms of the things you've most commonly heard, where do you think there are some big misunderstandings or myths that need to be busted about that intersection of thyroid kind of problems and metabolism, along with type two diabetes, pre-diabetes, other glycemic control kind of issues?

Right? Well, for starters, you need thyroid hormones for for metabolism. But the thyroid is like the master metabolism. It's what revs everything up. And so you need it for carbohydrate metabolism.

So if you're having issues with your sugar, you can't just go after the sugar and vice versa. And I'll dive into looking at your thyroid optimally. But you can't just like say, Oh, I have a thyroid issue and not pay attention to your blood sugar.

It's all intimately related. And I want to also pull in the adrenal glands here because to me the thyroid gland and the adrenal glands are also very intimately related.

And we know that cortisol can increase your glucose levels. And so you can't fix the thyroid and not pay attention to the adrenals because they are all working together.

And so I kind of think of like the thyroid and the adrenals out at the playground on the, on the seesaw, right. Cecilia And so, you know, if you just start fixing your thyroid, you're going to make the adrenal function go down, you're going to weaken the adrenals if you don't support the adrenals at the same time.

So for example, in my practice, I look at adrenal function, I look at it through a four point cortisol because we always think everyone has high cortisol and that's kind of what we hear in in social media.

Oh, you have high cortisol like I had a patient the other day who I went over her cortisol levels with her and her cortisol levels were really low and we went over that and talked about how she probably actually needs some bioidentical cortisol support just to give her a boost for a little while, let her adrenals go to the Bahamas, take a break.

And so and so we had this whole conversation and then at the end of the appointment, she was like, My belly is probably big because of my high cortisol levels, right?

And I'm like, No, remember, you have low cortisol. So it's just so ingrained into us. Oh, high cortisol gives you belly fat and sometimes it does, but more often than not, that's not what I find in clinical practice.

And so I didn't make this, you know, this verb up, but it's like test don't guess. And so and I'm a big fan of actually testing and seeing what's going on.

So you want to know what's going on with adrenals because they're so related to blood sugar regulation and a lot of doctors will just do a morning cortisol level in the blood.

But what I really want to see is what's going on through a 24 hour circadian rhythm and just so I do for point saliva testing, I think it's like such a good way, but just a caveat.

Like no test is perfect, right? And you're doing it's a snapshot. So you're doing, you know, four points in a 24 hour cycle in a in a beautiful, perfect world like this would be covered by insurance and everyone would have all this time on their hands and they would do that for like, you know, ten days in a row.

So you could really see if there's any change. But typically when I do a four point cortisol, when I get the results back, I'm like, don't tell me anything.

Let me just look at your curve and I'll kind of tell you how your day goes. You wake up with no energy, you get a second wind at 10:00, you decide to scrub the kitchen floor.

And I'd say about 85% of the time, not a hundred, but about 85% of the time. I'm spot on. And patients are like, What are you psychic? I'm like, No, I'm just reading your cortisol lines.

And I can see when your cortisol goes high, you might be spiking your blood sugar and when your cortisol goes low, you might be low blood sugar and feeling hypoglycemic.

And so it's just such an important piece that I think gets left out. And it gets left out when we're talking about the thyroid as well. And so I always like to put those together.

So if I'm going to put you on thyroid hormone, I'm first looking at your adrenals and I also do 24 hour urine testing because I work a lot with women and bioidentical hormones.

And you can see in the 24 hour urine testing, you can see levels of cortisol and how they're produced. And so it gives you an idea, but it doesn't show you that rhythm.

And so the treatment can be very different. Like in the morning, if you're really low, you need something to bring the cortisol up. Like I said, I often use bioidentical cortisol, but at night, like if your hypothalamic pituitary axis is confused, you might need phosphatidylserine or melatonin or something to bring your cortisol down.

And so that way you can really go in and pinpoint. So you might have four different options for your cortisol, for your adrenal treatments throughout the day according to what your levels look like.

Exactly. Exactly. Thank you for walking us through that. So then if someone is perpetually tired, there could be a lot of reasons, right? We know when people have diabetes, any kind of diabetes, frankly.

But classically for type two diabetes, pre-diabetes is a certain kind of fatigue that renders someone very vulnerable to just want to sit on the couch and blob out.

It's a fatigue that really, I think, cements habits in place where people are not active. Can you help us distinguish between that kind of feeling versus what it's like when someone's fatigued because their thyroid system is out of balance?

So when your thigh right is out of balance, there's there's so many symptoms. But some of the the biggest symptoms that you're going to feel is like brain fog.

So you're going to feel very foggy. You're also going to feel very cold potentially. So I'll go into this in a second, but you're going to feel depressed.

So it's a different kind of like just I'm bobbing on the couch or like I'm depressed and that's why I'm blabbing on the couch. It's going to be really hard to get started in the morning because you've got to wait for the thyroid hormone to kick in.

So you might even have headaches that you wake up with that get better as the day goes on and things start moving.

Fatigue, Thyroid Symptoms, and Basic Evaluation

Let's see what else you're going to be constipated potentially. You're going to have a hard time getting rid of weight. So there is overlap, but it's a little different to me with feeling cold, feeling depressed.

You're sitting on the couch and your hair is falling out, your skin is dry. You can't have a bowel movement yet. The the outer threads of your eyebrows can be missing.

I have patients whose eyelashes fall out, so there's a lot of things in. Just because you have a low thyroid doesn't mean that you're going to experience all those symptoms.

And I think we we were taught in school. I think even that, you know, someone who has a low thyroid is always going to be overweight. And that, you know, I have patients who, you know, if they're £90 soaking wet and they have a low thyroid.

So that's a big mishap. And I think a lot of women, because it's more prominent in women. But, you know, I have men in my practice also who have low functioning thyroid.

So it's not just women, it's men, too. And I think, you know, women get so overlooked in medicine in so many areas, but so do men as well. Like men can have low thyroid, men can have breast cancer.

So we have to always be looking at everything in all our patients. And so with thyroid, I mentioned the cold. And so

one thing I like to have patients do, which is something that's easy all of you listening can do is get a basal body thermometer and put it under your arm before you get out of bed in the morning, before you move around and check your levels for like a week.

And you should have a 98.6 and often you'll find over 96.2 over 96.4 or you find your blood pressure. Is that 90 over 60? And a lot of times your doctor will tell you it fresh is great.

It's nice and low, but 90 over 60 little bit too low. And so those low temperatures, 90 over 60, I remember when I was in natural plastic medical school, one of my mentors was who was a biochemist.

He said to me, 90 over 60, those patients who have low blood pressure, they're going to be the hardest to fix. It's very hard to get them going and moving.

And so you want to know exactly what your. And so speaking from experience, I used to be a 90 over 60 hero and now I'm like, I won 115 over 74. So, you know, it can be changed, but it's been there, done that.

Now we have the t shirt to prove it. And so you want to be looking at these other things also symptomatic. I mean, in your body, you know, your body the body shows us a lot of clues.

And so do you want me to talk about like how to evaluate your thyroid in the blood? I think what's going to be helpful, because this is a reversing type two diabetes summit, is to talk about this in the blood and always make sure we have a lens toward that interaction with blood sugar, because I feel like people get conflicting information or no information, right.

We want to make sure we make this stuff really clear. So please proceed with that. And if you could give us that glimpse that also includes the blood sugar side of it, go for it.

So if you're having if you have been diagnosed or you have blood sugar issues, you want to look at your thyroid hormone because it can be too low or too high.

And so, you know, we tend to see more low functioning thyroid glands than we do high. But hypothyroidism also will affect your blood sugar. It can cause insulin resistance.

It's releasing a lot of free fatty acids into the bloodstream. So it's always a Goldilocks, just like your blood sugar is a Goldilocks. Not too high, not too low.

We don't want to go into hypoglycemia. It's the same with the thyroid. We want it right in the sweet spot. And so what I see is that a lot of women and men, but I see it more with women in this case are misled and they're told that their thyroid isn't really an issue with their blood sugar.

But when I get my hands on their thyroid results, I'm like, Well, I totally disagree. And so part of that is you're not having the right levels run or all the levels run.

Part of that is if you're having all the levels run, maybe they're not being interpreted properly. So right off the bat, we can talk about thyroid globulin antibodies and entity PR, we'll just get those out of the way.

Those are the antibodies that should be run. And what is TPO just so people know. Thyroid peroxidase antibodies. So if those are high, then you have an autoimmune condition and you know, especially like diabetes type one autoimmune condition, if you have autoimmunity like one disease, often your body will become autoimmune in another area, you're going to have another autoimmune disease.

So autoimmune, but we hear more about Hashimoto's, That's that's very, very popular. These days. So autoimmune disease in the thyroid is treated very differently, at least in my life, than just a regular low thyroid.

And so I just want to like make that point clear because I see so many patients who have Hashimoto's were

diagnosed with Hashimoto's and they were only put on thyroid replacement.

And no one stopped to say, Oh, wait, this is you know, this is a thyroid issue. But it's a thyroid issue because there's an issue with the immune system.

And then to say, why is there an issue with the immune system? What is driving that? So is it a bacteria? Is it a toxin? Is it a nutrient deficiency? Is it a blood sugar regulation issue?

You know, the the list goes on and on. Excuse me. I always say, like you go to a regular traditional physician and they're like, yeah, you know, we ran the blood test or we did the CT scan.

We don't see anything. There's nothing we could do.

Thyroid Lab Testing and Autoimmunity

And when you come into an office like mine or yours, it's kind of the opposite. It's like, Oh my goodness, there are like 75 different reasons why you can be experiencing this.

Let's let's start to break it down and see what the most reasonable one looks like. So that's for your Hashimoto's or Graves. You know, if you have hyper, I don't see that as much in clinical practice, but then you just want to be looking at your regular TSA h your free T3, your free T4 and your reverse T3.

And remember, you need thyroid hormone for your carbohydrate metabolism. You need it for glucose to metabolize properly. So the free T3 is the active thyroid hormone and that range is 2.4 to 4.8.

Typically on a blood test, but ranges are just ranges and normal according to SHU. So what I have seen forever for 22 years since I've been doing this is that most ladies need to be at the higher end, at least the mid range, to start feeling good and for their thyroid to really be working.

So someone may have looked at you and you had a free T3 of 2.5 and they said your thyroid is fine, it has nothing to do with their diabetes. And I would challenge that.

I would say, no, that's probably not true. You know, same with the TSA, which is the thyroid stimulating hormone. The range for that is another ridiculous range.

It's like 0.4 to 5. And how in that hormone in that level, like some like in cholesterol, if you're five points off, doesn't matter. But in that level it makes a big difference.

And so that one is, well, you know, if you're used to be like above four, you know, I'm like, I like to see you around one. And, you know, if you're on thyroid replacement, it's probably going to go lower. And don't freak out.

That's normal because you're taking some exotic and on thyroid support. So I've seen a lot of doctors freak out patients when they're on thyroid support in their TSA just suppressed.

But again, it's so kind of to me it's like we have these numbers and we have these ranges, but then we have you, we have the patient. And I always say it's good day, Doctor Stills office when like what you're experiencing matches your lab numbers.

You know, it's not always a good day because life is life. And so if you're sitting there and you're still like the like your numbers look okay, but you're the poster child of thyroid dysfunction, I'm still going to support your thyroid.

I'm still going to figure out what's going on. I'm going to check your iodine levels to make sure you're supported with your selenium. Again, the adrenals, which we started out with, going to look if you have autoimmune disease we want and this goes for diabetes too.

We want to look at heavy metals because heavy metals are highly implicated in all sorts of endocrine disorders and thyroid and diabetes would be under that umbrella.

And so one of the first places I look is the mouth, because a lot of people have metal fillings in their mouth and that's just like a faucet of toxins dripping up to your brain and into your body.

So I won't do a heavy metal test on anyone till the mercury is out, because otherwise you run the risk of chelating the mercury in the body already so and you want to make sure you get your mercury removed by a biological dentist, not just a well-meaning, you know, your your family dentist was like, Oh, sure, I'll help you out.

And just drills them out there is like, there's a method to the madness and I'd rather you not remove your mercury than have removed improperly because that can lead to a lot of autoimmune arthritis and a lot of issues.

So you want to make sure someone is smart Train Got to go to the IAU website, you know, find someone who knows what they're doing, ask them questions, make sure they're prepping you.

But so that can be a leading cause I think Doctor Peyser, now one of our Nootropic luminaries, he talks a lot about this and heavy metals and diabetes being a major, you know, a major driver of blood sugar imbalances.

And so it's where there's that crossover with the thyroid and the blood sugar regulation. So once your mercury's out, then I like to do pre and post belated urine testing to challenge the body.

And again, like I said in the beginning, I'm a big test. Don't guess I love my tests. They give me a lot of information, but they're not. You know, no test is 100% accurate.

No test is perfect. So everything needs to be taken in the context of a doctor who has a lot of clinical experience and can kind of piece it to you. Like, I had a patient the other day who came back and had no heavy metal elevation and his post provocative test.

And I thought, Yeah, I don't think it's that you don't have heavy metals. I think it's that your body's among arteries. Elementary organs are so shut down that when we did the challenge, you didn't even release anything.

So so that's something that's important to think about. I don't even know how I went off on this test. I think these doctors are related. Go ahead. They're related. Right.

So. So you want to be thinking about heavy metals. They're huge issues. So, you know, when you're thinking about your blood sugar, you know, the thing we always think about is diet and movement.

And of course, you know, they're crucial. But we want to start thinking more spider web, more globally. Are there toxins that are driving this that are contributing to this?

Are there other issues in my thyroid gland, my adrenal glands, even our sex hormones needing to be balanced properly for proper blood sugar, regulation?

And, you know, you don't want to give you know, we talk a lot about unopposed estrogen not being a good thing, but unopposed. Progesterone can also drive glucose issues.

So we really want to make sure when we're doing bioidentical hormone replacement, if we're post-menopausal, that we are, you know, balanced and we're not you know, Symphony thinks so like when you think blood sugar thing, you know, you're at the symphony and where's my sex hormones And that's the thyroid and there's the adrenals and there's my pancreas and they're all kind of playing together and everyone needs to be tended to.

And so, so I think I remember where I went off on it. So I was talking about blood levels. So, you know, and so if you want to have someone who's going to look at you because blood levels, like I said, when it's a good day, it all matches up.

But sometimes your levels need to be a little different because we're all individual and where they get the levels from and the people they used as the sample like that, all, you know, it's all very variable.

And so you have to do what's best for you. Exactly. You got to get it matched so it works for you and how you live your life and your own experience in your own skin.

It's not just the the ranges because you bring up a great point. Some of these ranges are a big difference. Like point 4 to 5 means that at point four that's considered within the acceptable range.

But if it's five, that's literally more than ten times point for like there aren't too many human biological measures that are allowed to vary like that and still be called well, exactly right.

And, you know, is it normal? But are you are you Well, it's a common theme keeps coming up about, you know, things are common or. No things are common, but are they normal?

Yeah, exactly. What we come to accept or think of is typical because everyone's complaining of a problem, Right. And in today's busy, toxic, stressed out world, I think we've come to accept a lot of things as normal that aren't normal.

They're simply typical. Yeah, exactly. And I think I'm glad you said the word the S-word, the stress word, because I think that is such a key player in diabetes.

It is, you know, in thyroid dysfunction, in hormonal dysfunction in I think it's 99.999 and onwards. Percent stresses always an underlying factor. And so you have to be looking at your stress levels.

And if you're eating the right foods and working to get your blood sugar under control, are you eating them chilled out parasympathetic state or are you Oh, I'm going to eat this broccoli, but you're like stressed out and you're standing at the counter or you're running out the door because that's not going to do your blood sugar much good.

Toxins, Heavy Metals, and Hormone Balance

And so we have to again, you know, it's always it's like the who, the what, the why, the where the hell of what we're doing. And then it's looking at the system in a in a whole and of course movement you know are we moving and if we have low thyroid we can have muscle pain.

I didn't mention that before, but that's a big one. And so that could be, you know, we can be overweight, we're very tired, we're not motivated. And so now we're not moving our body.

And, you know, a simple thing, maybe it's already been mentioned because, you know, it's pretty common. But like just after your meals for walking for 15 minutes just to get that sugar, I mean, there's just like little simple things that sometimes sound difficult.

Like if you're not feeling good and you're on the couch, you know, getting up and taking a 15 minute walk, I could say you could be monumental. So, you know, giving yourself ease and grace and, you know, knowing where you're at and maybe for you it's just getting up off the couch or getting up and moving, not going from the dinner table to the couch.

Maybe it's going from the dinner table to the couch, you know, via the bedroom or doing a few laps or, you know, we have to start somewhere and then we can have goals.

And I would much rather see you start make small, achievable goals so that your neurons chemistry says, Yay, go, girl, go guy, go. You you got this rather than, Oh, I heard what she said.

And you know, now I got to walk every day for 15 minutes after three meals and then you don't do it. And then your neurochemistry here is, oh, messed up again.

Oh, I didn't do it. Oh, I'm, you know, we start to beat ourselves up so small implement or goals that you can do where you can go okay I did this I did a minute today, 15 minutes down the road.

I'm going to try for two tomorrow or I'm just going to do a minute for a week and give yourself, you know, give yourself some love. Exactly. Exactly. Be kind to yourself.

You know, it's a great point that you make here, Dr. Stills, around the need for small changes that are sustainable and consistent over time, rather than thinking we need to get up off the couch and run a marathon the next week, which is really crazy.

That's not going to work. Right? Exactly. Exactly. And the same goes with, you know, when we're talking about blood sugar, we're talking about what's going in your mouth and you know it really so you can optimize your thyroid hormones.

You can work with someone who understands how to look at the numbers, how to look at you. The other thing I didn't mention that I do want to mention about thyroid is you can have a high reverse t three.

And I think in the alternative world that's being run more often, but I don't really like to see it higher than like 13. And the range on that is usually like 8 to 24.

So depending upon the person, you know, I might let a 14 or 15 slide. It just depends. But that goes high with stress. So your cortisol can go high, your glucose can go high, or you can be so stressed that your cortisol can't go high and it's flatlined and now you're more into a hyperglycemic state because you can't manage your blood sugar and it starts growing everywhere and comes the comes the blood sugar rollercoaster.

And so looking at your reverse t three and if that's high, not giving more thyroid hormone of T four because it's just going to turn into reverse T three it's like the body's brakes.

The body's like, nope, stressed out, not revving the body any more. So it makes a molecule that is very similar to the free active hormone that's t three, but it's not.

It's reverse t three and so it clogs the receptor sites. So t three can't dock there. And so if if you have high reverse T three, you definitely want to be looking at your blood sugar levels.

You want to be managing that and then you want to support either by, you know, if you need to get toxins out or rebalance or maybe you just need a little extra t three for a little while to give your body time to recalibrate.

But that's an important marker that needs to be run and needs to be looked at. I have a lot of patients who come in and it was run and it's high, but no one ever really talked to them about it.

So that that's my other pet peeve that all I'll say here is like if you go see a doctor and they run a lot of blood work on you, they should discuss it with you and go, you know, I go over when we do bloodwork or any kind of testing, we have an appointment or, you know, you're in my office or on Zoom or whatever the circumstances.

And we're going over it and I'm explaining what I'm explaining to you. Now. I'm explained to you because you you are your own best doctor, right? You live in your body 24 seven.

You know your body better than anyone. And so you really want to understand and I've seen it's happened with the clinics I work with in Europe and I see not like where patients get 20 pages of bloodwork done and nothing was ever done about like it wasn't discussed with them or like they have a homocysteine of like 20.

And I'm like, Did anyone talk to you about this? Like, No. And I'm like, Why bother running it? Did they did they just go to the lecture that told you what to run, but they didn't stay for the part about what to change.

So that's just, you know, you really want to find someone who like if they're running tests. I always tell my patients,

I'm asking you to spend money out of pocket to run a test.

It's because when I get to the stop sign, the test is going to really be a big part in helping me understand if I need to turn left with you right with you, or keep going straight.

If I don't need that information, if I've already got it figured out clinically, then we don't need to spend money on a test unless, like you are really motivated and want to see your test results.

That's a different story. But if someone's running a test on you, you want to make sure that they're using it to help you forward your health journey.

Absolutely. Absolutely. Oh, well, that I'm always just amazed, gobsmacked at how often people will have no clue what their test results are and no one at any point in time, they haven't even sent them an email with links on here's what it means.

And they are at their disposal. And often, like you're saying, the clues were all around. No one put the pieces together. I just had a a Zoom call earlier this morning with a telehealth patient, same same idea of just walk.

In fact, that's why we made this She made this appointment. She reached out to me. She's a long term patient of please help me understand what does this mean?

So now this is going to go to other specialists. She's fully informed because this has worked this before for this this process. So thank you for doing that with your patients and the people that you care for.

And anyone listening to these episodes, please think about how your interactions are going with your health care team. They should absolutely be your team at your service and helping you understand your health.

And if that's not the case, you might want to consider changing teammates. All right. So back to the interview with Dr. Stills, because we. Had a service announcement.

So now we as a naturopathic physiciansabsolutely have a point of view about this, which is it is the person that we are serving. Our patient. Our client is at the center.

They're not on the periphery. They are at the center. And so we want to educate you to make sure that you are empowered so you know what the heck's going on and what it means with your own lived experience, because this is important.

We can all appreciate how much blood sugar problems, type two, diabetes, free diabetes, any of the diabetic kinds of concerns, metabolic syndrome, thyroid problems, adrenal problems, whether it's too much cortisol or not enough, or something in between, how much this affects the quality of people's lives as well as the life span that they enjoy.

How many people have mood problems because of this and wind up divorced, lose a job, lose other family or important relationships and friendships because their moods are so unstable because their blood sugar and or thyroid system is unstable and this never got uncovered.

That's just one glimpse behind how important this stuff is.

Signs of Improvement and Practical Takeaways

Okay, so, Dr. Stills, let's look at another myth, because there's no lack of opportunities here with myths. When people are suspecting if they don't already know, they might have a thyroid problem and or an interaction with a blood sugar problem, are there any things that are healing clues along the way that things are actually getting better?

Yeah, I mean, some of the things you just said, right? So your moods are going to stabilize. You're not going to be moody or hangry. You're going to have more.

My patients often describe it as like a light switch. It's like all of a sudden it's like bing. And you're like, Oh, you know, and you're like, You're just everything lights up and you're like, Oh my God.

I can see clearly now, you know, the rain is gone. And so you're not going to be craving, you're not going to be eating and then looking for that brownie to follow up dinner with.

You're going to have energy, You're going to enjoy moving your body. You're going to sleep better. That's you know, we have a really talked about sleep, but sleep is such a huge piece of the puzzle for regulating your hormones.

Regulate your blood sugar, regulating your thyroid. So if you're not sleeping, you're not healing. It's just like the bottom line. So and if you're not sleeping, you know, because so many of us are like, well, yeah, I'm not sleeping. I'd like to be sleeping, you know?

Then you're like, That's one of the first, like blood sugar or sleep, hydration, pooping. These are some of the first things like that. I'm like looking at when you when you come in, it's like, are you sleeping?

Are you pooping? Is your blood sugar regulated? You know, these are really important things. So if you're not sleeping, you need to find out why you're not sleeping.

And you know, are your cortisol levels, are your sugars going to high? Is that keeping you up? Is it a hygiene lifestyle? You know, so many different reasons.

If you're a woman in menopause, could be progesterone deficiencies. There's so many different reasons. Again, like we're saying, you know, it's never a lack of reasons.

It's always like all the reasons in which one is specific for you or which two or three, because it's not only just one thing, you know, sometimes you have that patient, it's like you give them zinc in their whole life changes, you know.

But that's, that's not often, you know, often there's a lot of pieces to the puzzle and taking care of yourself and healing your body is an investment of time and money and energy, but it's the best investment you're ever going to make because, you know, the physical body is what allows you to go through life and do the work you love and be with the people you love and do the activities you enjoy.

And so I talk a lot, know I don't say anti-aging anymore. I think when I first started, like 22 years ago, I was like, Yeah, I'm an anti-aging doctor, but now I'm like, No, no, you know what?

I am not against aging. I'm all for aging. It's going to happen anyway, so I might as well be on board with them for pro aging. I'm for healthy aging, I'm for quality with the quantity.

And so a lot of it is that the mind shifts that we have to also take into how we're healing our bodies and what we're investing our time into. And so, you know, that's just really important.

Like, you know, I feel like when you're blood sugar is not regulated, it's like neither are your emotions, neither is your lifestyle. And so it's like a it's like a knock on the door to to take inventory of what's going on on every level in your life and to really you know, I always look at illness disease as a as a comes with a gift and you know, it's usually like saying something's out of balance here and what's going on.

And you know, me, you know, usually it's not just like, well, you're deficient in berberine. So let's take, you know, I mean, Berberine can help, but, you know, it's asking you to look at the bigger picture.

You know, what am I eating or not eating? And why am I not taking the time to nurture myself? Why am I why am I

putting this in my body when I know it's high in sugar and not going to be good for me?

And so it's multilevel when we heal. And, you know, we we kind of, you know, I don't expect to like boom, everything to change from listening to our interview.

But I just hope that it gives you insights into things that you can then go pursue with the physician and work on for yourself. Because like sweetness and joy, you know, if you're not getting that in your life, then often we look for it in our food where we've we've learned to to use food as our emotional blanket.

And so I'm not saying this is for everyone, but I'm just saying it's another thing to kind of be thinking about are you using food because you're not getting your needs met or your emotions met or you're not living your joy in, you know, on another level.

Those are all wonderful, wonderful insights. Thank you so much for sharing your wisdom and tips and practical point of view about this as we wrap this episode.

I wonder if there's one takeaway that you want to make sure everybody gets from what you've shared with us in this session. Go back and listen to what I talked about.

How to look at your cortisol levels, how to look at your thyroid levels, taking into account your iodine levels. I like to do pre and post iodine testing, just like I do for heavy metals.

You know, go back and listen. There's a lot of like, you know, practical tips and those are great. But go back and listen to like the nuts and bolts of like what you should be asking your doctor for and making sure that you have a doctor who's really, you know, willing to like, flow with you and step outside the the reference ranges, you know, within every reference range.

As a network traffic doctor, we have optimal ranges. But to really, you know, understand and to know that blood is not like, you know, I love bloodwork.

I run like four patients told me last week, you know, when I went to the to the blood drawing station, they asked me if something was seriously wrong because they've never drawn 35 tubes at once.

So. So don't get me wrong, I love blood work. I run a ton of it and can give me a lot of information. But don't discount what you're feeling. Don't discount, you know, look at getting, you know, saliva testing or stool testing your urine, you know, the monitor I talked about like there's other ways your symptoms, what's going on in your body.

There's other ways for you to figure out or for your doctor with you to figure out what's off in your body. Exactly. Exactly. All right. So, friends, as you listen to these episodes, would you please be so kind as to share them with anyone that you think could benefit from this information?

We know that a lot of people have hidden uncovered interactions or maybe things they know are not right between their thyroid system and blood sugar. This is one of those common areas of misconceptions myth, and we want to be able to share this quality information.

So if you will send it to colleagues, friends, loved ones, people that you know are struggling and or care about their health, who are open to another point of view or who just really need to be able to know that their experience is genuine.

We know we're not here to gaslight or make up stuff, but rather honor the fact that we are all individuals, even twins and triplets, that everybody's an individual and we all have our lived experiences.

So Dr. Sharon Stills, thank you so much for being a part of this Reversing Type 2 Diabetes Summit.