The Surprising Truth About Thyroid Lab Testing And How Thyroid Hormone Affects Your Mitochondria Function Transcript

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Introduction and Guest Background

Welcome back to another episode of the Restore Your Mitochondrial Matrix Summit. I'm your host, Laura, from Ontario. I'm bringing you experts to help you boost your energy and fix your health so you can build the life you love.

And today my guest is Doctor Amy Horniman. Hi, doctor Horniman, welcome to the summit. Hi, Laura. How are you doing? Good, good. Well, this is fun because outside of, you know, doing the summit, we happen to be friends also and get to see each other a couple times a year.

So I'm really thankful that you are coming on here and sharing your wisdom with this community. And I want to introduce you to everyone. We're bringing you on because you're a thyroid expert and thyroid lot of mitochondria have a lot to do with each other.

There's a lot of questions around thyroid and what all those thyroid numbers and, you know, lab tests mean. And how do I know if my thyroid is even being well attended to by my physician?

So you are known as the thyroid fixer. I love this, and you actually have a proprietary transformational program, the Fix method. And you're the founder of the Institute for Thyroid and Hormone Optimization.

So you are over the top qualified to talk about all of this. You you created this method because you actually had an experience of terrible symptoms, misdiagnoses, improper treatment yourself.

So you decided to do something about it. So welcome. Welcome to the summit. And let's jump right in. And well, first tell us a little bit about your story.

Like what? What happened to you? I mean, I'm sure that our audience can identify with that. And then let's get deep into mitochondria. Yeah, absolutely.

So, you know, we're all basically here from a pain to purpose story. We've gone through something that led us to help others. So my story started 20 some odd years ago.

Back in my 20s I was competing. I was doing NPC figure competitions. I was doing fitness modeling, I was doing powerlifting very Type-A behavior. And I would have to I came from an obese family.

We had diabetes. We had all kinds of obesity issues, food issues. So I would always have to really bust my butt to get down to that teeny tiny weight where you're stepping on stage on in a bikini and being judged by everyone.

And there was one particular show and I had done this multiple times. It wasn't easy, but I had done it multiple times, so I knew how my body would respond to the diet.

The exercise as the contest prep. And this one show was a big show. NBC Pittsburgh. The scale started going up instead of down and I'm talking 2,025 pounds.

I stopped weighing myself after the 25 pound mark and I was so frustrated I was discouraged. I had to quit getting ready for the show. I had to ixnay the show off my list, and I started doing what we all do.

I go to the doctors, I went to my doctor and I said, hey doc, this is what's going on. I'm gaining weight. I'm tired all the time. My hair's falling out and they looked at me and they said, you're normal. Everything's fine.

Amy Horniman's Thyroid Misdiagnosis Story

Six doctors later and I got the whole gamut. It's all in your head. You're just getting older. I was 20 years old. Eat less and exercise more. I mean, the whole realm of medical gaslighting that you could possibly get.

I heard medical gaslighting. Yes. It's real. It's a real thing. It's true. Yeah, yeah. So you leave there thinking, well, maybe it's my fault and you start self shaming.

You're like, maybe I could be doing more. Maybe I can eat less and exercise more. Maybe it's all in my head. The Seventh Doctor actually diagnosed me with Hashimoto's, so I left her office excited, right?

I got a diagnosis. I got a pill. Now I have an answer. This is awesome. Things are going to change. Five months later, nothing changed. That's what actually led me into functional medicine.

That was the shift in my life where I kept hearing the name, you know, the universe gives you messages. I kept hearing the name of my mentor over and over and over again.

Finally went to see him, changed my life, did the right testing, the right meds, the right supplements, the right diet, laid it all out. I got my life back. I got my body back.

And then I just changed my career. So I went down the road of functional medicine. I wanted to do what he did for me. I wanted to give to other people because I knew if I'm in a little podunk Pittsburgh, PA suffering with this and getting misdiagnosed six different times, how many other people are and 27 years later, I still see multiple multiple patients who are misdiagnosed, mistreated, still suffering with symptoms they can't get out of bed.

So that's why I'm here. Yeah. So this whole experience is really the foundation of everything you built. And, and out of that came something beautiful.

So let's talk about thyroid function and can you break down all those labs t tsh t3 t4. What's happening there that's so confusing? It's like alphabet soup. And.

Yeah, I feel like when when you're a patient going to your doctor to talk about these things, it's really just a lot of. Yeah, yeah, yeah, it looks good, but you really don't understand what all these numbers mean and what's happening and the fact that half of it's inversely related.

So it's extra confusing. And if you even get all of the tests that you need. Right. So let's start with the thyroid. The thyroid is the master gland. The master gland. It controls everything.

Every single cell in your body has a receptor site on it for thyroid hormone. And I'll tell you which one in a second. So every single cell in your body needs thyroid hormone.

We're talking your brain, your heart, your muscles. Every cell. So let's start there. If the thyroid is off you can have a variety of symptoms. Yeah. The big ones are weight gain.

You can't lose weight. You have brain fog. You're tired. I mean, dead tired. You could take a nap at 2 p.m., constipated and on and on on joint pain, hair loss, everything.

So it's controlling every aspect of your body, every organ, every aspect. Now, when we get testing, when you go to your doctor, if you go to your doctor like I did and back then, remember, I didn't know all the tests.

I wasn't in the functional space yet, so I guarantee you they just did. And free T4 okay, so we'll start with those two and break those down. But if you stop there with testing, you're not going to get the full picture of your thyroid health.

TSH thyroid stimulating hormone. It is a pituitary hormone. It is not a thyroid hormone. It's released from your

pituitary because your hypothalamus and your brain talks to your pituitary, your pituitary talks to your thyroid, and TSH is released from the pituitary to basically poke the thyroid.

So I want you to think about if you're yelling at your kids and you're like, Johnny, will you pick up your toys? Doesn't do it. Voice gets louder. Right, Johnny?

Pick up your toys. And that is the pituitary yelling at the thyroid, telling the thyroid to do its job. So as age gets louder, higher. Your thyroid is not working as well.

It's getting lower. It's being like Johnny. It's not listening. It's not. No worries. Yeah. Totally ignoring like earmuffs. Best explanation I've ever heard.

Well thank you. I get it all the time. Yeah. No, it helps to see things, you know, to understand things visually. Like even in pictures in your mind. Or just.

Yeah, it just really helps to understand what your body is doing. Well, yeah. Everybody thinks my TSH is high. That means my thyroid is. Oh, is high, but it's not.

Your thyroid is low if your TSH is high. So that analogy of the mom yelling at his kid at her kid is perfect. So keep going. Yep. High means low, DSH high means low.

Then as we move on, there's free T4. Now T4 is the inactive thyroid hormone. Your thyroid gland produces two thyroid hormones T4 and T3. T4 is inactive, T3 is active.

You do not have receptor sites on your cell for T4, but it still gets tested. So the free T4 test is showing us how much of that inactive thyroid hormone is in your body.

Ready to be converted to the active thyroid hormone T3. Now, the problem that I see in conventional medicine is they stop their TSH free T4. Okay, Susie, your normal, but we don't have that full picture and you just tested a pituitary hormone and an inactive thyroid hormone.

How is that going to give you the full picture of your thyroid health? It's not. You have to keep going. You have to keep testing. So a good doc will test free T3, your active thyroid hormone.

That is telling us how much of that active thyroid hormone is ready to bind to that receptor site on your cell to give you a metabolism, to grow your hair, to strengthen your nails, to give you energy, to let you poop every day.

This is all what we want. So that free T3 number is vital to know how much active thyroid hormone you actually are dealing with. How much is your thyroid producing?

How much is T4 actually converting over to T3?

Understanding Thyroid Labs and Symptoms

So we want to look at that. The other test is reverse T3. So I'm going to show you another analogy. Reverse T3 is like the bouncer at the club sitting outside the cell door going, okay T3, you're not getting in and you're not getting in either.

So reverse T3 when it's high, it will block T3 from actually binding to its receptor site on the cell. So that's why that's so vital to test as well. Because reverse T3 is great if you're in the hospital, if you're in the ICU, if you are just in a car crash, we want reverse T3 high because that's survival.

That is what's keeping you alive. Because your body is so smart, it knows that you don't have to grow your hair. You don't have to lose weight. You don't even have to feel energetic when you're laying in a hospital bed trying to survive, trying to heal.

So reverse T3 will go up in those situations, but we don't want reverse T3 high when you're walking around trying to live life and raise a family and get go, go to work and get stuff done around the house.

So that's why we wanted to test reverse T3 to make sure that your body isn't injured, survival mode when it shouldn't be. And then there's TPO and TGA antibodies, thyroid peroxidase, our globulin antibodies that we're testing for Hashimoto's.

We want to know if you have the autoimmune form of thyroiditis Hashimoto's thyroiditis. And we want to know is your own body attacking your thyroid. Now is that going to change how I treat you now because I want you symptom free.

I want that free T3 pre elevated in the upper quadrant of the range. I want reverse T3 below a 12. So we have all of our optimal functional ranges where we want you.

It's not really going to change things but it gives us knowledge and it allows us to direct you in terms of how you're eating gluten free, all of that.

So we can address the autoimmune component as well. Okay. So this is so good. So you just broke down all those complex labs. It's not as hard as it seems.

And if you're working with somebody like Amy who really understands how all these work together and how to support, you know what I just heard you say is there's a lot of lifestyle stuff you can do to support your thyroid as well.

It's not all about taking a medication. So we'll get we'll get into that too. But okay. So now connect the dots for me between mitochondria and thyroid.

Why the heck did I bring you on this summit to talk about thyroid in the first place? Well, if your thyroid is not working, you don't have energy. So your mitochondria powerhouse ATP production energy.

That's what getting you through the day. That's what's giving you the energy to get through your day to actually go to work, take kids school, to clean the house and, you know, do your job and whatever you're doing through the day, it's your cells that your mitochondria giving you that power.

So we know two thyroid hormones that activate the cell that actually produce ATP at the cell level. And that's T3 and T2. Now, I didn't mention T2 in the lab tests.

I know we haven't yet developed an assay to test for T2. You can get T2 in supplemental form. T3 is in medication form. So both T3 and T2 steam relate the mitochondria to produce more energy.

So remember hypo is low and slow. Hypo means low and slow. Everything is low and slow. So when we think about having a thyroid problem again like I was spewing off the different symptoms.

Yeah, weight is a big one right? So none of us want to be gaining weight. None of us want to not lose weight when we're putting in the effort. That's a big one.

Metabolism is down. It's low and slow energy. That's the second biggest symptom that I hear from my patients is low energy crushing fatigue. And that's an issue with low and slow cell function.

You're not producing that ATP like you should be when everything has just slowed down almost to a crawl. That's why you're constipated. That's why you have brain fog.

That's why even your brain isn't firing on all cylinders when everything is low and slow. So it's t two and t three actually get to the cell and and stimulate it.

It's like do do do do make more ATP. Give this person more energy. Yay, more energy. So when we get you optimized with your thyroid levels, you naturally feel better through the day.

You're like, hey, and it's not this caffeine jacked up energy. It's this nice, steady, oh, this is great. I can get things done. And I'm not looking at the couch over there going, well, that looks good.

And it's 2 p.m. so it actually gets you through the day and keeps your energy levels up. Oh. So good. So we've really covered the symptoms you want to touch on those one more time.

You might know you have thyroid dysfunction if and really breakdown for me if it. So hypo and hyper. Let's just categorize those real quick. Go back to that for a second because we're sharing so much information here.

And I know people are taking notes and I want to make sure we cover that again. So just go over that one more time real quick. Yep. So hypo that's low and slow metabolism.

Metabolism is down. So you're going to gain weight and you're not going to lose weight. No matter what you do you can be on the best diet the most perfect exercise regimen.

You're meditating you're sleeping. You're doing all the things, but you're not losing weight. You're carrying around that extra ten, 20, 30 pounds. So that's hypo.

And again with hypo it's low energy, low motility in the gut, i.e. constipation, low brain function. And then we can even check vital signs and we'll see low heart rate, low blood pressure low body temperature.

So everything is low and slow. Hyper is more rare. We see I mean 20 times the amount of hypo thyroid is and then hyper. So hypothyroidism is very, very rare.

It's usually in the graves disease category. And and we don't leave people there very long if they are in a graves hyper state. Conventional medicine is more apt to remove the thyroid, radioactive iodine, the thyroid, just to stop that overproduction of thyroid hormone because that can be very detrimental to health.

You can have cardiac problems, and that's where a person will be feeling very anxious and jittery, and they'll lose weight and they can't sleep and just they're sweating.

Everything is high. Burr I think amped up hyper. So that's the difference between hypo and hypothyroidism okay. Perfect. So now can we get into talking about hormone a little bit.

So what are the most important hormones for your cells to be happy. So number one is T3. T3 makes cell happy because remember we said our cells only have well they have receptor sites on it for T3 and T2 but not T4.

And now lots of numbers. Lots of numbers m two and three are the most important. That's what makes the cell happy because why we're stimulating the cell.

We're producing more ATP. We're giving the body a metabolism. And metabolism is so much more than just fat burning. Metabolism is your life. It's growing your hair.

It's it's it's cell function, division, reproduction. It's everything is much tabl ism. So when we say that, we tend to think of, oh, my ability to burn fat.

Yeah, it is that it's a big part of that and it's so much else. It's everything that your body does on a daily basis is your metabolism. Use of energy is metabolism.

So in order to make the cell happy, we need adequate amounts of T3, which we can measure as well as T2. And you combine those together. And man you can get someone into optimization land really quickly.

Okay. So now I know there's people watching right now who say, all right, I'm on thyroid medicine. My doctor checks it regularly, my TSH is in the normal range.

I'm might say just 3.5. I'm good. So why are they still suffering from symptoms if they're on medication for hypothyroidism? Let's go there. Okay, okay. Where to start.

So first of all, if you're just getting tested, just like we said earlier, you need more testing to get that full picture of your thyroid health. That's part one.

So if your doctor is only testing TSH and is diagnosing you and treating you and telling you that you're normal and you're fine on TSH only just looking at that one lab marker, it's time to get a new, new doctor.

Because if you just look at TSH, you're going to stay stuck and especially if you're suffering with symptoms. So the foremost important words that you can hear from your doctor or your practitioner is how do you feel?

And those symptoms that you tell me, that you tell your practitioner are vital for treatment, because if you're not feeling good, then those lab numbers really don't mean anything, do they?

It's all about you and how you feel. And you know your own body. So we have to start with testing. We have to do thorough testing. The second part of that is if you are on T4 only.

So that was the the magic pill that I got from the six seventh Doctor.

How Thyroid Health Affects Mitochondrial Energy

They finally gave me the diagnosis and I tried that for about five months and it didn't work. I have patients that have been on T4 only for decades, and they're still suffering, and no one has ever changed their medication.

There are multiple different ways to treat thyroid problems. Some we can do naturally. We can do with dietary changes, we can do with nutrient depletion.

Addressing that. And then sometimes we need thyroid hormone replacement therapy, i.e. medication. But I like using thyroid hormone replacement therapy better because some people like I don't want to take a medication.

I'm like, well, if your thyroid hormones are in the toilet, we probably need to build those back up again, right? So T3 t2 important for the cell. We want to make sure that you have adequate amounts of free T3 that we can actually test in a lab.

And then we want to test that reverse T3 to make sure that you are converting. Because again going back to if you're on levo synthroid terrascend, those are all the T4.

If you're only on that your body has to take that T4 medication, and as well as the T4 that your thyroid is producing, and convert it to the active thyroid hormone T3 has to convert.

And I always say that conversion process is like running ten Tough Mudders. It is a hard thing for your body to do, because there's so many different things that can get in the way.

What if you're estrogen dominant, insulin resistant, anemic, your low and your low and mag your low and zinc, your low and selenium or low and iodine.

What if you have a genetic snip the dial one die or two genetic snip that will prevent you from converting? There are so many and the list goes on. There are so many different things that can prevent that conversion or get in the way, but that's another issue.

You don't just leave someone on T4 only and not check reverse T3, because what if they have a conversion issue

and that's why they're walking around going, I have all these symptoms.

I wish someone would listen to me. So, Amy, this leads me to a question. Yes. And I don't know if you can answer this. However you feel comfortable answering this, but if that's the case, why is the Western medicine world fixated on just prescribing these pharmaceuticals?

If and I'm sure that endocrinologists know that that conversion is like running a Tough Mudder. So why why is the Western medicine world not supporting people in a way that really helps them?

So I do have an answer. I gave a talk years ago to a group of integrative wellness physicians. And I came in and I was talking on the importance of testing reverse T3, why we want to test it.

And also I had a secondary point that I wanted to make to them and actually have an interaction on this topic of the synthroid box. That's what I call it, T4 only box in thyroid box.

And I said, why is it when you have a patient that, let's say, needs an antidepressant and that antidepressant isn't working so well from one another one, and that one isn't working so well for one another one, then we'll add in a secondary one to stack with it, and we'll throw in an anti-anxiety med.

But you only prescribe T4. The one doctor raised hand goes, that's all we've learned. I was like, well, thank you for your honesty. However, I think we need to break out of that box.

And I once heard a quote, I forget who said this. I'm gonna say Doctor David Brownstein. But as soon as you leave med school, I think he had a professor in med school that actually gave them this speech at graduation.

And they said in three years, 50% of what you've learned here will be obsolete. So it's like, well, then keep learning, you know, expand your knowledge, think outside of the box, because that's the only way you're going to be a kick butt doctor and help your patients is if you keep learning.

Totally. And I think also, I don't know. Let me know if you agree. There's a piece here about feeding the pharmaceutical machine as well. Oh yeah. You can, you can follow the money trail and find out who is, let's say donating a couple mil to a certain med school.

Synthroid you know Abbott Pharmaceutical I mean you can, you can trace it back and follow the money trail and then it's kind of like, hey, nudge nudge.

You know, the T4 only really does work for most thyroid patients, right? Yeah. So of course they're going to prescribe. So thanks for going down that rabbit hole.

So tell me or tell our audience, you know, you mentioned that this there's some things you think that it's it's like running a Tough Mudder getting this conversion.

So what are some things that they can do to support that conversion? I know there's a lot of lifestyle stuff I mean can you talk about iodine. Can you talk about some of these nutrients that are important.

Why Patients Still Feel Bad on Thyroid Medication

I think, you know, giving some people some really practical tips today on how to support their thyroid. Absolutely. So number one, insulin, high insulin is is the one thing that I see in so many thyroid patients.

And that is a huge driver of elevated reverse T3. So that will block conversion. And let's face it, we are in a society of an obesity pandemic right now.

I mean just, you know, sit on the side of the road or go to the mall or go to a restaurant and look around you and play the pick out people game, you're only going to get 1 or 2 out of 20, 100, a thousand people that you see.

So we're in an obese society. We have a huge amount of insulin resistance. And in addition to that, when you have a thyroid problem, the thyroid being the master gland is going to control your insulin, insulin as a hormone as well.

So it's going to have a direct impact on your insulin signaling when you're insulin resistant that insulin can't get into the cell. Now we see a lot of insulin resistance, even in people that are eating perfectly, eating a low carb, non processed food diet.

But we also see it in people that are eating the standard American diet. So lowering carbohydrate intake. And I'm not saying you have to go keto but my goodness lower your carbs, get out the processed food.

Because anything that's in your cabinet that's in a box, I guarantee you, is going to be high in carbohydrates. And if it's labeled keto this keto that low carb that it probably still does contain brown rice flour.

Tapioca starch might be high in sugar, we don't know. So eat real food, get rid of the processed food, and lower your insulin level so that that conversion can take place.

You mentioned iodine. Iodine is very controversial, but I love jumping in on it because I am in I love it. It's iodine is the one mineral that you will find the functional community split in half, maybe a little bit 6040, but about 60% say yay, iodine, we need it, and 40% say if you have a thyroid problem, you better avoid it.

I'm in the 60% camp. Every single cell in your body also needs iodine. Your thyroid gland needs iron and produced by right hormones. It needs iodine to convert that T4 to T3.

Your breast cells need I-9 just for protection against breast cancer. In World War Two, soldiers carried around iodine for pretty much anything like, oh, you got a gunshot wound. Iodine. You sick?

Have some iodine. Iodine does everything. It's antiseptic, antibacterial, anti-microbial. It boost your immune system. It helps every single cell in your body.

Now, can you overdo it? Sure. But the biggest cause of high reverse T3 is low iodine. The biggest cause of foreign nodules, low iodine. So when we use a good quality iodine and we dose it properly, it can do amazing things that lowering that reverse T3 and helping out with conversion.

So then we can yeah we can keep going down the rabbit hole I take it I take it every day and I have I have clients who get worried too, because they have thyroid problems and they've heard somewhere like, well, I should be avoiding iodine and I'm glad you're addressing this other side of it because it is important for I'm a, you know, cellular detox is my thing and we need iodine support to detox your cells.

So good for me to body. Yeah. Yeah. So. Okay, so what else besides iodine? Besides, you know, let's let's go into some other lifestyle things that they can do.

What, what else can people do? Okay, I know you guys have heard this ad nauseum, right? But gluten free. And I say this because it's not a fad. It's so easy to fall into that thought process of, oh, here's another one chirping about being gluten free.

Yeah, yeah, yeah, gluten free is not a fad. It got a bad rap years ago when everyone went gluten free because all the gluten free products came out, so everyone's like, all right, sweet, I'm going to do this and I'm going to lose weight and feel better.

I'm going to replace my gluten free pasta or my pasta with gluten free pasta and my cookies with gluten free cookies and my bread with gluten free bread.

And they were still taking in. Back to my point about processed foods. They were still taking in processed foods. Yeah, it says gluten free, but it's still high in sugar.

It's still high in carbs. It still has inflammatory ingredients in it. To where then people said this gluten free thing doesn't work. I didn't lose a pound.

I don't feel better now. Of course you didn't, because you weren't eating real food. You're eating the gluten free version of whatever food that you're so used to be eating in your standard American diet fare.

So when we go gluten free, truly gluten free, when we start actually, you know, cooking and baking with real food ourselves instead of relying on a box when we actually go gluten free.

And I'm sure you see this with your patients too, or people feel amazing, inflammation goes down. You take that inflammation down. Now the thyroid is going to work better.

Now you are going to convert your T4 to T3 at a much better rate. You're not going to have that elevated reverse T3 because inflammation is down and gluten is a molecular knicker.

So that means that it looks in chemical structure like the thyroid gland. Now let's say going back to the Hashimoto piece. Remember I said test TPO test TGA.

Let's see if you have an autoimmune condition. And again another analogy. When you have an autoimmune condition you have these little soldiers. And these soldiers like to go out and beat up your thyroid gland.

That is Hashimoto's. It's a slow destruction of the thyroid gland where we can actually see your thyroid on an ultrasound, start to look all kind of funky and smaller, and it's just not working that well, because if I came to your house and beat you up, you probably wouldn't work very well that day, you know, or any other day after.

Lifestyle Support for Thyroid Conversion

So we want to see if you have Hashimoto's when you introduce gluten and you have Hashimoto's, that your soldiers see that gluten molecule come in and go, this looks like an invader.

We should probably mount a war. And they go out and they attack the gluten molecule, and then they move over and they attack your thyroid. So every single time you eat gluten, if you have Hashimoto's, which again, 95% of thyroid conditions is Hashimoto's.

So if you have Hashimoto's, if you have a thyroid problem, you probably have Hoshi. Now you're eating gluten, now you're actually spurring on that attack of your own thyroid gland every single time you consume gluten.

So that's a big lifestyle thing that you can do to significantly reduce inflammation, reduce the attack on your thyroid, improve T4 to T3 conversion, reduce reverse T3.

It's a big one. That's huge. Okay. Give us in the time we have left, give us two more lifestyle tips. These are fantastic and these are things that you can do for free and things you can start doing today.

Yeah okay. So supporting your body I'm going to give you something not to do as well. Supporting your body with nutrients is vital. So the thyroid needs magnesium.

It needs a little bit of selenium. I'm going to circle back to that. It needs zinc. It needs adequate amounts of vitamin D. If you're not taking those on a regular basis they're going to go down.

So vitamin D quick story. We move. You know I was taking vitamin D every single day. I got my D tested. We want an 80 or above. I was at 85. I was like cool.

A year later after going through a move. And you know when you move, you put things in different. You're not in your groove, right? Here's my supplement cabinet.

I'm going to reach in there and take my vitamin D every day. Well, I got out of the groove, so it's not that I stopped taking it. I just wasn't taking it regularly.

I got retested, it was a 27, so it plummeted because I wasn't being consistent with my vitamin D. So you have to be consistent with these nutrients. But I'm going to circle back to selenium.

Every thyroid patient I know goes online, goes on a blog, goes on a Facebook group, and pumps the selenium in like it's going out of style. Selenium can easily go too high.

I see it all the time on labs. High selenium and that will also raise reverse T3. So you really kind of want like a sweet spot with all of these nutrients you want to take them.

But please don't go out and buy the next greatest thing that you saw on, you know, a Facebook group, Thyroid Facebook group, because Joe Schmo, sister's cousin, said it was amazing for her thyroid.

So you really want to be careful with the nutrients, but you want to get them in because they're very supportive. They're legit. There's such a thing.

Is too much of a good thing, is what I'm hearing? Yes, definitely. Okay. Natalie. Okay, so one more thing. One more sleep. I know, and again, this is another eye roll, right?

Everybody tells you you have to sleep. But I'm going to tell you the lie. So like I said, when we when we look at thyroid patients, hypothyroidism, Hashimoto's, like I said, 95% of you have insulin resistance.

Insulin resistance. I call that the double whammy. So when you have a thyroid problem, you already have low metabolism, right? You're already struggling with the weight, the weight gain, the weight loss.

Now you have insulin resistance over here. Insulin is a hormone that we need for life, but we don't want too much of it because it is the fat storage hormone.

So it's just literally taking everything that you eat and storing it as fat, just putting it in storage because it can't handle it. When insulin levels are high and thyroid is low, you're just in a weight gain cycle.

I mean, you could look sideways at a brownie and put on 5 pounds. So what do we know about sleep? We know that bad sleep. And I'm not saying insomniacs.

I'm not saying three days with no sleep. I'm saying three days with, let's say five hours of sleep or broken sleep. You drank alcohol before you went to bed.

You didn't go to bed until 1:00 Am. Just that broken sleep, not deep, high quality sleep can actually produce diabetes within 3 to 5 days. We see insulin resistance in three days.

We see full blown type two diabetes within five days, and this was done. It was a study done on a set of twins. So they put the they put twins in a sleep lab and obviously DNA identical.

They controlled for food, for exercise. They controlled their environment. The only thing they did was they stimulated the one twin's brain enough to bring him out of REM.

They didn't wake them up. They brought them out of REM sleep through the night. And they were testing insulin, glucose, A1, C. So they were all A1 C's a three month.

But insulin and glucose they saw shot up within three days. So that one twin became insulin resistant and then full blown diabetic by day five. Wow. So you can't ignore this piece.

You know. I really think it's important and imperative for people to know, like there isn't a magic pill for this. You

must shift the way that you are living your life.

You must. And I mean, we're bombarded with food everywhere we go. Everywhere. I mean, we are such a food driven culture. Yeah, a food is a part of everything.

And, And really, really just embracing that. You must get control of this food piece and you must turn away from some of these processed convenience and eat real food, as Amy says, so vital.

So thank you for sharing that. Absolutely. And I know, like I said, I know it sounds cliche, but it really does work when you actually go to bed at 10 p.m.

instead of 1 a.m. when you get good quality sleep. If you don't drink before you go to bed, when you get your insulin under control, when you balance that, I mean, it it really does work to improve how you feel.

And yes, we can do the medical interventions, we can do supplemental interventions. We can do all of that. But I have a theory. It's both and meaning I can fix your thyroid all day long.

I can fix your hormones all day long.

Sleep, Nutrition, and Where to Find Amy

But if you're going out and not sleeping and eating in McDonald's, it's not going to work. It has to be the both hand. Yeah. These are, honestly, quite honestly, my best biohacking things that I do for myself.

So I'm a busy person. I burn the candle at both ends, I go, go, go go go. And there's two things that I have dialed in and that is what I eat and how much sleep I get.

And because I have that hacked, I can actually function at a much higher level and push, push, push. If I didn't have those two things dialed in, I would crash. Yep.

Those two. They're like nature's biohackers. Exactly. And they're free. I know, it's so good. It's so good. So, Amy, this has been amazing. You you've just broken down information so simply, so easily.

You've given tips, you have a full like people can work with you on a on a full level. Tell us how we can get in touch with you. Tell us where we can find you, what your programs offer.

Tell us a little bit about that. Absolutely. So, for my podcasts, just to get free info, educate yourself. It's a Thyroid Fixer podcast on Apple Podcasts platforms.

And if you are interested in working with me, you can go to Doctor Amy harmon.com and book a free assessment call. That's where we're going to go over your health.

Make sure that we're a good fit to work together. We'll go over all the different avenues and programs that you have choices on and find one that fits you and your needs.

And then, of course, all social platforms. Doctor Amy Hahnemann on YouTube, Facebook, Instagram, just you'll find me everywhere. Thank you everywhere so much.

Thank you so much for coming in here, sharing your expertise, your wisdom, and for just being such a advocate for healthy thyroid. I mean, you have niche down to thyroid, is it?

And this is so vital if you don't get this piece dialed in, it's gonna be really hard to boost up your energy. It's going to be really hard to be productive.

It's going to be really hard to enjoy the life you love. Leave a legacy to your family, all of it. So by all means, get

your thyroid checked out. Absolutely.

All right, Amy, thank you so much. You have a great day. Thank you. You too. Okay. Bye. Now.