The Thyroid Connection: Understanding Graves', Hashimoto's, and Beyond Transcript

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Introduction to Graves and Hashimoto's

And so you have very low amounts of TSH, very low amounts of thyroid stimulating hormone. And so that's the main difference between hypo and hyper. And then with Graves and Hashimoto's you have different auto antibodies.

So like you said most cases of hypothyroidism are caused by Hashimoto's where you have the immune system damaging the thyroid gland. And typically the antibodies associate with Hashimoto's.

You have globulin antibodies and then you have TPO or thyroid peroxidase antibodies. And with graves you have the immune system stimulating the TSH receptors of the thyroid gland, which leads to the excess production going on.

And what graves you have forward stimulating integral which is a type of tissue sector antibody. And it's also important to mention that people could have more than one antibody.

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Doctor Eric's Graves Diagnosis and Recovery

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Hi everyone, it's Doctor Jen and welcome back to the Integrative Health Podcast with Doctor Jen. Today we're going to be talking all about Graves disease with Doctor Eric Ozanne.

He is a chiropractor, clinical nutritionist and a certified functional medicine practitioner who has over 20 years of experience in health and wellness and has been helping people with thyroid and autoimmune thyroid conditions since 2009.

He's the author of the books Natural Treatment Solutions for Hypothyroidism and Graves Disease, The Hypothyroid Healing Diet, and Hashimoto's Triggers, and is the host of the Save My Thyroid podcast.

Doctor who's anti was personally diagnosed in 22,028 with graves disease, and after seeing how well a natural treatment approach helped with his condition, he began helping others with different types of thyroid and autoimmune conditions, including hypothyroidism and graves disease and hypothyroidism, and Hashimoto's thyroiditis.

Welcome, doctor. Eric, how are you today? Pretty good, doctor Jen, how are you? Thank you for having me. Yes, yes, I'm on my treadmill. So I'm like, who might get a little winded? Notice?

So I, I love when doctors become passionate about a certain disease because they've went through it. Because when you really you are with their, with your patients, you're like, I know how you feel.

So tell us a little bit about your diagnosis with Graves disease in 2008. Yeah. So what was happening is I was a little bit overweight at the time. So I was dieting, I was working out and and it was helping was I was losing weight.

And eventually the weight loss became extreme, which honestly, I just thought maybe it was related to what I was doing. I wasn't honestly concerned. But one day I was walking in our retail store, specifically at Sam's Club, and they have those automated blood pressure machines, and I took my blood pressure, which was normal, but my resting heart rate was elevate.

It was 90, which was high for anybody and definitely for me. So the next few days I would just manually measure my heart rate and it was anywhere between 90 and 110, and then just kind of put in the pieces together, with the weight loss and increased appetite again, which I attributed to dieting and detoxifying.

But eventually I did see a doctor, had some blood test run was diagnosed that hypothyroidism initially, then once an endocrinologist and was diagnosed.

So graves and I was new to hypothyroidism at the time, I didn't have any experience, but I did attend some functional endocrinology conferences. Prior to that, I just set nutritional seminars where they focused on thyroid health, essentially, and, and they very briefly spoke about hypothyroidism, but most of it focus on hypothyroidism, Hashimoto's.

But they did speak a little bit about hypothyroidism. So I knew that there was a potential to address this naturally.

Hypothyroidism vs Hyperthyroidism and Antibodies

And so, long story short, I decided I was going to take that natural treatment approach, and it helped me get into remission. And so far, knock on wood, hopefully continue to stay in remission.

Since 2009 and since then, I've been helping others with hypothyroidism, as well as those with Hashimoto's. That is super awesome. And how how were the doctors when you told them that you were not going to take, you know, radioactive iodine and you weren't going to go on massive muscle?

Like, how did that go? What did they say to you? Well, they didn't say anything because I didn't give them the chance. I mean, I pretty much, went to my primary care doctor.

Just got diagnosed at hypothyroidism. He did write a prescription, I think, just for a beta blocker. I think it wasn't until I got once the and of chronologies, that she recommended the anti-air meds.

So I didn't take the beta blocker, but I didn't say that I wasn't going to take it. I just just listened to what the doctor had to say. And then what? The endocrinologist.

I just had a single appointment. She actually didn't recommend. Right. Active I had on her surgery. She was actually a little bit more conservative than the average endocrinologist, so she just recommended them as all, which is the most commonly prescribed into thyroid medication.

I didn't tell her I wasn't going to take it. And again, just just to let people know I work with people who do take the anti-air medications. I'm not saying there's not a time and place for it, but there are natural approaches.

And I figured I'd give the natural approach a try, but I knew there was only going to be one appointment with the endocrinologist, in all likelihood. So I just figured, you know, what's the use of telling her I didn't even tell her my background.

I just got the diagnosis, and and I did ask her for an ultrasound, got an ultrasound, a thyroid ultrasound during the appointment, but that was the only time I ever saw her.

Yeah, sometimes I go incognito. Also. Yeah, it's hard though. It's really hard. But. And I hate it when like when you

go to a doctor and it says what's your occupation?

And I'm like, no, I want to be incognito. I'm just kidding. Yeah. So what what is the difference between hypothyroidism usually caused by Hashimoto's and hypothyroidism, usually caused by graves disease?

Yes. Great question. So hypothyroidism. Excuse me. Hypothyroidism is one. You have low thyroid hormone. So you have T3, T4, the main hormones, at least the ones that could be measured.

There's also t1, t2, which I still don't know a lot about even though there are now T2 supplements. But typically where we're measuring T3, T4. So if someone has overt hypothyroidism and what I mean by that is some people are subclinical where the thyroid hormones actually are normal.

But TSH is high. So TSH thyroid stimulating hormone, that's a pituitary hormone. And that when the case of hypothyroidism we got elevated csh, low t3, T4.

And the reason why TSH is elevate is because it's trying to signal to the thyroid gland to produce more thyroid hormone. Hypothyroidism is the opposite.

You have elevated T3, elevated T4, and because of this the the the pituitary gland is trying to signal to the thyroid gland not to produce any thyroid hormone.

And so you have very low amounts of TSH, very low amounts of thyroid stimulating hormone. And so that's the main difference between hypo and hyper. And then with Graves and Hashimoto's you have different autoantibodies.

So like you said most cases of hypothyroidism are caused by Hashimoto's where you have the immune system damaging the thyroid gland. And typically the antibodies associate with Hashimoto's.

You have thyroid globulin antibodies and then you have TPO or thyroid peroxidase antibodies. And with graves you have the immune system stimulating the TSH receptors of the thyroid gland, which leads to the excess production of thyroid hormone.

And what graves you have, thyroid stimulating immunoglobulins, which is a type of CSH receptor antibody. And it's also important to mention that people could have more than one antibody.

So you people could have all three antibodies. There are people I see you have the TSC, the thyroid stimulating immunoglobulins that starts with graves, but then also have thyroid procs and or thyroid globulin antibodies.

Yeah, it's really fun when they all are positive and you're like But I mean it can happen and they can swing between hyper and hypo and and they'll let you know, I mean, the patients will let you know.

They, they know they know their body, which is great. So what are some common symptoms with graves disease? You mentioned the really excessive weight loss can be one of them.

And the heart rate and how do they differ from a Hashimoto's. Yeah. So yeah, as as you mentioned and as I mentioned. So weight loss is more common with hypothyroidism.

Increased appetite, increased resting heart rate, heart palpitations, tremors. Anxiety is pretty common with hypothyroidism. Insomnia, hair loss. So again, a lot of different symptoms, loose stools even.

So what hypothyroidism you get that or is what hypothyroidism you get that increased metabolism.

Symptoms and Thyroid Lab Testing

What hypothyroidism you have the opposite a slowing of the metabolism. So typically you'll get fatigue. You'll get

weight gain instead of weight loss.

You might get brain fog. You'll get coldness. That's pretty common. And brittle hair is pretty common. So, constipation, where as I mentioned, what hypothyroidism.

A lot of times you'll get the loose stools, increased frequency of bowel movements. So. And I mean, sometimes the symptoms aren't consistent with the condition, meaning that sometimes I'll have people with hypothyroidism who are gaining weight.

And, and again, there are numerous reasons for that, but so most of the time you could go by symptoms and then obviously what hypothyroidism, Hashimoto's.

There are other factors that could cause weight gain. There are other factors that can cause fatigue. So, just because you have fatigue and, and other symptoms associated with hypothyroidism doesn't mean I'm it could be adrenal problem, could be something else.

But but yeah, those are typically the difference in the symptoms between hyper and hypothyroidism. Yeah. And never forget this one patient. She just had back pain and weight loss.

Now she was kind of not sad about the weight loss. But she was like worried because it was very excessive. And she had low back pain. So she reached out to me and I told the thyroid labs and I'm like, you have hypothyroidism.

And it was interesting because hers was induced by if I had the Covid. So she had the virus and she had that reactive thyroiditis which caused her to be hyper.

And I treated her, you know, with a low dose naltrexone ivermectin. And we watched, sometimes steroids are used with these, but we were coming down the inflammation with some botanicals instead.

So, and her thyroid recovered. It did fine, but lots of little nuances. So yes, rapid weight loss it. Well some people well with the semi blue tide now we see that a lot.

But you really have to make sure that you're really dialing down on your symptoms. And certain things can can trigger this like a virus like gut health.

So you know, you really have to make sure you're listening to your body. And then going to a functional or integrative doctor, because conventional medicine will sometimes miss this.

They'll miss the autoimmunity because they'll just be ordering a TSH. So let's dive in a little bit more to the thyroid labs because when we ask for a thyroid panel, what is the doctor?

You know, you usually order just a TSH. And that's not good enough, right? So Doctor Eric, let us know what we should be getting. Yeah, sure. So yeah, definitely want to do more than just TSH.

Which again, is a pituitary hormone. We want to look at the thyroid hormones. So there's the free hormones and there's the total hormones. I think what?

Hypothyroidism. It's okay to just look at the free hormones. Free T3, free T4, for hypothyroidism, there's an argument to do both, that many don't do both.

And I think even if you just do free T3, free T4 for hypothyroidism, Hashimoto's, there's value. But but the total T4, most of the most of the thyroid hormone is actually bound to a protein only a small percentage is free.

So when dealing with hypothyroidism and damage to the thyroid gland, sometimes it can be beneficial to look at the total output of thyroid hormone. But with our gland and look at the total T4 and total T3.

And then there's also reverse T3. So reverse T3, so well let's cover what T3 is. So T3 is the active form of thyroid hormones. Most of T3 is produced by the conversion of T4 into T3.

And you have what's called reverse T3 which is the inactive form of T4. So whereas again free T3 is the active form of thyroid hormone. And so it kind of looks to slow things down.

So if you and if you have like a conversion problem, problems converting T4 to T3, you might see that elevated reverse T3. Now I will say what hypothyroidism I do not test reverse T3 because reverse T3 is almost always elevated in hypothyroidism.

So it's really not giving me any information that's helpful. So and those what hypothyroidism? Hashimoto's I think reverse C3 can be helpful. Not as much with hypothyroidism.

And then there's those antibodies that that we mentioned. So you're right there are some doctors that don't do anything when it comes to testing for the antibodies.

And especially what type of ours I'm Hashimoto's. Part of the reason is because their treatment will differ pretty much thyroid hormone replacement will be the recommendation regardless of whether someone has the antibodies.

But yeah, you're right. You're absolutely right. We want to know is there an autoimmune component? Because from a functional medicine perspective, we want to do things to find, remove triggers, heal the gut, correct underlying imbalances.

So we want to look at those antibodies, those Tara globulin antibodies I mentioned earlier those TPO or thyroid peroxidase antibodies. And then in the case of graves there's those thyroid stimulating immunoglobulins.

And I will say more times than not in hypothyroidism they will look at the antibodies. Just because you mentioned before like an example of of thyroiditis, like there's subacute thyroiditis caused by viruses.

And so many times they we'll look at antibodies to see if there is that autoimmune component or if it's just going to be transient due to, thyroiditis.

But then sometimes I'll do what's called the rate active iodine uptake test, where they will give a small amount or radioactive iodine. And then if the value is really high, if the thyroid up takes a lot of that radioactive iodine, then that could be diagnostic of graves disease.

I can't say I love that test. I mean, if someone does the antibodies and it's positive, then there's really not much of a need to do that test, even though they will say to look at nodules.

But you could do a thyroid ultrasound that also will tell if there's nodules and give characteristics to see if it's potentially malignant or not. But but yeah.

So you want to look at the TSH, thyroid hormone, c3, T4. Some cases reverse T3 and definitely want to look at those antibodies. And then obviously there's other tests not just a thyroid, but I think you just wanted to focus on the the thyroid panels.

And antibodies I hear. Right. Yeah absolutely. And they can write all those down and be like I want to complete thyroid panel. Yes.

Root Causes of Thyroid Autoimmunity

Because it's complete means different things depending on the training. So you want to be very specific and write it all down and, and hand it to your doctor.

And if your doctor won't order them now there's a lot of different online lab places that you can order labs yourself. You just won't get insurance coverage on it.

So. Exactly. Yeah. Well, what exactly causes thyroid autoimmunity? I feel like we are seeing so much more autoimmune disease. Yeah, that is true. And there's numerous factors for that.

I mean, you mentioned, covet a few years ago. So we saw not only thyroiditis, but it actually did increase the incidence of graves and in some cases Hashimoto's as well.

But yeah, let's talk about some of the causes. So there's what's called the triad of autoimmunity. Also known as a three legged stool of autoimmunity.

And according to this triad, there are three components necessary for autoimmunity to develop. Now, the first one is a genetic predispose physician. And unfortunately we can't change our genes, but we can modify the expression of our genes.

And sometimes we don't know of family history. Like I dealt with graves, but there was nobody I know of in my family who had a history of graves disease.

So it does seem like there is a genetic component. But again, that doesn't mean that there'll be an obvious genetic of obvious family history. But there is a genetics that's second component of the triad of autoimmunity is one or more environmental triggers.

And different examples of triggers could be certain foods such as gluten, stress even could be a trigger. Environmental toxins, and arguably environmental toxins are a big reason for the increased prevalence of autoimmunity.

Just, that's unfortunately getting worse and worse. And then, in certain infections. So we mentioned viruses, but you could have gut infections as well.

So you could have stealth infections, such as Lyme disease. And and then the third component of the triad of autoimmunity is that increase in intestinal permeability, which is also known as a leaky gut.

And so most of the immune system cells are located in the gut. So you need a healthy gut to have a healthy immune system. And so the good news is that we could address the triggers.

We could find or remove those triggers. We could do things to heal the gut and by fine removing triggers, healing the gut. We could reverse that autoimmune component.

Now is it a cure? I mean, that's debatable. I mean, because there's that genetic component. I don't like using the word cure, even though, honestly, I feel like I've been cured, like 15 years have gone by since I dealt with graves.

I've had scares where I thought I might relapse, like, I did have chronic Lyme disease in 2018 and was thought that might lead to a relapse. And thankfully it didn't.

But yeah, I mean, definitely it's, it is possible to fine remove the triggers, heal the gut. And by doing that, get those, balance the thyroid hormones, get those antibodies to a healthy level, to a normal level.

And, and that's what I strive to do. And that's what, of course, you do as well with your autoimmune patients. Yeah. And I always tell my patients or anyone that will listen, if you have one autoimmune disease and you're not fixing the root cause, something else, whether it's another autoimmune disease or an imbalance, cancer or something else is going to sprout up like like weeds, you know, like you got to get to the root cause or they're going to grow back or something else will grow.

So it's very it's very important to look for those root causes and not just do what conventional medicine does is

Band-Aid it. Unfortunately. Agree. Yeah.

It's it's can be frustrating. So what are what diet do you recommend to those with Graves and Hashimoto's. Yeah I mean it's a great question. I mean, I think we both probably would agree that there's not a single diet that perfectly fits everyone.

I do like Autoimmune Paleo as well as I like regular paleo to regular paleo is a pretty healthy diet. So I do usually recommend an IP or autoimmune paleo diet to my Graves and Hashimoto's patients if they are willing to follow it.

If they're if because, again, we don't want someone to be stressed out about the diet. So if they're, used to eating fast food and refined foods and sugars, you might just have to start with, let's just eat whole healthy foods, try to incorporate more vegetables.

So it really does depend on the person. But I do if someone's willing to follow a chip diet for, I mean, ideally I would say a few months, but even if it's 30 days, sometimes it's a mental game. A lot of times it's a mental game.

Let's start with 30 days, and let's start with a week or two and see how you do. And and many times I'll do fine. And again, if they're struggling, maybe a regular paleo diet, for example, is a better fit or a modified paleo diet.

So so again, the type of diet differs even though it like I said, I think of AP diet as a good starting point, because it's a type of elimination diet.

Diet and Lifestyle for Autoimmune Thyroid Disease

But the most important things whole healthy foods try to eat organic whenever you can. Try to minimize refined foods and sugars. Ideally, cut that out at least while healing.

Definitely avoid things like gluten, and I do recommend avoiding dairy and, so, so yeah, just, again, as we both know, if you have ten different practitioners, we'll all have different perspectives when it comes to diet, but I think we all would agree.

Let's avoid the refined foods. Let's avoid, the sugars. Let's avoid the unhealthy oils. Let's try to avoid the GMOs. So if you get ten functional medicine practitioners, we'll all agree on some of at least some of the basics and agree that a whole healthy diet is important.

And what's crazy? And you know this as well. Most medical doctors will dismiss diet. You go I mean, I don't know how many times I've heard or a patient brought up a diet to their medical doctor or endocrinologist.

And the endocrinologist, for example, is like, no diet has no impact on whether it's Graves or Hashimoto's or other autoimmune conditions. And, thankfully those people are working with me.

So they know better. But unfortunately, there are a lot of other people who don't know better, and they probably take the word of their doctor and figure, hey, you know, that's not going to make a big deal, so I'll just eat whatever I want.

But yeah, definitely, definitely can have a great impact on one's health and recovery. Yes it can. And there are studies out there showing that diet can influence in a positive way Hashimoto's.

Because I did a lecture on it for two conventional doctors on Hashimoto's, an integrative treatment. And I dug in and I found all those studies and I'm like, you can't refuse this.

Like you just can't because the studies are there. So it is frustrating. It's I don't know I don't know if they just stop reading or they just don't have time to talk about nutrition, but definitely it's the cornerstone to healing autoimmune disease.

So what are some of these different treatments for graves? And tell us about what you personally did and 2008. Sure. So again, as I mentioned, dance, I thyroid medication was given to me as an option and I wasn't completely opposed to taking it.

If I absolutely needed to, I would. But I took a I took a couple of herbs. So one herb is called bugle weed and that's an herb with anti thyroid properties.

And so I started with the bugle weed. And and it worked wonderfully within a few weeks of taking it I noticed my heart rate was decreasing. Even before doing blood tests.

That's how I knew it was working. I was still having some heart palpitations. And so I added another herb called Mother Wart, which, focuses more on the cardiovascular system.

I think of it more as a natural beta blocker. You know, of course, the mechanism's not exactly the same, but but. So I was on bugle weed. I was on, the mother ward.

There's some people on lemon balm, which I did not take at the time, but just because I wasn't familiar with it. But lemon balm is also an herb, and that has a calming effect.

And, not it's not the same as bugle weed, but, but again, a lot of people, it could help with anxiety, could help with their having issues with sleep depending on the course of the sleep issue and.

L-carnitine. So, L-Carnitine, there's a few studies showing l-carnitine tartrate in higher doses, between 2000 and 4000mg per day can block the entry of thyroid hormone into the cell.

So that also could be beneficial in some cases. So from a symptomatic management perspective, those are some of the the natural agents that someone could potentially take instead of anti-air medication.

I'll say that the one I mean, there's a few potential downsides, obviously. I mean, well, a downside of the medication is that a lot of people react to them with them as well.

Like with them as well. Very commonly will cause side effects, and including elevated liver enzymes and sometimes depressed the white blood cells and then other times, just not just the labs.

It's just how someone feels on my quads, rashes and my quads dizziness. That being said, some people could react to the herbs. It's not as common, but you could always have a negative, like a just, an allergic, an allergy to like an herb, for example.

And, so there's that. But also they don't work. I mean, honestly, the anti-terror medication definitely works better. Like it's it's more effective. But again, it's risk versus benefits.

Also, studies have shown that both of them is on to you can affect intestinal barrier. So pretty much potentially caused a leaky gut effect cause dysbiosis imbalances of the gut flora.

But the problem is the ant, the natural agents don't always work. So, like, in my situation, I wasn't taking anything. So, and if someone is working with me and they're also not taking anything and it's like, okay, let's try the herbs.

It's a more challenging situation if someone is already taking the ants at their medication. First of all, since I don't prescribe, I can't tell someone to stop them at them at all.

But even if I could, it's a it would be a tough situation because that might they might not respond to the bigger weed.

Natural and Conventional Graves Treatments

So some people will actually take the bulgogi, the mother ward, maybe even the l-carnitine. At the same time they're taking antithrombin location. And then if they start becoming hypo, then they could go back to the prescribing doctor and get, whatever they're taking with them is all P2.

The dosage, decreased of that. But that. Yeah. So that's pretty much the symptom management aspect when it comes to hypothyroidism. Graves. And then as far as other treatment options really depends on the functional medicine testing.

What what we see with, the testing we do, whether we do an adrenal saliva test or a dried urine test like the Dutch test, a comprehensive stool test and organic acid test.

I'm not saying everybody needs all those tests, but that's part of the health history that we all do, is just to kind of get an idea of what testing someone will need.

And then based on the findings of the test, we use those to try to find the triggers, underlying imbalances and then base our treatment off of those. Yeah.

And what you were saying is sometimes the patients are on the medication and then you put the herbs in. And I've had a few cases where we had to do that, and then we would just drop down on the medication as we were working on the root cause, you know, whether it's infection, parasites, leaky gut and then they could come off of it.

So it's, it's it's you have to tell the patient, you know, if you start feeling hypo thyroid symptoms, you know, decreased energy gaining weight, constipation, you know, we can get more blood work right away and check that.

But also, you know, be aware, we don't want you to swing back the other way. If they're on that medication. The herbs in general, although it's not going to like force things as much as the medication that exactly I've seen.

Yeah. And we see that because, you know, God gave us botanicals and herbs and, you know, medication is beautiful when needed. But botanicals are a little bit better because they're working with your body as opposed to that medication that kind of forces its way in there.

Right. So, that's I think that's great that you were able to manage all your symptoms with just the botanicals and herbs while you were working on your root cause.

Yeah. And there's also it's worth mentioning, I mean, there's no magic supplements out there that works for everybody. And usually you got to do more than take supplements.

But there are some great supplements, like selenium, very helpful for both Graves and Hashimoto's. And there are numerous studies showing that selenium can help with our antibodies.

Now, again, if you just take selenium and don't do anything to address the underlying cause, it's probably going to have minimal effect. But it can help to decrease oxidative stress.

We know both know how important vitamin D is, which is more of a pro hormone than a vitamin. But still, you could easily test for vitamin D and the blood.

And then if you're deficient, I mean obviously try to get as much sun as you can with I mean safely get as much sun as you can. And then, just also might need to supplement the vitamin D, which I need to do, because quite frankly, I don't get as much sun as I probably should be getting.

And then even if you get regular sunlight, I mean, I, I mean, I people in Arizona and Florida and sunny areas who are low in vitamin D. Now, part of that might be because if you're in Arizona, for example, and if it's in the summer, you're probably not outside because it's so hot.

And even in Florida, that could be the case too. But so even if you're living in a sunny area or even if you're living in

a sunny area where it's not that hot but you're getting regular sun exposure, you might still be deficient.

Or maybe you're within the lab range, but less than optimal. I mean, that happened recently with my wife. She got vitamin D, and, she she was taking it for a while.

She, for whatever reason, stopped taking it. She had a blood test on her. Vitamin D was in the 30s, and the doctor was like, oh, you know, that's fine.

Everything's fine. And I'm like, no, you really want it above 50? Some will say even between like 60 and 80, but I don't like to see it lower than 50.

So the medical doctors still are recommending the lab ranges. Or at least many of them are less. They have a functional medicine background, but, but yeah.

So vitamin D, selenium, omega three fatty acids, I can't say I have everybody do a fatty acid panel, but I I'll if someone does a fatty acid panel and if they're not taking a fish oil and they're not eating fish regularly, they're almost definitely going to be deficient in omega threes.

So yeah, those are some of the I mean, there's definitely I mean, all the nutrients are important. Of course, but those are three that I wanted to mention here that are really important.

Yeah, absolutely. And with regards to the omega three we have an abundance of like seed oils in omega six. Like that sneak in to the diet. So you really want that omega three level to be adequate to balance that out.

And and that can be different. Exactly. Yeah. Even if you just eat out occasionally, it's like, there's probably a seed oils in it. And I'm like, anyway, what did you find out was your trigger when you were diagnosed in 2008?

Did you find that out? I mean, definitely, stress was a major factor and major trigger. One thing I didn't mention, though, with the stress, I mean, emotional stressors were big.

My adrenals at that time, I did a adrenal saliva test. I don't even I don't even know if such was available then, but, my adrenals, everything was low.

Cortisol was low, DHEA was low. Secretary IGA was measured on that test. That was low. But I was also overtraining. So what I was when I mentioned I was dieting and exercising, I was definitely overdoing it.

I didn't realize at the time, even though I should have what my background, but still I wasn't listening to my body. And I'm sure that also played a role in how bad my adrenals looked.

And then also what's interesting is when I was taking a natural treatment approach, there was no autoimmune protocol back then, no IP diet back in 2008.

So I was just following, for the most part, a regular paleo diet. I wasn't eating eggs just because, at least back then I wasn't a big egg person, but I was eating nuts, nuts, and seeds on a regular basis, and I kind of hit a roadblock in my recovery, and I didn't know if was the nuts and seeds.

But I decided to take a break for a few months, and then maybe it was a coincidence. But after eliminating the nuts or taking a break because I do with them these days, it's not like I don't eat them.

But back then I took a break and things I started to progress. And I mean, they definitely have health benefits. It just could be a little bit harsh on that gut while healing.

And we spoke about the importance of having a healthy gut. So that I think also, was a factor. But in my case, definitely stress, if I had to say was like the number one trigger that I would probably point to that.

Triggers, Nutrients, and Iodine Caution

Yeah, I love it. Well, it's interesting about the nuts and people get confused about food sensitivities. And will I never be able to eat that again? Well, if you take it out and let the gut heal, sometimes you can add things back in.

And that's where these food sensitivity tests, it's not like set in stone. This is what you can't eat forever. It's kind of like this is what you need to remove right now.

Work on healing your gut and reintroduce it. You know, possibly later. That was me and nightshades a couple of years ago, and I just noticed that they were bothering me and I would just have them, you know, every once.

And then I eliminated them for two months, and then now I can eat nightshades. And not that I go crazy with them because I try to do more animal based at this point of my life.

But, that was kind of cool how you saw that, you know, drawing back on it. And then bringing it back in. And that's hard because when, when we have these patients with autoimmune diseases, a lot of times, yes, gluten free, which I want all my Hashimoto's and Graves patients just to be gluten free, but the dairy free, because if you're dairy free and gluten free together, what are you having?

Tons of nut products like nut milks and point. Yeah, yeah, because I did a food sensitivity test on myself when I was still a little bit more dairy free.

Now I do a lot of raw dairy and raw cheeses, organic, and I'm fine with it. But back then it, peanuts and almonds I reacted to and I'm like, oh, because I'm having so much of them.

Almond cookie and you know what I mean? Yeah. So, very, very interesting. So I would love to hear your thoughts on iodine, iron and thyroid health and similar to what you were saying about diet and different, you know, functional and integrative practitioners.

Iodine is one of those, subjects that we all differ on. Yeah. I mean, you're absolutely right. Iodine is very controversial, especially in the world of thyroid health.

I mean, like any mineral, we need iodine. Iodine is actually important for the formation of thyroid hormone. But too much or too little iodine can be problematic.

And there's resources out there that recommend for people to take high dose iodine. And, and then there are other resources that say you should stay away from iodine.

So, you know, I will say that my experience with iodine personally in the past was positive because when I was prior to my Graves's diagnosis, I mentioned I used to attend, and still do attend nutritional conferences, as part of my continuing education credits.

And then even beyond that. But back then, here again, this is even before I was diagnosed. So before 2008, there were sources saying that you should take high dose iodine.

And so I've, you know, I can't say I haven't smoked or because I have tinkered myself with high dose iodine and I did fine, I didn't. I did like a urinary iodine loading test, which did show a deficiency.

But I guess once I was dealing with graves, I was recommending iodine. And then I saw, some people didn't do well. What? I mean, again, not as some people did. Fine.

But then I became more cautious over the years. Just because you just don't know how someone's going to respond. And so I can't say that I have people these days, you know, do the iodine testing and then supplements if they're deficient.

When it comes to food sources, even that I'm a little bit cautious, you know, like, for as far as, like, see, vegetables that are really high, like kelp.

I would recommend maybe not eating that while healing, even though, again, some people are able to. And I talk about this in my book, The Hypothyroid Healing Diet.

I also talk a little bit about iodine in my book Hashimoto's Triggers. So again, if you read those, you'll see that I'm not anti iodine. I'm just cautious about iodine.

But then like I'm not concerned usually if someone's taking a multivitamin with some iodine or again if they're getting iodine from other sources like eggs are a source of iodine.

And I mean, so I might extreme where some people are pretty extreme, especially with hypothyroidism where they'll say you need to avoid, like all sources of iodine.

So I think in moderation. And for most people it's okay. But as far as like taking separate iodine supplements to that or doing urinary tests, and then if it's deficient, taking high dose iodine, WhatsApp supplements that I would say be cautious about because, I'm not saying there's never a time and place, but it can in some cases cause problems.

Yeah, absolutely. It's it's a difficult subject. And this is where you kind of brought the point. Once again, it's personalized. Right. It's not like everyone needs to follow this.

We need to look at the individual patient. So exactly. Yeah. Oh awesome. Well Doctor Eric, thank you so much for sharing your personal history of graves and so many good pearls today.

Where to Find Doctor Eric Ozanne

For those that think they might be struggling with an autoimmune thyroid disease, and especially those that are dealing with graves because there isn't as much like information out there, right?

Because it is. It isn't as common as Hashimoto's. So sometimes graves patients, they just kind of get swept to the side. So this was such a great, informative conversation.

How can everyone listening out there, how can they find you? Yeah. Thanks, doctor. Jen, it's it's been a great end of this conversation. And, yeah, people could find me on, Well, my podcast, which you've been a guest on, so it's called Save My Thyroid.

And they could, visit their fame, their favorite podcast platform or just visit, say, my com and click on podcast. I actually have another website. So say my a.com is like three and a half years old.

My original website from 2010, natural Endocrine solutions.com has hundreds of articles and, blog posts. But when I came out with the same with our podcast, I'm like, you know, say my thyroid is so much easier to remember, so I need to have a say my direct com website too.

So I have two websites and then the books, as you mentioned, three thyroid health related books that they could find on Amazon and, and yeah, those I mean, I have a YouTube channel as well called Natural Thyroid Doctor and so, so yeah, those are some of the main places people could find me.

Awesome. Well, thank you so much. It was great talking to you today. Thank you. Thank you so much, doctor Jen, thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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