## Introduction and Dr. Eric Balcavageu2019s Background

Hello. Welcome back. It's Dr. Jen. I hope you're enjoying the summit. So today we have Dr. Eric Balcavage He is the owner and founder of Regeneron, a functional medicine clinic in Chatsworth.

Pierre is a nationally recognized speaker and educator on various health topics, including thyroid physiology, bio physiology, detoxification, oxidative stress, methylation and chronic illness is a licensed chiropractor in Pennsylvania.

And today we are going to talk about the thyroid debacle. So, Dr. Eric, tell us a little bit more about yourself. Sure. So I'm a chiropractor by initial training.

And then because of family issues, I got back into kind of my early training, which was blood chemistry, to help a family member who was diagnosed with hypothyroidism.

So they got diagnosed with hypothyroidism, fibroids and anemia. And the solution was to hysterectomy a thyroid medication for the rest of your life and iron for the rest of your life.

And it didn't seem like a great strategy for somebody in their twenties. So I started digging back into the blood chemistry and realized that what you probably had going on with some type of immune related disorder and that drove me back into the blood chemistry and studying functional medicine and which is what I've been doing for the last three decades now.

Along the way, as I was doing my all my training in functional medicine and I studied, you know, a lot of disease crazy and work who's kind of like the godfather of functional medicine when it comes to thyroid physiology.

I realized something still wasn't right with the way we were assessing and evaluating things. And that led me to take a deeper look into cell physiology.

And once I started looking at thyroid physiology from the peripheral cell perspective away from the thyroid gland, and I started to realize that what we were probably seeing in most of our clients was not a physiology that was broken, but adaptive physiology, and that the hypothyroid state was more of a response to excessive stress than it was an immune system out of control.

And I thought that that message was being missed completely in allopathic medicine and I thought it was being misunderstood in functional medicine as well.

So that led me to start my podcast, Thyroid Answers podcast, where I have this discussion quite a bit and then eventually led me to write the book with a friend of mine, Dr.

Kelly Halderman, called The Thyroid Debacle. Yes, I love it. And a lot of us that come into the integrative and functional world, we have either ourselves or someone close to us, that really conventional medicine has missed the mark on it because it's not just treating one organ, like you said, it's not just the thyroid.

You looked at the other cells and how they were affecting the thyroid. So what do you see as the most pressing problems that the allopathic and the functional models, thyroid care?

Well, I think the most problem, the biggest problem with the allopathic model is that they don't have tools to deal with altered thyroid physiology until we've got all our clan dysfunction.

So by the time somebody is actually diagnosed, diagnosed with primary hypothyroidism, they've lost more than

90% of their thyroid gland. So that would be like saying, hey, we're not going to try and help somebody with cardiovascular disease until they've had their heart attack.

Right. We're not going to help somebody with diet who's diabetic until they're full blown diabetic and they need insulin. Right. So the issue is allopathic medicine just doesn't have a tool for assessment, tools for assessment of what's going on at the cell level.

And they don't have a tool to to intervene sooner. So the only real solution is to wait until the gland is diseased enough that the body doesn't produce T4 and then just give it.

And then the other part of that is, even though it early on, I think they were concerned about what was happening at the cell level.

## Why Conventional Thyroid Care Misses the Root Cause

They didn't know how to interpret the labs t three reverse t three when they started using trying to use those as tools to evaluate the treatment of giving the T four.

And so they just scrapped the whole process and really at this point almost ignore what's happening at the peripheral cell level. And I don't think it's because they're bad people.

It's just the way the training is. And, you know, that's so we don't have tools. So let's if we don't measure it, we don't have to manage it. We manage this.

This makes it look good. And we'll consider everything else a different condition in functional medicine. I think a big part of our problem is that we look at what the allopathic community does with only measuring TSC, H and T and free T4 and say, well, that's very short sighted.

T4 needs to convert to T three or it can convert to reverse t three. And we need to look at antibodies. They never look at antibodies. Well, I think most allopathic physicians at this point realize that the vast majority of cases of primary hypothyroidism are probably caused by an immune driven process.

So they already assume that that's the case. So they don't run it. And because they don't have a tool to do anything other than give T for nothing else really matters to them.

But in functional medicine we say, hey, well what if what's happening to that T4? Is it being converted to T three or is it being converted to reverse T3?

T3 being the active form of thyroid hormone in the cell, reverse T3 being a deactivated form of T3 in the cell. And I think that's good because we're looking at what's happening at the tissue level and saying, hey, the cells are either activating it or deactivating it.

But I think a lot of people are getting the next decision wrong. They're looking at that and saying that the body's not able to convert T4 to T3, therefore we must give it T3.

Or they're saying, Oh, you're deficient in the cofactors to convert t 43 So therefore we just need to load you with cofactors so they don't know really how to interpret the thyroid physiology appropriately.

My opinion, my bias. Because if it was a deficiency in selenium B-6 or cofactors, then we should expect that their reverse T3 would be low as well as the T3 because there's not enough cofactors to run the DNA sensor.

But if T3 is low and reverse t series high, then it can't be a cofactor deficiency because the enzymes use the same cofactors. So the next thing that should be considered is is the lack of conversion of t t for 2t3 and the increased conversion to reverse T3 broken physiology.

Or is that more adaptive physiology? And I don't think that questions being asked in functional medicine and integrative medicine to some degree, we're just saying, hey, if the body's not doing it, let's just jam more T3 into the system.

But the question that needs to be asked is if that is truly broken physiology, maybe we should look into why it's not working. And if it's adaptive physiology and the body didn't want the T4 converted into T3, why would we think just blasting the body with more T3 is the solution if it didn't want it to begin with?

So I think that's where things really start to break down and that's where we see a real frustration in both this. The physicians that are doing T4, T3 therapy and it's not working in the patients who are trying t 4383 only and it doesn't provide the long term results they want.

And in the scientific literature where they're beating the heck out of each other to trying to determine what's the right drug for everybody, there isn't a simple answer for right.

I love that. And like you said, it is kind of a debacle because allopathic world, conventional medicine, I know. I was told when they told me I had Hashimoto's through a frozen biopsy to rule out cancer.

They probably should have checked my antibodies before, but they told me there is nothing you can do about it. And I was in medical school at the time and I just believe them.

But to this day I'll get patients that come into my integrative medicine office and we're in the, you know, 20, 20, 22 year. And they're still telling patients, you have Hashimoto's, there's nothing you can do.

And like you said, by the time that their T4 finally shows up low in the labs, they've lost function of their thyroid from the autoimmune disease. So we are we're missing that point in the allopathic.

And then like you said, in the functional, I can't tell you the number of times patients have come into my office and they're on a high, high dose of armor or empty thyroid, they still don't feel good.

Their numbers are still a little wonky. Right. So if you can't just blanket treat these patients, I think it comes down to some finesse of how you're thinking about them and taking a step back and not treating it as a thyroid disease, but the whole body.

So this kind of gets us into the cell danger response. And this is kind of something that you think plays a big role in the thyroid. So can you talk a little bit more about this all danger response and the role that the thyroid hormone plays?

Sure. So the cells in the body are like let's say they're like people, right? They're either in low stress manufacturing mode or they're in or when they're perceiving high stress, they go into self-defense or self-defense or self-defense.

And so the dimmer switch that determines whether we're in manufacturing mode or self-defense mode is actually the amount of T3 inside the cell. So the cell danger response is an evolutionary kind of agreed upon response, that when cells feel threatened, they do a number of things to protect themselves.

So let's say a bacteria enters a cell, that cell is going to sense the change in energy and say, whoa, there's danger inside here. And it goes through a number of steps, stiffens the cell membranes, decrease, decreases the transport of nutrients across the cells, releases a whole bunch of inflammatory chemicals out into the bloodstream, all in an effort to kill the threat and to warn all this, the other surrounding cells that, hey, there's danger going on.

And so one of the things the cell wants to do when there's a threat inside the cell, bacteria, virus, trauma, toxin, whatever is it, wants to slow down the manufacturing process.

It wants to make less stuff. And you might say, well, why would it want to do that? Well, if I'm a cell and I'm making more peptides, then I'm providing resources for this bacteria or organism to use to to grow, develop if I'm bringing

more nutrients and that organism can use it, if I bring more glucose in, that organism can use it.

So what the cell is trying to do is slow down the manufacturing process and then shift the attention away from manufacturing to try and find the threat and kill it and get rid of it.

## Cell Danger Response and Adaptive Thyroid Physiology

So go back to normal, kind of like if you had a widget factory. Jan Right, and you're busy making widgets. If there's a fire in the widget factory, how are people going to continue to make the widgets or are they going to go run for the the fire extinguisher?

Some people are going to run out. Some people are going to fire extinguishers to try to fire the cells of the body, are so intelligent that they have the ability to self-regulate, which is so cool.

And I think for the most part that's what's happening when we start to have hypothyroid signs and symptoms long before there's anything wrong with a TSA or a T for how long before we see a change in the bloodstream?

When somebody's saying, Hey, I'm gaining weight, I'm tired of fatigue. I feel like I'm a little bit more constipated. I just don't feel like I have the energy.

Then they go, they Google, you know, they go to Dr. Google and look for what that means and they go, Oh, I think I have a thyroid problem. Let me go talk to my doc.

The doc runs a TSA and a reflex to free T4 and it's probably normal. Why? Because the gland hasn't had enough damage. And so they're told, hey, you're just not so crazy or you eat too much, you don't exercise enough or you're stressed out or whatever.

But it's happening at the cell level and it's early on in that period. So they actually do have the signs and symptoms. They actually do have a thyroid problem, but it's not a gland problem at this point.

It is a cellular defense mechanism. At that point, we don't feel good. It's not broken physiology, it's adapting. And what I think happens as that stays is more of a crop becomes more chronic then what happens?

These cells that are in danger, physiology, release signaling chemicals to alert the immune system as to what's going on, alert the immune system is what's causing the problem.

And these particles that are out there as signaling molecules, they're called damps damage associated molecular peptides and there's pams which are pathogen or organisms, associated peptides.

These are in the circulation. That's what activates your immune cells to know what to go, get to know what, where tissues to go to. But it's interesting that the thyroid gland also has receptors for these damps in pants.

And when those damps and tams bind to the thyroid cells, it initiates thyroid cell damage and thyroiditis. So it's not that the immune system probably woke up one day and said, Hey, I don't I don't recognize that thyroid gland anymore.

I think I'll go destroy it. It's probably more likely that, hey, I've got this chronic, ongoing stress. If I need to turn down the metabolism in one cell, I can do it locally in one tissue.

I do it locally, but if I need, if it's chronic and I need to turn down the metabolism globally, where is the best place to do that? At the source. And so then the thyroid gland itself is sending out it's signaling molecules that's triggering the immune cells to come in.

And as those lymphocytes come in into that gland, they cause more damage. And there's our thyroid test that goes on and then you start to have the antibodies that develop as a result of that.

So I want a try. What I want people to understand is that what's happening with thyroid physiology is oftentimes not broken. It's an adaptive response, which is a great thing for somebody like you or somebody like me who has had the diagnosis.

If it's all your immune system's totally out of control, that's a helpless situation. But if it's you take it from a different perspective and say, hey, your immune system's trying to adapt to some type of chronic stress, then what we need to do then is say, okay, let me go back and look at my life, my health, my habits, my diet, my lifestyle, what's creating that excessive stress.

And let me reduce or eliminate that. And if I do, then maybe the cell danger physiology goes away. Maybe the immune cascade slows down or stops, and maybe this damages the gland.

Rooks starts to allow the that calms down and the gland starts to recover. And now you start to make more thyroid hormone from the tissue that you have left or the tissue starts to regenerate.

It takes about eight years for a thyroid gland to turn over and we get better conversion of the T4 or T3 better utilization with a lower dose as that recovery process is going on.

Yeah, and I've seen that in my patients. They start to work on, you know, their pillars of health or their stress or we uncover things that would activate this overactive immune response like stealth infections or viruses, and they start to come down on their meds a little bit.

Now, sometimes it's kind of beyond help, you know, but but a lot of times we can get that back in my case, half of my thyroid is taken out. So that was a bummer.

But when we look at these things that you're talking about, this is hard work, right? I mean, it's not easy. It's a not an easy conversation for practitioners to have with their patients to ask them to make life changes.

Right, or maybe to cut out toxic people or you don't change jobs. I've had patients where I'm like, you need to change jobs. This is a stress. So I mean, this is not always easy, right?

I mean, and I think that's probably why this is hard to comprehend. For some people. They're like, wait, what? We just can't add three. And I mean, would how do you encourage patients when you're telling them about the cell danger response?

Yeah. I mean, it's not you know, I think we have to balance the the discussion with not having it feel like finger pointing, right? Like, oh, it's my fault.

Well, to some degree, yeah. Right. Not that you knew it was your fault. I mean, this is everybody's if you look around, everybody's doing the same thing.

So what you're doing doesn't seem wrong, but we kind of don't realize the impact of stress on the system. And, you know, to some degree should be like, well, you need to be stress free.

Well, that's never going to happen. What you need to be was have stress, adapt to it and get stronger and, you know, be more resilient. I mean, that's what, you know, working out and lifting weights is all about as I break my muscle tissue down so that it's bigger and stronger tomorrow and then I.

I can go lift more weight. Right? Same thing with stress. You're never going to get rid of all the stress. So what we need to do is have stress. It's important to have some type of stress, good or bad will allow for recovery.

And then we can take more. But if you're if you're in a constant state of overwhelming stress, we have to reduce that somehow to get you to heal and repair.

Because the body if we just give you a bunch of supplements but the same environment is there that created the

dysfunction to begin with. It's a temporary treatment at best, you know, so it's it I think sometimes people just assume, oh, it's a gut problem that triggered it.

Okay, but why do you have a gut problem? And usually you have to have that conversation and sometimes it's not easy to have on day one, but on day two or three of your visit strategy, it's like, All right, let's dig into your life a little bit.

What's creating the most stress in your in your life? And I recently had a conversation with one of my clients, and I'm not her first functional medicine practitioner.

She's seen a bunch before me and not done well. And, you know, always kind of considered that maybe it was the practitioner didn't know enough, the practitioner didn't know enough, but somebody sent her to me.

And we, you know, we're finding problems and trying to address them. And she's very, you know, always pretty stoic about, hey, I got it. There's not much stress. Not much stress.

And then in one of our, you know, more recent visits, we had to come to Jesus conversation. And it was like, you know, it was work, stress and job stress and boss stress and all this stuff.

And and like, that's your that's why you you're not getting better if that is the constant and it's creating this constant load of stress, you're not going to shift out of defense mode just because you eat differently, right?

You have to deal with the thing that's the biggest elephant in the room. And then in a most recent conversation, hey, things are much better. Hey, what happened?

Oh, my. Bosca fired right? How about that? Right. Things start getting better. Not long after the most. The biggest stressor is gone. So in functional medicine, we, we like to use supplementation strategies to help people.

And I think it's a great tool, but it can't be the tool. We have to look at your sleep habits and patterns. We have to look at your respiratory habits and patterns.

We've got to look at your emotional stress, the trauma, like what's going on between the six inches of your ears. We can talk about your dietary strategy, but we got to look at all of those things to get somebody better.

And it's you you hear this, I'm sure, where people say, I just want to get this fixed. I go back to my normal life. Well, wait a minute. You're not going back to the life that created this.

If you don't want to be back where you are today, you've got you can't go back to that life because that life created this. We've got to make a new lifestyle, a new set of habits that are going to create a healthier life.

Not the same stress. You just laughed. Oh, absolutely. And I like your analogy about the fire. If there's a fire at the factory, everything stops. So whether it's a bad boss, a bad job, whether, you know, you had trauma as a child and that is still manifesting, that comes up a lot.

And these are not fun conversations. And with my patients, you know, just just today, I had a conversation with a patient and we had to go back again to a childhood event.

And that's, you know, because their gut health wasn't getting better, it was getting better, but it's still there. And, you know, you're not going to create that healing space like you were saying, doctor, if you keep doing the same habits and it's it's not a blink, things happen.

Life is very stressful. But building that resilience is something that people do on an on again I have noticed so many thyroid patients are women and you add on this new life of being pregnant, having children, having a spouse.

And I'm sure you have tons of patients that are women in their late twenties to early forties. And, you know, you

have to be adaptive to those situations because you can't always go back to what it was like, right?

Like being a bachelor, even men too. Right. So I think that these are such important conversations to to have with the patients.

## Stress, Lifestyle, and the Hypothyroid Spectrum

So can you talk about the hypothyroid factor? I mean, I really want you to tell everyone listening that, you know, it's not just one thing or one box, that it's more of a spectrum.

Yeah, I think this goes back to what we we've kind of talked about before. Like the initial I don't think thyroid hypothyroidism often starts in the thyroid gland.

I think that's what's considered in the past medicine is that, hey, it all starts in the gland and you can't have hypothyroid signs and symptoms unless you're deficient and gland production.

But all we have to do is look at our clients and see that they're hyper. We can see they're hyperthyroid sometimes long before the gland becomes dysfunctional.

So I think the the hypothyroid spectrum is like, where are you at in this cascade? Are you at just the beginning process where you have cellular hypothyroidism?

It's just happening in some local tissues and it's impacting maybe your blood sugar regulation. It's impacting your your ability to get cholesterol out of the bloodstream.

So maybe it's affecting the liver or maybe it's affecting the adrenal gland. Are you into the next phase, which would be the thyroiditis phase, where now the immune system is having the damage at the gland?

Or are you at full on glandular damage, destruction? You're at that 90% loss of function of the gland, which would be what they call primary hypothyroidism.

So I and there's lots of, you know, first, if somebody wants to dig into this, there's a whole bunch of what they call hypothyroid pattern patterns. Yeah, primary hypothyroidism.

Secondary hypothyroidism. I think it's the easiest thing to think about is, is it affecting my cells? Do I have it damaging the gland and have I am at the point where I've lost so much function gland, I really do need some type of support because the treatment strategy is going to be a bit different based on where you where you're at in that spectrum.

While allopathic medicine won't jump in or maybe sometimes even acknowledge that it's a thyroid issue until they can give T for functional medicine should be all about saying, All right, let's identify why this is.

And if we do, there's a good chance we may stop this from becoming a glandular problem. Begin with we may stop the immune system from having damage or resulting in damage to other tissues.

And we may we may have you improved, you know, the biggest signs, symptoms and concerns and have this have your physiology go back to normal. So the spectrum is really just about where they are and how to determine that is a little bit more complicated.

But that's where somebody who's really trying to do what I think functional medicine is, which is getting to the root cause and not just trying to, you know, give a different medication if they understand thyroid physiology, they should be able to help you with that answer.

And I think a good sign that, you know, that somebody is looking for the cause and is really doing more functional medicine is by what tests they look at when they first look at you.

If they're only looking at a thyroid panel to assess what your thyroid physiology, that's probably not somebody who's doing a true functional medicine approach because you could have normal tests for normal t for normal t three even normal reverse t three but still have tissue hypothyroidism going on.

You could have normal T for low T3 and somebody might say, Oh, I just need to give you T3. But really what we need to do is look at those values and determine what's going on.

Are those values normal? Are they appropriate? Are they abnormal and inappropriate? And then what's driving that process? So how do we determine if there's tissue hypothyroidism going on?

We have to look at the rest of a panel. What's the what the lipids look like? What's the insulin glucose markers look like? What's the mitochondrial markers look like?

What's renal function look like? When we look at broader panels besides just the thyroid panel, not only can we see whether thyroid physiology is working at the gland, but we can also get an idea of how is it working in the peripheral tissues, in which tissues involved, and we might even get a clue as to what tissues might be potentially creating some of the problem that's changing the thyroid physiology.

So how many times have you gone, you know, had a patient and they went to their primary care doctor and they just ordered a t h you know, and that's the problem.

Like you said, you have to look at the whole person in front of you, get all the lab orders because the thyroid is a function is is, you know, a function of the whole body.

You know, it affects so many organ systems. The other interesting thing is t has h the normal laterals, they've brought in the range to 4.5, which is so high for a t h where I like to see it between one and to around 1.5 to 1 is my favorite.

But I think that's another pet peeve is that, you know, it makes patients feel defeated when they go and they know they really feel like they have a thyroid problem.

They're in that clinical hypothyroidism space. They have the symptoms like you're talking about. They're at that that place where you could actually make a difference and stop the thyroid from getting damaged and they're kind of dismissed.

So that's why I'm glad everyone's at the summit learning about this, which makes me feel happy. But I mean, you know, we really have to change the thyroid labs.

Well. Get the word out. Well, I think part of the problem is we need to learn how to do a better job of interpreting labs. And I don't I don't think we're going to change that ethically.

And that's okay, because that leaves space for us in functional medicine. But and I, I'll bring up the TSA and it's a point that comes up a lot where people are like, well, what's what do you want?

TSA to be? Shouldn't it be between one and two? And the answer to that is, I don't know. It depends. So if you're a person who's got a TSA t between one and two, but your t three is low.

Is that okay? Right. So the values normal, but it's not appropriate because I got a person with a low t three. Technically what I should have in that situation is a higher t three in that situation because the higher t three is going to drive more T4 to T3 production.

So one of the things we need to do as physicians is we need to interpret the labs. It's we have to look at a value, a lab value and determine is it normal and appropriate, is it normal and inappropriate?

So if I have a patient who's all happy because they're TSA, which is one is 1.5, but their hair's falling out, they're

overweight, they're chronically tired, chronically fatigued, and their t three is low.

Yeah, it's normal, but it's inappropriate, right? It's it's not where it should be. And so it's definitely not appropriate for the person sitting in front of me.

And that's where the looking at the rest of the labs becomes really important. If you don't have at3 or free t three to look at, you wouldn't see the problem.

If you don't have inflammatory markers to understand that those inflammatory tasks could be the thing that's suppressing TSA spy. Because when we have an inflammatory stress state in the body, the brain increases the conversion of T4 to t three, while the peripheral body decreases the conversion of t 43.

So we get a TSA age that may be normal or low, and yet we have decreased production of thyroid hormone or low lower levels of of t three specifically.

So we need to do a better job of being able to interpret those and understand that the value is not always like if it's in 1 to 2 range, that's not always okay, right?

If I have a patient who's in their fifties or sixties, I probably want their TSA to stay a little bit higher so the TSA will drive more t three production from their gland because they're probably going to struggle with a little bit with that peripheral conversion because as we get older, we have more inflammation, more oxidative stress.

So I do want that age to be a little bit higher. So we need to understand and interpret versus just go for a range. And I think we see that that's a problem in both allopathic medicine and to some degree functional medicine as well, where we're trying to hit a sweet spot with a number, but maybe we don't have to do have that now.

We just manage it. If we saw that TSA is at 3.2, but T four is higher in T three is lower. Will Great. Let's keep an eye on that and let's get busy reducing the stressors.

And guess what? We come back and look at that 30 to 60 days and that TSA is now maybe it's come down a little bit, maybe t four is going up, maybe the conversion of T for 2 to 3 has gone up.

We didn't have to do anything to thyroid physiology. What we needed to do was address what was causing that inflammation to begin with. And we do that the values locks because that's what the body's supposed to do as flux based on what's going on with the physiology.

Absolutely. We don't want to just treat a number, that's for sure. And I have seen that a lot in different patients that have come to me, like I've said before, that are on high doses of t three and maybe they don't need to be or it's suppressing their thyroid.

So yes, definitely looking at all the numbers, looking at the patient as a whole and identifying those stressors. So one thing, often times people are told that they have HyperCard or it is a gut problem and an adrenal problem and so on and so on.

## Interpreting Thyroid Labs in Context

So they have all these things. So do you think that these are all separate conditions or more adaptive changes in response to the cell danger? And you have defined something called the Multi-system Adaptive Disorder.

Can you tell us more about that? Yeah, I think everything's related. I mean, it it's nice to separate the systems, to learn them, but that's not how the physiology works.

So I think what we see and what we should expect when somebody has a cell danger physiology going on, that they are going to have changes in their adrenal function, they are going to have changes in their GI function, they are going to have changes in their sleep cycle.

They are they're going to have changes in their system. Their blood pressure is probably going to go up. And that's not broken physiology, at least at the onset.

That's adaptive physiology to the threat. So people always like to have a label for what's what, but what do I have, like if they can hang their hat on?

Well, the reason I'm like this is because I have fibromyalgia, which we made up. It's this, right? We make up names that way. People have a diagnosis.

They can say, and now I know what's wrong. I have a diagnosis, or now somebody knows what to treat. They're not treating the client. They're treating the diagnosis.

So when people would ask me like, Okay, so what's wrong with me? To tell them they had a cell danger response was like, okay, well, what's wrong with me?

So, you know, I do have adrenal, I have my doctors. This guy says I have adrenal. This guy says I have a GI. This guy says I have a hormone, I have PCOS, whatever.

I said you have a multi system adapt if disorder. So you're going to turn down the physiology to all the non important systems and you're going to shift that energy to defending yourself.

And the best example or analogy I give to my patients. Doctor Jan, if you were, are you a mom? Yes. Okay. So let's say you've got a big Christmas get together coming up this weekend.

You've got all four burners on the stove going. You're cooking multiple food. You got you're doing wash your vacuum in, you're clean the house, your lights, like it's like Tuesday, right?

And so one of your kids is sitting at your kitchen island. Let's say somebody breaks into your home and starts attacking your child. Are you going to continue to cook?

No. Okay. Are you going to take time to turn the burners off, pack everything up in nice glass, Tupperware? Nope. Are you going to try and slow the slide a little to wash in really quick.

Maybe? No. You're not going to evac. You're not going to finish vacuuming. You're probably not even going to turn it off. You're not going to finish to watch. You're not going to go to the bathroom.

You're not going to take a nap. You're not going to have sex. You're not going do any of that stuff. They're all important things to do. I think we would both agree.

But in this moment, the most important thing is defend your child, right? So if I walked into your home while you're set, say, down your basement to fending off the attacker, I, I could I could make some assumptions.

I could say, well, here's the problem. Jen's a terrible cook. She's got food burning disorder. Right? She's a terrible housekeeper. She's got undone wash disorder.

She's got dysfunctional vacuum disorder. Right. She's got all of these disorders because that's what I see. I see a messy house. I see food burning. So I can easily provide a solution, which is I hired Jen a chef.

I hire her a cleaning person. The chef cooks food every day. There's never anything boutique burning and the house is clean and it looks better. Yeah, but we're treating it like.

Yeah, they're treating the lab numbers, right? That's kind of what in the world, you know. Oh, it looks pretty like you said it looks pretty, but there's still feel like crap.

Right? So the messy, the Bernie food, the messy house, the everything that wasn't broken stuff. But hey, I've taken

attention away from these things because it's not important.

So, yes, the food is going to burn. It is a problem. But that's not the root issue. And our job has to be to find that root issue for people. And that's really the difference between our pathetic medicine and functional medicine.

Instead of saying, Oh, you've got us, you've got all these un all these separate conditions, I think it's better to say to somebody, Hey, look, you don't have 25 separate conditions.

You've got one issue, you've got excessive stress. It's affecting physiology. You're not putting it. Your body's saying, I'm not putting any attention to those things right now.

I need to survive. I need to fight whatever the threat is. And those things are failing not because they're broken, but because you're not putting attention to them.

So if we can get to address the root issue, fine.

## Multi-System Adaptive Disorder and Closing Resources

What those stressors are, reduce them or eliminate them. That's when the body's going to shift physiology from, Oh, I don't need to be in danger mode anymore.

Now that it can start healing. I mean, because one of the big the hardest things that we started to talk about this before is somebody comes in with a chronic gut issue.

We give them something for their gut. It feels better. They go back to the same lifestyle, the same poor relationship, and like two months later they call you back up.

Well, that my guts bad. That protocol didn't work. No, no, the protocol did work. The problem is you're back into the same environment that created the problem.

We have to change whatever the stressors are. If you don't, the problem doesn't go away. Your gut is a symptom of the chronic stress response. So let's fix it.

I mean, it's good to get this got under control, but we got to fix out whatever's driving that. And that's what we want to do, whether it's thyroid physiology, gut physiology, sex hormone physiology, identify the excessive stress load, reduce the stress load, get the body out of that danger physiology and the body can heal and adapt naturally.

And we're way more resilient. Next time we get to excessive stress, we get the excess of stress we can we can manage it better. We don't have this big breakdown experience and we recover.

Absolutely. I love that so much. And we see it again and again. Right. With with patients. And you if they go back and I even warn them some of the time I'm like, you know, we're going to fix your gut health.

You have a problem here. I think we need to fix it. But if you don't take care of that trauma, if you don't take care of your stress at work, if you don't take care of your, you know, running around like crazy with your kids, then it could come back.

So I think letting people know that that, you know, we got to identify the stressor, like you said, so your body can heal and ultimately your thyroid can function properly because it's so important and that's what we want.

So, Dr. Eric, thank you so much for joining us on the summit and I would love for you to share about your podcast, your book and how everyone can find you.

Sure. So my website is rejuvagencenter.com I have a podcast called Thyroid Answers Podcast where we answer a whole bunch of questions that people have about why thyroid physiology is not working appropriately.

We talk a lot about the cell danger response, tissue, hypothyroidism, this kind of adaptive physiology. It boiled over to a point that I had to put a book together to try and explain this.

And that book is called The Thyroid Debacle, and it's out in Amazon. You and wherever you buy your books. And the nice thing about the book is it's not about thyroid physiology per se.

You know, it's about thyroid physiology, but it's not if you once you understand this whole cell danger response, you realize this is not a thyroid specific issue.

It's about the thyroid physiology kind of being the gauge to help say, whoa, I'm in danger mode, decrease the amount of T3 in the cell. So it's an adaptive process.

But how do we get better is with part three the book's all about it's like each chapter is kind of simple strategies or what we call parts of your fitness that you need to take a look at address and adapt.

So this is a good book. I don't care if you have a thyroid problem or not. If you're not as healthy as you want to be. This is kind of a kind of a guide book of how to get yourself healthier.

Awesome. Love it so much. Thanks again, Dr. Eric. Well, thanks for having me on. Good luck with the rest of the of the summit.