The Thyroid Debacle - why the current medical model is keeping you sick and unwell Transcript

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Introduction and Guest Background

Hi everyone. Welcome to Doctor Talks. I'm your host, Doctor Kelly Halderman, and today I have a very special guest, the coauthor of a book that I wrote called The Thyroid Debacle.

He is the main author and he is here today. Doctor Eric Savage, welcome. Thanks, Kelly. Thanks for having me. It's always good to see you. Nice to see you, too.

So, doctor Eric, why don't you start off by telling us the audience about yourself in your practice? I've been in practice. Almost 30 years, 27, 28 years at this point.

And, I started as a chiropractor, with not, not doing a lot of functional medicine. That quickly changed into a functional medicine dominant practice.

And pretty much that's 95% of what I do today is help people, improve their health, their quality of life, the chronic conditions, by using diet, lifestyle and, strategic supplemental protocols, all things that you and I talk about in the book.

That's our debacle, right? And you're also the host of a very popular podcast yourself. Somebody answers podcast. You've been a co-host and a guest on the Thyroid Answers podcast.

So, yeah, we do well with the Thyroid podcast talking about, things that are, some of the mainstream functional medicine stuff and, and maybe being the, the naysayer sometimes about some of the things that we hear in both allopathic and functional medicine, and especially when in regard to, thyroid physiology.

Right, right. Excellent. So the first question I have for you, Doctor Eric, is what does it mean to be stuck in a thyroid debacle? Well, there's there's a whole bunch of people.

There's like, we'll take it from two perspectives. One is the person who's gaining weight. They're tired, the fatigued, they don't know what's going on.

They go to the doctor's office and the doctor looks and says, hey, there's nothing wrong with you. You know, you're overweight. You know, you probably don't exercise enough.

You eat too much, maybe you're depressed and, yet they look at, you know, the signs and symptoms, hypothyroidism, they're pretty sure they have it. And so they are struggling with chronic hypothyroid signs and symptoms.

And and they're kind of essentially being ignored, because doctors are typically looking at one test as the overall screening test to determine if they have a thyroid condition.

So their thyroid debacle is that they're living in is that they're having what we call in the book cellular or tissue hypothyroidism. The cells are not converting T4 to T3, they're not in a state of optimal physiology.

And that's resulting in their chronic signs and symptoms.

What a Thyroid Debacle Means

But their thyroid gland is still holding on. It's still able to produce sufficient levels of T4. The other person's thyroid

debacle is the person who's already been diagnosed, whether they were hyper and then treated and now are hypo and are on medication, or they were initially diagnosed with, thyroiditis and Hashimoto's, or they were just diagnosed with glandular hypothyroidism.

They're put on a thyroid medication and continue to have chronic signs and symptoms of hypothyroidism despite taking T4, increasing their dose, decreasing the dose, switching to a T4, T3 combo, or going all in on T3.

They still have chronic signs and symptoms, and at some point somebody keeps telling the same thing that the other person was telling, which is you probably eat too much, you don't exercise enough, you're just depressed and they don't know what to do.

And they're and they're stuck. Yeah. That sounds like, quite the debacle. Very well named. And it sounds like something that I was in personally. And that's what actually I gravitated towards your work early on before we were even friends or colleagues, is that I knew you were an outside the box thinker, and one that you do your homework.

The book is have references. You know, Doctor Eric spent countless years gathering this information on on why the paradigm needs to change. Because it's sitting in the literature and you need someone who's able to translate that.

And I feel that Doctor Eric, you just phenomenal job of translating that very, very in-depth research into actual steps in your practice with me really helped me recover, from my thyroid debacle.

So let's go a little bit more into depth on what you said about the the gland centric issue versus cellular stress. Can you can you expound on that? Yeah.

So I usually try to explain to people when we talk about thyroid physiology, we either have, we have a gland that produces T4, a little bit of T3, and then we have peripheral tissues that then need to decide what to do with that T4 once it's made.

And so cells operate in one of two modes. They're either in a low stress manufacturing mode where they're need to make lots of hormones, peptides, proteins, hormone, neurotransmitters, cell membranes, energy like they're in full on it, manufacturing and making stuff.

Right. Or they're in a state of excessive cell stress danger mode where they're going, whoa, we gotta protect ourselves. And so when cells perceive, that they're not in much danger, they're in manufacture mode.

They want a high T3 state because T3 drives the cellular metabolism. So they'll bring T4 in to some degree T3 from the bloodstream into the cell. T T4 is converted.

T3 two three binds to receptors in the cell that turns on the manufacturing process, and we feel good as a result of that. But T3 also binds to other receptors that then turn off processes like that cell stress or cell danger response.

Now, in an assessed cell perceives danger or excessive stress. That cell says, well, we got to turn off the manufacturing process, turn on the cell defense.

And now those cells have a net lower T3 state because with less T3 in the cell, there's less T3 to turn on the manufacturing process and less T3 to keep the cell danger inflammatory process is turned off.

And so now we have this change of state. So we have cellular hypothyroidism occurring despite a gland that's making sufficient thyroid hormone. So we have to do a better job of differentiating it.

Do we have a glandular problem or do we have a cellular problem right. In that cell. Danger response you alluded to is not a mistake. It is not something the body erroneously does.

And we talk about that in the book. And so if you have a cell that's in that shut down mode, that mode that senses that there's danger, that the answer is not pouring in more thyroid hormone, that is not the answer.

And that really just makes a lot of sense intuitively. But until we stop fighting the processes that are naturally occurring to help us survive, that's that paradigm that we're in.

So go a little bit into what causes the cellular stress, what causes the cell to move into that, that danger, that cell danger response? Well, yeah, there's a lot of things.

And we talk about these in the book as, we call them like fitness factors. But, you know, definitely your metabolism, your, might like the microbes. Organisms can trigger danger responses.

Right. So bacteria, viruses, things like that.

Cellular Stress and Thyroid Physiology

Toxins, whether it's from your food, from your environment, emotions. Right. Your psyche, like what's going on between the six inches of your ears can have a massive effect.

Trauma can have a massive effect. Physical activity and stress. Right? Injury, overtraining under training can have an impact on your physiology. Hyper axia, like, low oxygen to the tissues can create a cell stress or cell danger response.

And whether that's caused me due to poor respiratory habits, ion dysregulation and, or other issues, that can be an issue. So going to sleep disruptions that can be create stress responses.

So we could have. Multiple things. And it's usually not one thing that creates this excessive cell stress or cell danger response. But many times it's the accumulation of stressors that pushes us into danger mode, because we're always constantly around a certain level of stress.

And when we talk about the book The health versus illness continuum. And so where are you on that continuum too many times determines how much or how little stress you can manage before you're into danger.

Physiology. Right? Right. And that's why we agree on the tenet of having principles and not protocols, because the principles that we follow are to lessen the cellular stress, not put you on this supplemental protocol that may not address address your particular or cellular stress.

And everybody is different when it comes to that. And that's why part three of the book. Can you talk about that? Can you talk about what does that entail?

How can that help the reader, or how can that help the the reader that doesn't even have, let's say, hypothyroidism, but has perhaps a different condition that they're dealing with, like, type two diabetes.

Yeah. So I think the best thing is to, you know, to lay out how the book is laid out. Right. So we the first section of the book, which you put a lot of time into, is like, hey, this is the to this is the traditional allopathic model.

And I think we both initially came at this, this book a little from an anger perspective because of our own health issues and the challenges we've had with the alpaca model, because we both came from the classic model.

But that first section is really meant to help the reader understand how allopathic medicine evaluates and assesses thyroid physiology. So they're not bad. Doctors. They're not bad people.

This is just what the standard of care is. It's not a great standard, but that's the standard. And you can apply what we talk about in that first part of the book to almost any condition.

Right. So it doesn't matter. It's a thyroid issue, a lipid issue, a blood sugar issue. It's the same essential model in part two of the book. We put a lot of time into explaining why that model doesn't work so well, and maybe a different way to look at our physiology, especially thyroid physiology.

But really we're talking through the lens of whether is the person in homeostasis, low stress state manufacturing mode or in in a state of excessive stress cell danger physiology, what we call allostatic regulation.

Right. Because it does make a difference how their physiology regulates and what their body is doing in in that regulatory mode. So inflammation we look at always as a bad thing.

But it might be a good thing given the situation a reduction in thyroid physiology may look bad, may make you not feel good, but that might be the appropriate response to an amyloid in your brain.

That amyloid in your brain might be a protective mechanism, but right. Totally agree with that thought process. Right. So we we often look at the thing we feel or see as the problem instead of asking a better question like, which is like, why is this going on?

Why is the body behaving this way? Right? And so part it doesn't matter what condition you have. If you read that part two and start to understand, oh, this is really not about the glandular disease I developed.

It's about what I've created all out loud, that glandular disease to occur. Because if I just manage the glandular disease and I don't address what caused it, I'm going to have another glandular disease.

That's what the research says. Right? Absolutely. And then part three of the book is really taking a look at all these health factors or fitness factors that we talk about and how to address each one of them.

Causes of Cell Danger Response

And raise your level of health or fitness in each one of those categories, because you're only going to be as healthy as the weakest links. And so if you spend all your time just working on your digestive tract, but you don't work on your sleep and your breathing and your physical fitness and your emotional state, you're probably not going to be healthy.

And then there's people who are athletes, and I kind of fit into this. I would, you know, not call myself an athlete, but somebody who tried to take care of themselves physically, right, competing and doing these things.

And you think, oh, well, look at that person. They're healthy because, look, they run and they work out all the stuff. And yet if you take your eye off sleep, you can't recover.

And now you're going to have chronic issues because of that. Right? So sometimes we put too much time and attention into 1 or 2 factors. Ignore the other ones.

And then that's how we wind up with chronic health and chronic disease. And we purposely did not put supplemental recommendations, in part three of the book.

And people might be like, well, that's it. So that's that's it all I'm looking for because everybody typically does the same thing. They read a book, they look for the supplemental solutions, they take the supplements, and then they they feel good initially because almost everything provides some initial benefit.

And then they start not feeling good again. And then they're looking at the reading the next book for the next things they can add. And then they wind up on ten, 15, 20 supplements a day and they're like, I don't feel any better. This is way too expensive, right?

Because you're not really doing what what functional medicine really is. You're doing what we refer to as the greenwashing of medicine by replacing drugs with more supplements.

That's really not health care either. So it's really strategies that everybody can take to start improving each one of those fitness factor categories.

Right? I totally agree. I think that the fitness factors that the health optimization of each of those, I didn't take it seriously. I thought everything you know, health is in the gut.

Many years. That's all I worked on was gut health, gut health, and took all the protocols and just didn't really move the marker. And it wasn't until I looked at all of them comprehensively.

And you will find there's a chapter on each and every fitness factor and how to optimize it. Why don't you just talk about just one, just to give the reader, as a listener and the reader a little, teaser on this.

Just talk about respiratory fitness, how underrated this is, and how ubiquitous it is for people to be breathing wrong. Well, yeah, I think it's and there's like whole books written on every, every chapter that we touched.

But no, it's right there's a book written on each one. So that's important for people to know. Like we can't get it all in there. But breathing is really important because to have optimal physiology means that we are we're really good at aerobic respiration, which means we're able to make energy with a lot of oxygen.

Right. It's the most efficient way to make energy so we can take our food energy, convert at with oxygen into cellular energy. And that's it's something everybody learned about in seventh grade science class and hope they never have to look at it again.

Krebs cycle electron transport chain. But that's the way we make energy most efficiently. The problem is, if you don't breathe well and a lot of us don't breathe well, especially at night when we're sleeping, then we get problems with oxygen transfer to our tissues.

And now our tissues don't have oxygen. They don't have oxygen. That creates a danger signal that's going to slow down metabolism. It's going to deactivate their thyroid hormone.

It's going to result in an inability to burn fat efficiently, the cravings for carbohydrates and sugar. And then we started into this process of insulin resistance because we can't get glucose into cell, but we're creating glucose.

And then those extra calories are going into storage as body fat. And body fat produces inflammation and inflammation further compromises thyroid physiology.

And it becomes a vicious cycle. So simple ideas like, hey, let me check my breathing, do a belly breathe? Are the chest breathe? Do I breathe too often in a minute, or do I do I breathe less frequently or I don't?

I say less frequently than you should because some of the numbers, or we should be with optimal breathing, is down as low as maybe 10 to 6 respirations in a minute, and the average person's probably breathing, you know, 15 to 20 breaths per minute.

Why Part Three Focuses on Fitness Factors

Right. And so, so I would say, but the more if I breathe more, I'm bringing more oxygen. Yeah. But you're also blowing off more carbon dioxide. And there's a, there's, something called a bore effect.

If you're breathing off too much carbon dioxide, you could have a oxygen saturation rate 99%. But that's in the blood. We want the oxygen to the tissue, supporting the cells, supporting the tissues and supporting optimum metabolism.

So we get into that in that chapter a little it a little bit more in depth, but not too deep that somebody can't get some general idea, okay. How do I check what my breathing rest, my breathing rate is?

How do I check how to maybe with my respiration percentage, what should it be? And what are some things that I can simply do that cost me next to nothing if not nothing to start improving my respiration?

And we talk about that for each one of the fitness factors in each chapter. Exactly. And like I said, doctor, I just went down that rabbit hole of just the simple fact of optimizing breathing, and we went all the way to blood sugar dysregulation.

I know my ordering keeps track of my respirations, which really it's inherent of how my body's operating. And my I love that we can track HRV. We're big fans of tracking all kinds of objective measures on yourself, because then you can of sense get to know your body.

So I like to tell people, read through part three, you know, see where your weakest links are, start working on them. But measure with objective data, measure with, are you getting more slow wave sleep, the deep sleep, restorative sleep.

Your breathing rate's heavy. Definitely heart rate. Resting heart rate is extremely important to optimize that. So anything from part three at all that, other than we're creating a class for professionals and nonprofessionals.

So, the professional class will include more of that dense material from, part two. And so we'll arm them with, the paradigm shift that we, we want to spark here.

And then part three of how we really start to coach ourselves and really get ourselves out of the thyroid debacle or whatever health debacle you're in is, is more.

So stay tuned that, to find out more information on what website do we have them go to Doctor our debacle.com to where the book is right. Then go there to get more information, put an email in and get on the mailing list so they can be updated with, updates as to what's coming.

And there's also, I think links there to Amazon, maybe Barnes and Noble to get the get the book The thyroid debacle because it's out now. Took a while, but it's out.

Right. So, but all good things come and time. All good things come on time. That is right. It is. It is, time for. It's birth. So we're we're excited. It is actually here.

So just a parting thought. Is, you know, for the for the person who, you know, is thinking about buying it is the practitioners thinking about buying it really talk about why why you decided to write this book.

Go back to that again. Go back to that initial spark in that the reason why you started to write it, the reason why you grab it, tell the tell the listener about about the books.

I think that's really interesting. Well, I, you know, my background was in chemistry and, worked in the lab before I went off to chiropractic school.

Respiratory Fitness and Breathing

And so I did all this kind of lab stuff, and we didn't really we understood the values, what we didn't really understand about it. But yeah, I liked it. I didn't love it.

And so I went off to chiropractic school planning on being a chiropractor. That was going great. But then I had a family member who got diagnosed with hypothyroidism and fibroids and anemia.

And you know, the answer is his hysterectomy. Iron supplementation and thyroid medication. And, you know, I got a call from my brother saying, hey, here's what's going on.

I'm like, why are you telling me it's not what I do? And he's like, I know, but you'll figure it out. And so, you know, I started trying to have to figure it out.

So back to the chemistry, back to the science to try and figure out what's going on. You realize it would what's

going on here? This is an immune driven condition.

And we need to find a reason why this is occurring. And all this all the conditions are related, not three totally separate conditions. And battling with medical physicians and saying, hey, this is what you're doing is not right.

This, young person, there's some there's a reason for, women to have a uterus and ovaries in these pieces, right? There's a reason they're anemic. There's a reason they're developing fibroids.

But that was just not what was going to be listened to. So, we started working to try and help, my family member. And then as I'm talking to my chiropractor patients about what I'm learning because you, you know, you read this stuff and then you get excited about it, you start talking to people about it on a visit and you realize, man, like, half my practice is on thyroid medications.

And then you start asking the next question, which is, how do you feel? And people think they're better because their TSH is normalized. But then you ask the the next question, which is, but how are you?

Like, how do you really feel? Do you feel better? Or do you just have a more normal number? And they're like, I don't really feel that feel better. But maybe they say it's better.

And that's when I started saying, all right, well, maybe you're not converting T4 to T3, maybe you have an immune driven process. Maybe. And as I started working with my chiropractic clients, that just got me deeper and deeper into the hole, and I kept saying, you know, writing stuff and talking about stuff and even though I worked got deep into functional medicine, I got coached by some great people like doctor.

T's crazy. And, there is a piece missing and then a friend of mine, Doctor Ben Lynch, who wrote the the for the intro for us, whatever you call that thing.

Introduced me to the paper by Robert Nabi on cell danger response. And that changed everything from we have broken physio, thyroid physiology, which is kind of what we were being taught to male.

Whoa whoa whoa. Maybe this is adaptive physiology and maybe this idea of just trying to put T4 or put two T3 in the system provides a honeymoon experience, but it doesn't provide long term benefit.

And I think we see that. I see that in a lot of my clients. It doesn't mean some people don't do fantastic on T4. Oh, some people do great. Some people do great on armor.

If there's no cell stress cell danger mechanism going on currently, and you take T4 and you feel great, that's awesome. If you take T4, T3, that's great.

That's awesome. We're talking about the community who takes those things. It does not feel better or worse. They are the ones that we really were trying to help get this model across too.

But you know, my friend Ben, after a couple of years said, hey, you need to write a book. And so I said, all right. And it was a journey. And I wasn't getting too far in the first couple of years.

And then we made an agreement, we'd work on a seminar together. Right. Biol seminar. And then you'd come in and help me work on the book.

Why the Book Was Written

And even from that, it's been a journey from that point. So between the two of us and, some diligence and a, you know, it's a team of some people kind of giving us some, help.

We're able to get this thing done and to where it is now. And, you know, at some point along the way, I was ready to divorce it, right? Because it took it was taken so long and there was a lot of frustration.

But in reading the, the, reading it on a computer screen over and over again, I think you're great is just drives you batty. But it's funny, I got my my copies of the book and my daughter caught me.

This is like a you read in your own book like. Yeah, yeah. And for some reason it's way more enjoyable to go in and read my own book now when it's actually a book in your hand, than it was when you are reading the manuscript on the computer screen for the 30th or 40th time.

Right? So I, I think I said this before, I'll be really happy when it's in my hand. My brother texted me and messaged me and said, hey, congratulations.

And I said, oh, thanks. And he's like, well, you don't sound excited. I'm like, I don't have a book yet. I don't have people showing me the book. As soon as I have a book in hand.

And no, it's a done deal. I'll be happy. So now I'm happy now. And now our job is to help more people understand the message. Both physicians and the laypeople who are struggling with this so they can start to say, all right, I'm not crazy.

What I'm experienced is real. I just got to get busy trying to figure it out. Here's some things that they can do on their own before they find a functional medicine practitioner to start working on that process.

And then if that helps them and they get better just doing that, that's what we want. If they don't, then great. When the, when they our, our teaching programs come out, join one of those.

Right. If you need a functional medicine practitioner, then it's time. You've already done some of the basic stuff. Now you're ready for some more experienced help to understand the nuances, and hopefully we'll have enough people taking the practitioner course when somebody says, well, who would you recommend?

Who would you refer to? Who thinks like you? Who's going to talk like this? Who's going to practice like this? We'll have a good list of physicians around around the country and maybe beyond who think the same way and are looking at patients and helping them recover in the same way.

We would, and the same way we talked about in the book. Absolutely. Yeah. We want, to build a community. We really do. There's a lot of people suffering out there.

And, you know, it's time for a change. And that's what you can be a part of, be a part of our community. And I would encourage you guys to go to Instagram and follow Doctor Eric on Instagram.

You do Thyroid Thursdays. There's just so much great information just right there. And of course links to buy the book. But Eric, it has been a joy, as always, to have a conversation with you.

Thank you so much for being our guest here on Doctor Talks. Thanks, Kelly. Thanks so much. Good to see it. Let's see you too by.