The Thyroid Fix: Why “Normal” Labs Aren’t Enough With Dr. Amie Hornaman Transcript

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Amy's Thyroid Journey and Misdiagnosis

Dr. Amy, it's so good to have you on the show again. How are you? Oh, my goodness. It's. So good. To see you, especially after having your baby. I'm doing great.

Absolutely, and you have a new book coming out called The Thyroid Fix. I'm super, super excited about that. And I was hoping that today we can dive into some of the new information that you're sharing for perhaps people that have had a thyroid diagnosis for quite some time.

Maybe they haven't heard of you yet. Can you tell us a little bit about your own thyroid journey? Well, you know, like so many of us, I was misdiagnosed six times.

It was after my body had rebelled against me. The weight came on, the hair came off, and the energy went down. And when I say the weight came on, I mean, my 5'2 frame put on 40 pounds very quickly while I was eating clean, while eating chicken, broccoli, asparagus.

I actually was in the throes of getting ready for a bodybuilding competition. And so my diet was strict. It was on point. And the wait just kept coming on, kept on the scale, keep going up.

So I did what we all do back then. I didn't know any better. We didn' have podcasts and we barely had the internet. And so I just went to my doctor and I was told that I'm normal.

Everything was fine. I still would love, and I know you're gonna know what I'm talking about. I would like to go back and look at the labs that they did, because I knew that were half ass.

They were probably just TSH. That's what they looked at and told me, okay, you are normal. Everything is fine. So six doctors, six misdiagnosed me. The seventh one diagnosed me and put me on Synthroid or T4 only.

I gave that about five months. Did not work. Didn't lose a pound. didn't grow any hair on my head. did not get any energy back. So I did some doctor googling like we do.

And I went back to her with this information about T3. Like, you know, this is the active thyroid hormone here. What you're giving me in this pill is inactive.

This is T4. There's this other thyroid Hormone T3. And why don't we use some of that? Because the literature is showing maybe you can mix these two together, and she says, that's not standard of care.

I don' do that. So, you know what? I think it's time that I find someone who does that. Thank you. Fired my doctor, like many of us should be doing, and went into the world of integrative, functional.

And I kept hearing the name of this guy. He was an integritive doctor. A functional medicine doctor he knew pharmacology. he was in a naturopathic degree at all these degrees.

And I heard great things about him. So I finally went, sat down. He spent 83 more minutes with me than my last doctor did. You know, you normally get a five to seven minute visit with your PCP.

going through my labs, going to my supplements, Going through My lifestyle and put me on the right path for the proper thyroid treatment. So he put Me on armor thyroid and I was on that for many years and really experienced a life change.

I lost the weight, my body responded, and I knew at that point of time that that's what I wanted to do because I was in a major medical system. And I thought how many women out there are either in major system like UPMC, Mayo Clinic, Cleveland Clinic or they're in smaller town.

And they're being treated the same way, they are being medically gaslit, being dismissed, and being misdiagnosed. And that's what lit the fire under me in my twenties to really change careers and go down this path and be able to help people that were in the boat as I was, because I get it.

Wow, so you were diagnosed in your twenties just like I was and it's interesting because I feel like many of us have this story of taking multiple years, multiple doctors to get a proper diagnosis and to actually get proper treatment.

can be another decade. And so we can lose so many years of our lives. I know it's interesting because you were like a bodybuilder, right? And you're doing bodybuilding competitions where you knew your body so well.

You knew exactly how to cut calories, you know exactly to work out. Yet you saw this thing before you where this is not it. So many women go to their doctor's office and the doctor will say, You should eat less and exercise more.

Did anybody say that to you? Oh yeah, I even took in. a paper that had my diet laid out and had, my workout regimen seven days a week, sometimes twice a day, I would be going to the gym and the doctor could clearly see it was chicken, broccoli, asparagus, fish.

I mean, it, was clean as clean can be. And I was still dismissed. It was like, they didn't believe me. They thought that I literally was just sneaking in donuts on the side.

So I absolutely was told to eat less and exercise more. Yeah, it was so interesting. I was like 25 and they told me it wasn't normal to, you know, that because I Was getting older, and that's why I had less energy.

And, for me, the symptom that really got me questioning was my hair loss. Because being a bio, I nobody can talk me out of that. Sometimes it takes for people to have that inner conviction that something is going on.

To question the standard of care and to question a diagnosis, misdiagnosis, because you could have, you know, You could've just given up after the first doctor, but you kept going.

What do you think gave you that courage to persist? Well, I would say just that refusal to give up and give in. I believe that we all know our bodies.

And even when our body's start to kind of rebel against us, even a person in a higher authority position, a medical professional, tells us XYZ, there's something inside of us that pangs to go, oh, that doesn't feel right.

That just doesn' land with me. I need to explore more, I want a better explanation, and I don't accept that. But I often do think about the fact of what if.

Even at doctor number four, what would I have stopped at number 4? That's four medically trained professionals that told me everything is fine. It's all in my head.

I heard that I'm just getting older as well, which cracks me up because I was in 20s.

Bodybuilding, Symptoms, and Pushing for Answers

And I could have easily stopped then. But you know, it's just that knowing it. The message that you and I both give to our audience of please listen to your body and listen those signals and don't ever lose hope and ever give up and never stop until you get an answer and a solution because it's out there.

It's just not well known by the medical profession, by our current conventional system because they're not taught deeply about the thyroid. They're just taught that linear standard of care.

You test TSH, you give T4, and you recheck in six months. That's it. And that is literally all they are taught. Yeah. I went to pharmacy school, so I'm trained in pharmacology, there are some pharmacists that manage thyroid patients and clinics, I had a one-hour lecture.

On both hyper thyroidism and hypothyroidism. And honestly, like Amy, the impression that I had from that was that it just sort of happened like menopause does that as you get older, your thyroid hormone production just slows down.

So it really wasn't even on my radar. When women used to come to the pharmacy to get thyroid meds and they would be like, well, you know, I'm still struggling.

It didn't register to me. Like all the pain and suffering and all of the Um, things that they were dealing with and how, you know, Synthroid, it had been the number one prescribed drug for many years in America.

How much of a disservice we were doing to so many of these patients by giving them. a treatment that only helps a little bit, right? In my own journey, I went from sleeping 12 hours a night to like 11 hours at night with thyroid meds, and it just didn't really help me that much, but we do know that One, starting with meds, we can get on something like armor like you did, or natural desiccated thyroid, perhaps add in some T3.

There's different ways to do this. You really want to optimize your medications to feel your best. Uh, but it's not just medications though. Right. And I know you and I are both passionate about this topic and you have so much, uh, wonderful experience and a background, um, such as being a bodybuilder, which who were, I feel like body builders were like the original biohackers.

There are so many different tools, you having your tool belts that help people feel their best. Can you share some of those with the audience? Because I don't know that they've heard of most of them.

Absolutely. So let's start back. Let's take a step back, I want to comment on the T4 that you were put on, and I was put, on that the majority of people are put.

And I know we both talk about this as well. I just want your audience to hear this stat. I heard this at a forum, the Academy for anti aging medicine, that only 2% of those with hypothyroidism, and they use this term do well on some using air quotes here, 2%, do Well on T for only 98%. Need t4 and t3 or some people need t 3 only 2% so I would actually argue when they say do well on How are those people doing?

Do they just accept that their new norm is? Sleeping 11 hours a day losing half their hair and carrying an extra 20 pounds that even they dismiss Oh, well, you know, I'm just getting older.

It's just normal so they report do-well on and And in our clinic, it's 100% need T4 and T3 or T 3 only. No one does well on T 4 only, and it is just a shame.

So that actually ties into, well, then what are the nutrients? What are those baseline foundational things that we have to supply our body with? In order for whatever thyroid hormone treatment you're on in order, for that to work, because even if you are moved to armor, thyroid, NT ren, you still have to convert that T four.

You still. Have to take that t four in the natural desiccated thyroid and convert it to T three, or you. Still have. To convert your own T for inactive thyroid.

Hormone. Over to t3. So those foundational nutrients I call them the no-duh supplements meaning kind of good dating myself going back to my like 80s Valley girl days like duh, of course You're gonna take these supplements, you know, they're going to support your thyroid so those no duh supplements are vitamin D magnesium the all of the B vitamins just as a really nice core baseline and Foundation B supplement, we use iodine.

I know that's controversial. We can dive into that iodide used in the correct amount, not overdoing it just a little bit to support the thyroid gland.

L-tyrosine is a beautiful thing, L carnosine, T2, that helps convert T4 to T3, ashwagandha. I mean, these are all the core foundational nutrients that we need.

And then on top of that, we needed adequate protein, We need to be controlling our insulin levels, balancing our hormones, controlling stress, supporting our gut, like you talk about.

You know, we can start with the foundation and then kind of build from there with each person and determine, okay, what do you need extra help in to support your body so that your thyroid works, so your T4 converts to T3 and so you feel better.

That beautifully said, so 2%. Wow, I'm going to have to use that statistic that that is insane. And like you said some people just give up, right? They just think that this is their new normal and I can definitely relate to that.

I just thought I was like lazy and. Not like I, was just before I got my diagnosis and even going through the perimenopause journey.

Why T4 Only Often Falls Short

Is just this thing that happens to you and then you're just gonna you know gain weight and you just going to feel like a lesser version of yourself but that's not necessarily something that is required of us either right and i know you talk about fire a pause.

Yep, and that's when that thyroid gland just starts to decline a little bit. I actually term it as, or I define it, as when your thyroid glands craps the bed after the age of 40 due to fluctuating hormones.

But it ties into those fluctuating hormones because we know with autoimmunity, with Hashimoto's, you have to have a stressor to flip that switch from the off position to the on position.

So you could be, genetically predisposed to autoimmunity. Your mom, your grandma, you aunt, or sister maybe had Hashimoto's, maybe rheumatoid arthritis, some type of auto immunity.

So we have that genetic predisposition. We have a leaky gut, which we're going to talk about on my podcast because I'm going pick your brain all about that.

I think we all have leachy gut. That's my theory. And then we had that stressor. that turns on that autoimmune switch. Now, pregnancy, which you just went through, it's a beautiful time in a woman's life.

And it is a huge stressor because your hormones are on a roller coaster. Well, the same thing, right? Am I right. The same things happen as we transition into perimenopause and menopausal.

You know, we lose progesterone, our testosterone starts to tank, or estrogen goes on a wild up and down roller coaster ride until it finally falls off a cliff.

And that hormonal chaos is enough to turn on that Hashimoto switch. So we term it thyropause because it's during that perimenopausal time of life that women will say, you know This is crazy.

Like I'm just all of a sudden I am putting on weight, losing hair, I have no libido. Of course that can be tied back to hormones, but it can tied to thyroid as well.

So we see a lot of overlap of symptoms during that perimenopausal transition. Yeah, it's just fascinating to be a woman, isn't it? Seriously, we kind of got the short end of the stick.

Like we do produce life, which is awesome. But wow, We have a lot of health conditions that come along with those fluctuating hormones. A lot symptoms.

Mm hmm. Yeah, I feel like what is the statistic that for every man that's diagnosed, there's going to be like two to five women or three to Five women that are diagnosed with Hashimoto's or hypothyroid condition.

And, you know, it is something that can be absolutely induced pregnancy, puberty, perimenopause, we do know those are the three critical time periods in a woman's life where she might have those hormonal fluctuations that can lead her down the road of developing autoimmunity.

Do you treat people who perhaps have a clear hormonally trigger differently than you would a person who, I don't know, maybe went through a stressful time period or had a toxic exposure or some kind of a gut infection that triggered their condition.

What's, I'm curious, what's your approach? So we always, our approach is we're always gonna look at everything. So, we are not the type and I've heard some people say this and it makes me scratch my head like, okay, well, were just gonna treat your thyroid first and then we'll look your hormones.

Or we'll just, we're just gonna, We're gonna treat your hormones over here and give you some testosterone. And then, you know, six months from now, will look at your thyroid, or we will just treat Your gut and then we come back to your Thyroid.

Why are we doing it all together? I mean, all the systems work together. So why would we look At something in a in A vacuum and only treat that so we Look at the whole person we looked at The whole picture and whatever is off if a woman has is starting into perimenopause and she has low progesterone and her testosterone start to decline.

We're going to give pro testosterone. And we're gonna move over here and look at the thyroid hormones and go, Oh, well, you know, Susie, your also on T4 only your reverse T3 is elevated.

Let's make some adjustments here, because that's going To improve things on the fire at front. we improve your thyroid, that's going to help your hormonal balance.

We're also going address those low hormones and keep an eye on them because we know that as we start to improve thyroid function, we may have to adjust doses of hormones over here.

That's okay. And it's the same for gut infections, adrenal imbalance, insulin resistance. Let's address everything at the time so that that person who has most likely been suffering for at least six months, sometimes up to 10 years, can actually start to feel better because at the end of the day, that's what people want.

They just want relief of their symptoms. they don't really care whether their labs look beautiful or not. We care, we look at it, but all they want to do is lose the weight and grow the hair back and have some kind of energy to get through the and be able to poop every day.

And if they can do that, it's a win. So that really takes, to improve someone quickly, you have to look Yeah, I agree with you. Sometimes I can tell patterns.

For example, if somebody has low blood pressure and a lot of fatigue, then I'm like, okay, this person's probably deficient in thiamine. But I actually like to do a lots of testing with people because sometimes they can be asymptomatic for gut infections or I might not pick up that they have low progesterone based on a clinical evaluation.

There's some women, obviously, There's some people, it's just like, oh my God, It's so obvious. So basically your husband breathes and you want to kill him.

Okay, got it. I'm on that, right? And so I feel like it is really good to do a complete workup, even though I think sometimes people might look at like, okay, well, this person's root cause is this, and we're only going to work on, I don't know, gut health or stress, or they don t have gut symptoms, they do not have hormonal symptoms.

Foundational Nutrients and Lifestyle Support

You still want to get a full picture, because some people, especially people that have good lifestyles, might be compensating for their symptoms so maybe they have an amazing bedtime routine, so they're not getting middle of the night wakings, right?

Or they are meditators, not anxious. And so on and so forth. So I love that you said that. You take a comprehensive approach to everybody. Definitely, definitely.

Well, you have to, I mean, it's really the only way to move the needle and get people feeling better fast because it, if people don't feel better quickly, they really want to feel a better yesterday.

So you do have, to kind of tell people, listen, You didn't get here in a week. You're not going to do better in week, but if you can give them relief quickly and give answers to allow that person, that patient to understand their body and paint that picture To how everything is so connected it really it enlightens them and it empowers them because now they have that deep understanding of how their body works and They can they're gonna be more on board to make the changes that you tell them to Make because they know the why behind it and I think that just improves outcomes across the board Yeah, yeah, absolutely.

I would love to dive into some of your things that you utilize with your clients and patients. That way people can understand why they might need them and how to properly use them, what they may benefit from.

And then perhaps we can end with the most controversial one, iodine. So tell me about L-tyrosine, why do people need it, how do you use it? Some best practices, what benefits do see?

L tyrosines, this little amino acid that actually helps your thyroid gland produce more T4 and T3, and it does help a little bit in the conversion of T-4 to T 3. I love using it.

I absolutely love it as a baseline supplement because it's one of those that it is not, I don't think it was talked about enough. It's almost like the spotlight is heavily shined on selenium.

Every thyroid patient we know goes out and buys a bottle of seleneum because they heard it to be all end all. And it fantastic, but there's so much more.

The spotlight has shind over here on magnesium. We need mag, we're all mag deficient, and we need it convert T4 to T3. Yes, and also L-tyrosine, that little forgotten amino acid.

It doesn't get much love, but it's so powerful for the thyroid in production of T4 and T3. And then like I mentioned, selenium, magnesium, having adequate vitamin D levels, because Hashimoto's is an autoimmune condition, we know that Well, how I describe it is you have these little soldiers and the soldiers are super confused.

They think that your thyroid gland is a bad guy. So with auto antibodies, it's your own, I'm simplifying this big time, but it basically your immune system that's super-confused.

We want to give support and love. to your immune system so that it can function properly. Now, I'm not saying vitamin D is going to cure a lot of immune conditions, but since vitamin B is a hormone, it's actually not a vitamin, we know that has an impact on our entire hormonal cascade.

We also know it is vital for the immune systems and baseline immunity. If you have low vitamin d, you're going just be more prone to the common cold and the flu virus during the winter.

So supporting vitamin D levels is key. Love using black cumin seed oil. That reduces inflammation, it reduces auto antibodies. I mean, we've had some patients go into remission when they implement black human seed in a gluten-free diet.

It's miraculous what it will do. What are the others? What did I say? Okay, wait. Vitamin D, Mags, Selenium, Tyrosine, black Cumin. And then we I guess we can move into iodine.

That's the controversial one. Sure, I just want to say black cumin seed. I love it as well. It can be so incredibly helpful. The funny, funny thing about that is I feel like it was called the cure for everything but death.

really great job with that and various types. It's got a lot of gut functions too. When you look at the pharmacology of it, it's just like, wow, this is like a powerful compound.

One word of advice, when I first started working with it I would recommend liquid versions and I will tell people to put it in their smoothies. Never have I ruined so many smoothys in my life.

disgusting. So if you can, I would probably, you know, stomach it down on its own, right? Or try to use a capsule form because if if You do not put it in your smoothie disclaimer.

No, no, it's really bad. Even my dog takes it my holistic vet has has my my 15 year old pup on black human because it s it' also anti cancer. And the crazy thing is, You know being a supplement owner too, you can't make claims that aren't backed by some kind of report, science, clinical trial, something.

So with black cumin, it actually has studies backing it as a cancer preventative, anti-cancer, tumor suppressor. That kind goes in line with good for everything, but death, because my vet has my dog on it, as well.

And it's also interesting. So being a mom, it is also a galactagog. It's used for lactation and it was one of the supplements. Not many of them are safe during lactations.

And of course, I would recommend everybody talk to their doctors about that. But it one those ones that's actually okay for that time period and generally well tolerated by most people too.

Um, okay, so are we ready for the iodine controversy? I know that there's a lot of controversy and there is, I have friends on both sides, right? Friends that say you should never take.

Any iodide if you have Hashimoto's and then I had friends that said you could take very high doses of iodines when you had Hashimoto's, and I've seen people Again, clinically, I have seen people who were like I took high dose iodine and holy cow, my TSH shot through the roof.

It was at eight. Then it was that 100. then I my thyroid antibodies, you know, went funny X, I was bedridden when I Was like a marathon runner before.

And I've seen that extreme. and I'm also seen a person that said I tried everything. Nothing really worked. I utilize some iodine. Holy cow, i got myself into remission.

So how do we like bridge that gap? How do you know who is it for?

Perimenopause, Hashimoto's, and Thyropause

Who is not for how? Do we use it safely? Right? Like what are some red flags that this is Not your scene, right? Absolutely. And I think it needs to be unpacked.

We can't just go on social media and say iodine's all bad, iodines all good. It's just not as simple as that. You really have to unpack it. So if we start, we're going to start with a science.

What do we know about iodime? We know it's antiviral, antifungal, it supports the immune system, really helps with viruses. It is a detoxifier. So when we look at the periodic table of elements and we looked at halides or halogens, we have fluoride or fluorine, bromide, bromine and chloride, chlorine.

Hopefully I'm saying those correctly. But they're table development. We're going back to chemistry. And we also have iodine on there. On our cells, We have receptor sites to which those toxic halide halogen can attach.

The only thing that can kind of kick them out is iodine. So unless we have adequate amount of iodide, we had a tendency to be toxic for those toxic halogens to attach to our receptor sites.

We also know that fluoride is not good for the thyroid. Chlorine is good not for thyroid, bromide not so good. Those things are very, very bad for our body.

Bad for your thyroid and bad our entire body Iodine helps with that. So it's like, wow, why wouldn't we add in iodine? Now we also know the thyroid gland needs a little bit of iodide to produce T4 and T3.

Needs a bit iodined to convert T43. It helps tremendously in that conversion process. I mean, one of the biggest causes of elevated reverse T-3 is low iodines.

Where I think it's gone wrong is exactly what you said. The people who start on high dose iodine, the practitioners that implement a higher dosing protocol.

And some of these patients will jump right into a high-dose. They won't tie trade up. Some of the these practitioners will put patients on a hi-dos. they won' t tie-trade up and that's what causes the issues because the person using the iodide isn't allowed to to gently bring it into their body so their can adjust and so they can pay attention to how their is responding.

So what I like to do with patients, even with my customers, my audience, I say just start small. Use liquid iodine. I prefer nascent iodide. It's more bioavailable, but use a liquid.

Start small and just do one drop in a small glass of water and take that in. Pay attention to your body. Next day, do two drops and we may just gradually and gently increase.

And I say, at the same time, you're going to be adding salt. You're gonna be taking vitamin C and then you are going listen. to your body. And if one day you go from four to five drops and that day of five drop, you're like, did I just drink five Red Bulls?

Like what is happening? I'm like sweaty and I am anxious and my throat is tight and just don't feel good. You've gone too far. But it's a moment in time.

It's very unlikely that you just caused a massive thyroid storm. you're just a little bit hyper. You just went a bit little hyper, so the next day, back off.

Maybe we will hold the iodine for a couple days, let it clear out of your system, do a salt loading protocol, add in some more vitamin C, and let the body balance out, then we drop the dose back.

And if it's done properly, I think it is highly beneficial, because just like you said, we've had patients that they'll start on iodide before, obviously as we're changing their thyroid treatment or adjusting hormones, It's going to take a while for that to hold and for them to get symptom relief.

But we've had patients add in iodine. They're like, wow, for the first time this brain fog is lifted. I have a little bit of energy. Like I'm actually starting to feel human again.

So it can be a game changer if it's used the proper way. Yeah, I am so glad that you spoke about that and I think there's also a beauty to sequencing.

So, for example, if somebody is selenium deficient. And iodine deficients, giving them iodide can make things worse. and so I know sometimes when I have a person.

Where I feel like they could benefit from some iodines. I'm like, okay, let's make sure you have the other micronutrients covered first. so that we're not like really shifting the balance and shifting.

The scale, I would love for you to talk about the role of vitamin C and kind of like, how do you get somebody ready for an iodine protocol and also your salt loading protocol?

Like, so if somebody goes too far, like how you correct that? Because I want to like the thing that I really don't want for people to do is like hear a snippet of our interview and be like high dose iodine chug, you know, it can be a game changer, but it's like probably not the first thing you need to do.

And you really need make sure that you are either working with a practitioner that's really well versed in this, or, and or that are really educated about these modalities yourself.

Definitely, definitely. This is absolutely a case where more is not better. More is that better? So I rely on the works of Dr. David Brownstein. I do think that on occasion, he'll go to very high doses.

And I know he's doing this with, let's say cancer patients or whatnot, those specific that specific subset of patients that can tolerate and can benefit from the high dose of iodine.

But I love using his salt loading protocol and his vitamin C protocol. And so what he says to do, which we will do with patients as well, I'm so happy that you brought up the co-factors, addressing selenium deficiency first, all of that.

Then we'll start on a salt loading protocol, and we will especially look at sodium on blood marker. We like it at 140. If it's lower than that, that's an indication that their adrenals are taking a hit.

Let's do this salt-loading protocol as well, even to support the adranals. So sometimes it is as simple as making a soleil water, adding salt to water.

Adding that soleill water to your water bottle or drinking from that container, or that glass container. throughout the day. Sometimes that's just enough.

You don't necessarily need an electrolyte drink.

Comprehensive Treatment of Thyroid, Hormones, and Gut Health

I mean, you certainly could use a high quality one, but you can very inexpensively make your own salt water with high-quality salt, Redmond's real salt and mineral-based salt.

and just adding that to your body daily, usually for about a week or two before we start the iodine protocol. And then even in that little shot glass, I always tell people, don't put iodide just on your tongue.

It's going to burn. You want to put it in a small shot glass of water. You also don't want to put it in your water bottle and be sipping on a band-aid all day long.

It tastes bad. it just does. But anybody can slam something. So you put in a little shot of glass water, sprinkle some salt in there as well, and just slam that down.

That way you're getting your salt with your iodine at the same time. Vitamin C, I like anywhere between really 500 milligrams up to one gram of vitamin C.

Sometimes we'll go a little bit higher like for me and just being in kind of an anti-cancer mode. I tend to go little higher with my vitamin c. My bowels can tolerate it.

Not everyone's GI tract can tolerated higher doses of Vitamin c, it can produce diarrhea. But I also know that that is

supporting my adrenals and it's also helping my body tolerate the iodine.

So we'll do both with patients. You know, I love that you mentioned that I do love using electrolytes and vitamin C for the adrenals and I feel like this is one of the very first things that we need to do for thyroid patients and people actually tolerate their thyroid meds better.

when their adrenals are balanced. My fourth book was about adranals just because they're so important for thyroid health. So yeah, I feel like this is such critical information to share with people so they understand that it's a lot of times when you look at the whole person, it is not just one thing that you need to do.

Like if it was just on thing, you and I would just sell one supplement, right? We wouldn't need to write entire books. We would have all this complex information to share with people.

All we would do one podcast episode and that's it. But a lot of times you've got to do quite a few things to get people back in balance when they have a thyroid disorder that is not responsive to levothyroxine, which we know most are not.

You also mentioned L-carnasine. Is this something that you like to utilize and can you tell me why and how you use it? I don't use for every single person because sometimes we hit just supplement fatigue.

So we will definitely add it in, but it's kind of like, okay, how many supplements does this person need? You know, and you just have to it's about finding that right supplement protocol for each individual and how compliant are they actually going to be.

So I wouldn't say we add it in for everyone. Oh, thank you so much. And I'm a big fan of your work as well. I know we did a whole podcast episode about your T2 supplement, which I am going link to in the show notes.

But maybe you can just tell us a couple of things about T-2, how that works and the benefits. Now, I have a whole chapter in the book on that because of the extensive research I've done on it.

It has over 30 years of research. I'd been looking at it for about the last 20 years, started using it anecdotally with patients, and then about four years ago brought it into my supplement line really as the flagship product because what I had seen the previous 15 years using with patient.

T2 is a thyroid hormone. However, when you take it exogenously, in supplemental form, it actually works at the mitochondrial level. We don't really see a massive change in your thyroid labs.

What I mean by that is, if you were to take T3, we know that your TSH is going to drop down. We know what's going on with your labs when we add in T3.

And we In the bodybuilding world, we were the OGs of biohacking, you're correct. So someone were to use and abuse T3, let's say, to lose body fat, which it absolutely did happen in the Bodybuilding World.

That individual would absolutely lose Body Fat. They would probably lose a little bit of muscle as well. And they would come out the other side of that show prep with a thyroid problem because they now have just created thyroid dysfunction by taking a thyroid hormone that sent a signal to their brain to basically just shut down their own thyroid production.

So on labs, their doctor is going to look and go, oh, wow, you are now hyperthyroid. Your TSH is non-existent. You're free T3 is through the roof. What is happening to you?

With T2, we don't see that. We might see a tiny little drop in the TSH, but not T-S-H suppression. We might see free T3 go from a 2.7 to 2 point 9, But it's not going to skyrocket.

So it mainly works at the mitochondria level to increase thermogenesis or increase basic base line metabolism or

your BMR. It reduces inflammation. It helps with the oxidative stress and it helps convert T4 to T3.

Key Supplements: L-Tyrosine, Vitamin D, Magnesium, and Black Cumin Seed

So it actually supports that diodenase pathway for better conversion of the inactive thyroid hormone to the active thyroid hormones. it improves ATP production at the cell level.

those patients that are, I call it stuck on T4 because that's really what they are. You know, if they can't access practitioners like us and they cant access proper thyroid treatment and their in the conventional system and all they could get is the standard of care T-4, T2 really comes in and saves the day because it gives them that symptomatic relief.

It gives him the weight loss, it give them the energy back that they so desperately desire and it helps them to convert that T forward to T3. I love that you've made this available and created this for people because it's such a wonderful option.

Thank you, thank you. Yeah, I like seeing it really change the lives of people because as you know, we can only work one-on-one with so many people and there's so much thyroid patients out there that need additional resources in order to be able to help themselves at an inexpensive level and they deserve that.

We all deserve to live our best life. we all deserved to feel fantastic every single day and it shouldn't be Money shouldn't be a blockade to that. So to have something that's affordable in supplemental form, you don't have to beg your doctor for proper treatment.

You don' have spend thousands on functional medicine. I think that that is key. One of the supplements that you and I both like to use is Pregnenolone.

And I found it to be really helpful for women with adrenal issues and hormonal issues. Same thing, adrenal issues, hormonal issues and from a personal standpoint, anyone with Alzheimer's in their family.

So my grandfather and my mother both passed from Alzheimer. I saw the decline in my Mother over seven years. Anyone that's been through that knows how hard that disease is.

It's a nasty disease. and I have the APOE4 gene. So I am doing everything in my power to prevent that because we know just having the genetic marker does not mean that's your fate.

We can still implement epigenetics and we can keep that switch in the off position as well. Pregnant alone is key. I mean, it's very, very neuroprotective.

It's really supportive of the brain and protective against the neurodegenerative diseases of aging. Do you ever use it together with progesterone or DHEA?

Oh yeah. Yeah, yeah, I love progesterone. I mean, gosh, just like you said earlier, it's the woman that wants to kill her husband or where the other family members are going, why are you so bitchy all of a sudden, right?

So we know that she's low on pro gesterones, but you know, most of the time that woman's under a lot of stress too. And her adrenals are taking a pounding and she is probably multitasking and trying to be everything to everyone in her life.

And with that, and you can speak more on this as well, but with, that we know that when the adrenals are taking a pounding. the adrenal glands will steal, pregnant alone and progesterone to make cortisol.

Now I've heard, so I'm gonna flip this back on you really quickly. I have a question for you, I ever heard some practitioners say, no, there's no such thing as a pregnant, alone steel or a progesterone steel.

And then I hear other practitioners saying, No, that's exactly what happens. It like pulls, basically pulls pregnenolone, pulls pro testosterone and uses that as building block to mate cortisol, So what's your take on it?

Well, I mean, the way that I learned about this, and this was over a decade ago, we had a whole pathway map of how all of these hormones are created from cholesterol and it would just make sense.

I think what they're trying to say is like, it doesn't physically seal progesterone, but what's happening is that pregnenolone is a precursor for all these things and then the production just kind of shifts.

So it's like you're going to prioritize survival over having great hormones and great libido and being nice to everybody, right? Right. Right? Yeah. And so that's that that where it comes in is just support.

It's like that foundation piece. That's how I explain it to patients too. It like you have this baseline foundation for your hormones that is pregnant alone because we can build all the hormones off of that, but then it also jumps over here and supports the adrenals.

Yeah, yeah, I think they call it the mother hormone, if I remember correctly, right. And it's something that turns into other things, so it kind of sits, you know, had so many organic chemistry classes in my life that I just think of pathways and like the metabolic pathways, and I'm like, it sits at the top of that pathway.

and so it can get converted to a lot of different things. I sometimes have used DHEA for women with Hashimoto's, and it's kind of an interesting compound because I found that it over-convert to DHT for some individuals.

Me, I get chin hairs. Yep, yep. acne. And it can cause hair loss too. So like, I feel like that one, i'm not as like excited about people just dosing themselves with I'm always like you know, it is available as a supplement, but I've always liked you can work with a practitioner to utilize DHEA.

But I think it could be, It can be something very helpful, that sometimes you do need to worry about that DHT component, right? Absolutely, and estrogen dominance.

You know, a lot of what I see, A lot Of practitioners will use DHEA for low testosterone. And to your point, it can convert to DHT. But then it Can also push up estrogen.

So if you have a woman that's already estrogen dominant, that can exacerbate the problem.

Iodine: Benefits, Risks, and Safe Use

Then we know estrogen Dominance produces more thyroid-binding globulin, so then that's going to inadvertently affect the thyroid in a less-than-positive way, and that can create a whole other issue.

So I'm with you. DHEA is good, but a lot of people will go out and buy a supplement of like 50 milligrams, they'll just start taking it and they wonder why, hey, this isn't working, I feel worse, breaking out, losing hair, a estrogen dominant, bloated, moody, all the things.

More is not better in this case either. Yeah, if I do use it and I don't use with everybody, but I tend to microdose it, I might use one to three milligrams.

Yep, exactly. Not necessarily the 50 milligrams, which you can get at Whole Foods, you probably shouldn't. Right, totally agree. Okay, want to ask you some quick questions.

The first thing I noticed when you came on was your gorgeous hair, right? Like, I'm a Leo here, so I am like, okay, tell me. We women with thyroid issues, like hair is, it's like a really big thing for us because we know that thyroid dysfunction can cause hair loss, overactive, underactive thyroid, thyroid antibodies, DHT can, an excess can caused hair lost.

Tell us your secrets, we want to know. Um, well, full transparency. Number one secret is extensions. So, so what you see on top is my hair. What you See length wise, totally extensions, I love long hair, but with my thyroid problem, even though I am optimized, my here will not grow past like maybe an inch below my shoulders.

I basically what You see right here, that's as long as natural hair is going to go. And this is the hard part with women is really setting expectations with thyroid problems that, you know, listen, your hair might come back and it might comeback full and strong and be amazing, or it may not.

or you might have to do some other things. You might had to PRP injections, you may have do red light therapy. I'm not even sure how much that does help on the hair, but if I was having hair loss, I'd throw everything out of the kitchen sink.

So you know, might do other thing and your hair might come back. thicker, but it might not grow. We just don't know. And hair is always the last to respond.

I mean, you know, when you start optimizing someone, energy will get better, brain fog will be better. The scale will start to go down, metabolism will Start to shift, gut health starts to get Better.

They start the poop every day, all the things. But hair, it's like a six month to 12 month journey. to maybe get those little baby hairs growing back or get a little bit more nutrients moving.

Your circulation is better, so you get more nutrition to the follicle. So your hair looks healthier, it feels healthier. It's not as thin and brittle and dry, not breaking anymore.

But in terms of growth, sometimes that can take a while. You know, I disagree with the thyroid and the body, but the thyroid and body thinks that hair is non-essential, right?

And so it's like one of the last things to improve. For me, the one thing that I have not optimized since having a thyroid condition is actually my eyebrows.

So they are like the bane of my existence where I'm like, my thyroid is perfect, can you just grow back? I do have to bring it back to my friend Monica in the seventh grade who was like we should pluck your eyebrows, Like, never been the same since.

Girl, I just yesterday went to get nano brows done because I can't grow my eyebrows back either. They're itty bitty. I think that it is a product of overwaxing of the 90s combined with thyroid and age.

So I finally, you know, threw in the towel. Like let's let us do those little nano browse. And so, yeah. You look fantastic, and I feel like there's a lot of different hacks that we can do as women to help ourselves get optimized.

Big part of that is, you know, getting our hormones in balance and getting your nutrients in-balance. And then there are all kinds of fun beauty things that, we know we could definitely nerd out about.

Creatine for women with thyroid issues, yay or nay? I'm going for yay, especially with the new research that's come out. So, you know, creatine was kind of an OG bodybuilding supplement.

I mean, my goodness, I used it way back in the way, back on the day when I did the body for life contest. or 98. So creatine is fantastic in the bodybuilding world, great for muscles, but now we're seeing more and more evidence that it's very, very helpful for the brain and for perimenopause and menopausal cognition and protection of the mind.

I will see some people with that DHT hair loss. And I have, I've dove into the research, listened to experts on it, so many people will say, no, it is not a thing.

But occasionally I see that woman that has tried creatine over and over again. Every single time she tries it, her

hair goes thinner, she loses hair. So you just kind of have to be careful with that.

Interesting. Thank you so much for sharing on that and what about collagen? I mean, I'm a huge fan of collagen. It's kind of like one of those, why not?

Why not throw it in? And again, some research is like, well, collagen doesn't really help with the skin and wrinkles. I really think it comes down to the type of college and that you're using.

There's a lot of different bioactive collagen peptides and they're actually categorized and their trademark because they've been studied. Things like Verisol, Verisol has been proven to improve the appearance of wrinkles to actually plump the skin to be a building block of the collagen and elastin in our skin, reduce the apparent cellulite.

There's a bioactive collagen peptide called FortiGel that helps with your joints. Fortibone helps bones, Fortigel helps joints, so the different types of collagen is key, and obviously getting a high quality.

I mean, there's so much… so much collagen on the market. You could go to Walgreens, you can go Costco and buy a big tub of collagen, but you don't know where that came from, where it's sourced from.

The contaminants, heavy metals, the other extra ingredients and the fillers. So it really does come down to sourcing and using a high quality. I'm throwing it back Isabella, what's your take on collagen?

I love collagen, so I'd love it for hair, skin, and nails. I think it's fantastic.

T2, Pregnenolone, DHEA, and Hormone Support

And I know there's a joke on the internet going around that I've never been so pressured to meet my protein goals in perimenopause, right? Even the drug pressure of a teenager doesn't even compare.

So it can be a source of protein. It's not a complete protein, but it can help you meet your protein goals. I also love bone broth too, so I feel like that's a fantastic addition to the thyroid diet.

Just, I fell like we need a little bit of extra to have that gorgeous hair and glowing skin and so on and forth. A lot of women with thyroid issues, they tend to struggle with like protein malabsorption And so getting collagen, getting protein supplements or bone broth is a helpful way to kind of bypass that system, especially if you've got like low stomach acid.

So, so I'm all about it. And I like to make like a little collagen shake, at least once or twice a day to add into my routine. Yeah, same, Um, any other kind of hacks that you have for our thought for us thyroid ladies?

Well, you know, it's something that I know that. You talk about all the time, but I talk. This more in the book too, that gluten free is not a fad, and I, I almost think that with, with the inception of gluten-free diet books everywhere, gluten, free everything products, right?

Now you can go to the grocery store and you get gluten. Free pizza and gluten for brand gluten and free cookies and glue free crackers and food chips and good for everything.

And things are even labeled gluten free that you're like, well, of course, it's meat, you like you don't have to label my state gluten-free like I know it is.

So it almost become a fancy marketing term. And that almost discredits the validity of why we're doing it. So gluten-free is not a fad. The reason why we tell our hypothyroid slash Hashimoto patients to go gluten free, number one, we'd tell all hypathyroid patients go to glutenfree because there's a high probability that it's Hashimoto's, regardless of whether you've tested positive for autoantibodies or not.

Just go gluten-free, because why not? What if you do have Hashimoto's? Do you really want to induce an

autoimmune attack? So with gluten, and I know you've talked about this before on the show, but I'll just give a brief version for the audience now.

With gluten there's a protein in it called glianin. When we look at glanin, basically under a microscope, it looks very, very similar to the thyroid gland.

I love using analogies, love, using stories. Again, going back to that soldier analogy, you have those soldiers that are confused. They think that your thyroid is a bad guy, right?

So they're, they, their talking to each other. Their looking for the invader. There just like an army, Right? Let's, let's check out and watch for enemy to come in.

Well, now we eat gluten and to our body. It looks like the thyroid gland. What do you think those Soldiers are going to do? They're going get together and they gonna be like, there's this invader coming in.

So we got to launch an attack and you are literally creating your own autoimmune attack when you consume gluten. And what we'll see with your antibodies is they will increase.

I mean, I can't tell you the amount of times the patients have freaked out. They're like, oh my gosh, my antibodies went up by a hundred points. Like, did you get gluten at a restaurant?

Like did, you know, Did you eat some because that could have been it, You know? So gluten really is one of those. It's a, it is a hack. And it's a hack that works because it is going to reduce your antibodies, it will stop that autoimmune attack, decrease inflammation.

How many people have we heard that just went gluten free? It's all they did. And they feel better. Their skin clears up, their energy comes back, brain fog lifts, and they lose five pounds.

Absolutely. To me, that's like a big no-brainer. And some people can actually get into complete remission and normalize subclinical hypothyroidism. I recommend it for everybody.

About 88% of the people that I've worked with or interviewed or asked questions via survey, they will say that gluten-free diet was a game changer. That was the one thing we needed to do for everyone and nothing else.

Sadly, that's not the case, but it's such a great place to start for a lot of people. You're coming out with a book, The Thyroid Fix, and I'm so excited that you've taken the time.

I know how much blood, sweat and tears goes into writing a books. So thank you so much for doing that for the thyroid community. Can you tell us a little bit more about your book?

What it is going to cover? what benefits people will get from it and where they can get it? Absolutely, absolutely. So, as you know, you we have so much information that we give people we talked about on the podcast, we gave the patients but putting it all together really is key because that's what's going to help the masses.

That's, that that what it's gonna reach beyond the people that you can see in clinic. And so that's why I wrote the thyroid fix. I really took all of the years of knowledge or what I say or would I teach on and put it in a book.

And this one is a little bit more fringe because I do teach people how to read their labs and I teacher them what they're going to need for thyroid hormone replacement.

And I know your average doctor, their buttholes are going to pucker a little bit when they hear that because they don't like to talk about medication in a book.

God forbid a patient actually know what to ask for from their doctor and maybe even give them the dose. What if a, what if patient walks in and goes, Hey doc, you know, my reverse T3 is a 22. You got me 112 micrograms of

Synthroid.

I think we should probably drop it down to 75 micro grams and add in T three at five micro-gram twice a day. The doctor is going to die that that patient actually has that kind of knowledge, but that's what I want them to have.

I Want them? To actually learn what do those labs mean and I wrote it almost like a choose your own adventure book So it's okay if we have this set of labs and i'm on this medication this thyroid hormone replacement What does it mean for me?

What do I need to do if I have these symptoms still, and I'm not optimized, I am not 100%, what do i need change or what I do need talk to my doctor about changing with my thyroid hormone replacement?

And then we go into, okay, How are you gonna find that doctor? All of the questions to ask. I mean, you can even ask the front desk staff.

Hair Loss, Collagen, Gluten-Free Living, and The Thyroid Fix

If you're going conventional medicine, and you get that person on the phone, before you hand over your copay, You run through a list of questions. And if the desk can't answer it, wait until they can figure out those answers before your book.

If you're going to hand over money to functional medicine, integrative medicine. I want you to ask questions as well, because as you know, Isabella, not every functional practitioner knows the thyroid.

The thyroid is a nuanced art. Just because you go the route of functional medicines and you drop thousands does not mean you are going get proper help.

So there's also questions to ask if you're going to go the functional route to make sure that you are with someone that knows what they're doing with the thyroid.

So I really take patients from A to Z in this book and I include the medication piece because that is key. I mean, while a lot of people can go into remission and treat their Hashimoto's naturally, Many of us are already on medication or we just need that thyroid hormone replacement because our thyroid glands just haven't been working for a really long time.

Yeah, I appreciate you saying that and really educating people about medications because it's really important to know when you're. Undermedicated and it is also really to when your over medicated because some of the trends I've also seen is people will go to practitioners and they actually get overmedicated on their thyroid meds sometimes in the integrative.

functional worlds and that's not good either, right? It's like too much isn't a good thing when it comes to thyroid. Oh, we've had patients come in who their practitioners started them on 25 micrograms of T3 twice a day.

I'm like, well, no wonder you feel hyper. Like my goodness, you can't jump to that. That's crazy. So yeah, I am with you. It is either an over or under because the thyroid is a nuanced art to fix.

It's not hard for us, but that's because we've been studying it. We know it it's like it, it s natural, we know what like the back of our hand. But if you have a practitioner who's, you know, specialty is, I don't even know like, the brain, they're not going to necessarily be totally well versed in thyroid.

So you really need that and you need you, need the knowledge as a patient. To be empowered to be able to have that conversation so that you're not cowering going.

Oh, okay. Well, it's whatever you say. It's like, no, you know your body, You know how you feel. So you have a right to learn about how your Body works and have an educated conversation with your practitioner.

Yeah, and I feel like, you know, books kind of help us understand our responsibility and our own healing because you might be going to a great doctor and they're recommending all the things and there they have you on replacement, but then something changes and all of a sudden you become overmedicated and you're having these symptoms or under medicated.

And it's like it is important for you to recognize these. Symptoms and maybe your practitioner said your monitoring was fine once a year. but now you need to go up every six weeks to kind of get you back in balance.

I know a lot of times when I recommend lifestyle changes, selenium myonacetal is one of the common ones I've seen and people will actually need less thyroid medications and they're doing the great work or they are even losing weight.

They may not need as high dose of thyroid medication. It's important to really be, you know, like a miniature pharmacist, a minute, miniature doctor and figure out like, what do I actually to do when I'm taking a medication?

It is like your responsibility to know how that medication is affecting your body. So I really appreciate you dedicating space to medications in your book.

Absolutely. Thank you. And yes, where to find the book, thyroidfixbook.com or all major retailers, Amazon, Target, Barnes & Noble, wherever you can find books.

It will be on sale May 12th. Depending on when you're listening to this, you could pre-order it or order it right away and it'll be shipped right to you Fantastic.

Thank you again for writing this valuable resource. I know many people will really benefit from this information. And again, I so appreciate you doing that.

Um, and I appreciate taking the time to be here with us, but before I let you go, can I ask you some rapid fire questions? Let's do it. Do you have any wellness hacks that you refuse to participate in?

Wellness hacks that I refuse. Oh wow, this is good. Over biohacking. I think we've gone too extreme where we're doing red light and sauna and HBOT and peptides and, and we have no life because we are just so consumed with getting in our bio hacking hacks all the time.

Pick one, run it, see if it helps, then maybe implement a second one. Don't feel like you have to over bio hack. I love that one. I feel like that's a really important message.

If the supplement police came to your house and said, I'm going to confiscate every single one of your supplements, but you can keep one, which one would you keep?

Iodine. The controversial one? The most controversial. Okay. Let's see. Which one do I want to ask you? What's one thing you wish your younger self knew?

Oh, I wish my younger selves knew about this whole perimenopause, menopausal, sauropause journey, and basically what every single woman will go through.

You know, you hear about it. But when you're young, You think that's not me, that for older people like my mom. And if I would have known all of this knowledge earlier, I think I could have even improved my situation.

I had PCOS in my twenties that followed my, my thyroid disorder. And I really didn't, I didn' t treat it with bioidentical progesterone. i allowed myself to go on birth control.

You know, i would have, i would've said no to birthcontrol as well because we know that that tanks the thyroid. So i think just having that deeper knowledge of our thyroid and our hormones in our body would' ve allowed me to take better care of myself earlier.

I love that, like such an important message. Even if you are a woman that is younger than the perimenopause age, you need to know, and I'm so glad this awareness is out there right now because it can absolutely hit women like a ton of bricks.

Yeah, definitely. Dr. Amy, thank you so much for joining us today. It's been such a pleasure connecting with you as always. For everybody listening, I hope this has been helpful on your healing journey.