The Truth About Thyroid: Why “Normal Labs” Aren’t the Full Story with Dr. Hilda Maldonado Transcript

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Introduction and Guest Background

Well, welcome everybody to the Eat [music] Pray Faith podcast. I'm so excited today because I have a good friend and colleague and brilliant practitioner, Dr. Hilda Maldonado, who is a medical doctor, but she specializes in so many wonderful ways of helping women and people in general. Today though, we are going to look at the overlooked role of the thyroid health and metabolism, muscle performance and recovery. Dr.

Hilda, I'm so glad you're here. Thanks for joining me. Super happy to be here with you today, Dr. Tracy. Yeah, I'm super excited cuz I know we know each other professionally and personally and I always get to see you at events, but I never really get to sit down and talk to you and pick your brain about your brilliance and I'm super excited to do that today. But before we get into our topic on thyroid, which I think is there's not a lot of information out there, correct information on thyroid health. So, I'm excited about this, but I'd like to know a little bit more about you, your practice and how you got into the scope of medicine you're in. It's a long story, so I'll try to I'll try to narrow it down. My background and formal training >> [clears throat] >> is in internal medicine.

And very early in my career, I realized that that was not going to be my path because it didn't make sense for me to do uh symptom prescription approach. Growing up, I grew up with a grandmother that had an herbal garden and she would make us home remedies and even though we had our physician, she would always give me a home remedy first and it worked. So, very rarely I had to take prescription medications. And I was very fortunate that early in my career, um an acupuncturist introduced me to Dr.

Jeffrey Bland and that is his entire organization and I started going that path of functional medicine. But what happened was that I was still working in a conventional practice. So one of the incredible things that happened to me was I was written off for recommending probiotics back then, officially reprimanded for recommending probiotics. Yes. And that was sort of the bad news, but the good news was I put fire under me to really continue in the path of opening my mind and and furthering my training. Doing that, I had a lot of swimming against the against the conventional system that I was doing, right? I was talking to people, spending more time, not getting reimbursed. And with all of that, I started losing my health. So it was when I started gaining weight out of control. At 38, I could barely get out of bed.

I could not play with my daughter. Hurting everywhere, brain fog, fatigue, pain in the soles of my feet, just completely not feeling well. And basically all my blood tests were normal.

And I I was told >> Maybe you're just depressed, Dr. Hilda. Exactly. So thank you for saying that. I was going to go see one of my colleagues, but I took her for lunch first. And while we're at lunch, she looks at me and she says, "Well, yeah, come. I really think you need to go on antidepressants." Oh my god.

>> And I canceled that appointment because I knew I did not have a deficiency of antidepressants, nor I have ever been depressed in my life. And there was even though I had already been studying functional medicine, clearly there was something that was not making sense. And that's how I went into this journey of physician heal thyself and and even as poorly as I was feeling, I started a fellowship in functional and anti-aging medicine when they first started. And through that was that I was able to finally connect the dots and really start putting myself back together, but it wasn't myself. Of course, I had to get mentors. I was very fortunate that I had mentors that took me under their wing and guided me on the right path and helped me understand things that I just simply had not been trained on. Yeah. And that's amazing because today, I mean, I don't even think it's possible for you to be depressed. You're always smiling. You're always so happy. You know, you're the epitome of health. You know, you look great. I know that you work out, like all of the things. So, just hearing that story, I think it's, you know, you probably just related to probably half the women in the audience right now.

Probably with the same story. They go to their doctor, they're told their blood work's normal, told maybe they're depressed, get put on antidepressants.

Functional Medicine Journey and Personal Health Crisis

And I mean, even for things like postpartum depression, they're not looking at the numbers correctly. And that is really where you're changing the game that I feel, you know, what you're doing in clinical practice. So, tell us a little bit about your practice and your clinic, where you're located, who do you see as patients, what are what are your top three conditions that you see? Absolutely. Well, at this moment, I work online, which is another cutting-edge thing.

I I worked for 30 plus years in Southern California. My practice um was in Westlake Village and I still have many clients in California, but I'm expanding in a role of mentorship and coaching for those that need the help because it's really a nationwide problem what we're seeing when it comes to metabolism and thyroid, but still most of my clients are mainly in California.

And the top three things that I would tell you I work with is exactly these. Number one, I was told my blood work is normal, but I don't feel well. My friend told me that you could figure it out and I'm here for that. So, that's one. Another one is that menopausal woman that really was never given the proper choices. And now people are waking up because the black box warning on estrogen has been removed.

So, now a lot of women that were sitting on the sidelines are waking up and they're they're realizing that they just never got the help that they needed. So, a lot of what I do is going to to go around general health, optimal wellness, metabolism, and of course thyroid.

And those things are not disconnected. Everything connects at the end. But it's usually because a person has been dismissed from the system. They've just been told there's nothing wrong with you, and then they're told everything was normal, but the reality is not everything was tested. Right. And not everything interpreted correctly, either. Exactly. And especially with thyroid.

Thyroid is the most misunderstood hormone because even internal medicine physicians that should be well trained on on reading blood work, I have seen people that have been told that their thyroid is high when in fact is low.

Wow. Well, I think that's a a big part of this discussion is just getting into um the interpretation of the numbers. What I find, and you probably see this too, Dr. Hilda, is they don't run all the numbers, either. They just they'll maybe TSH and T4. And it's not even free to you. They're just Correct. >> two numbers, and then all of a sudden you're clinically diagnosed with a thyroid issue. When it might not be a thyroid issue, could be a deficiency issue, or a toxicity issue, or a viral >> Correct. It could be a hundred things. So, let's just get into it, because I think everyone is waiting for you to fix their thyroid through this podcast, >> [laughter] >> which is not going to happen today.

You're going to get educated, and then you can make an appointment with Dr. Hilda if you want to. But, why is this so overlooked? How can we start educating our audience today on what they need to do? Well, if we start in order, I like I'm a orderly thinking person, we can start by what you said, the tests that are done.

The proper test need to be done, and that would be looking at not just a TSH, but making sure that you have a free T3, a free T4, make sure that you have your uh TPOs, which are the antithyroid antibodies. Uh some people need to have reverse T3 done as well. So, those are things that are normally not done when somebody is told that their thyroid is normal. In addition to that, just like you very well said, there are nutritional reasons why your thyroid may be under-functioning. So, uh nutrient levels like iodine, selenium, zinc, B vitamins, um are all going to be very important. Plus, you need to assess your level of stress.

Uh you need to know if if you're running with high cortisols, which is going to interfere with your thyroid function. So, I would say two things, getting the proper test done from the get-go, but also looking at the person as a whole. Looking at potential toxic exposures as well, right? Like heavy metals and different other things that are going to play a role. The thyroid is like uh an antenna. It picks up It picks up everything and I find it fascinating that it's sitting

here in the intersection of breast, voice, and biochemistry. And and it's almost like it it will know because if you're under a lot of stress and I'm going to go on a tangent here, but if you're under a lot of stress, your gut is going to suffer. And if you have poor gut health and you have a lot of inflammation going in your gut, you can start having what's called leaky gut, which I know that you're very familiar with, which is going to make you more prone to developing antibodies.

Mhm. >> And one of those ends up being thyroid antibodies. So, the thyroid is like this little antenna that that sits there and and we have to look at at all things. So, you asked me what do we do? Again, the testing, the holistic evaluation to look at all the different possible things that are going on. Then, of course, the order. The order in which we do things to try to solve something.

That's very important. Because even if your thyroid is sub-optimal, for example, if your adrenals are flatline, you're not going to be able to tolerate thyroid replacement, even if you need it. Thank you. Say it again for the people in the back to hear you. >> [laughter] >> I'll say it again. If your adrenals are flatline even if you need thyroid replacement, you're not going to be able to tolerate it. It's a simple explanation. Listen, it's like the the car. You cannot accelerate your car to run fast if you haven't been if you haven't done the proper fluids, the oil change, the the maintenance.

You're not going to be able to. And then of course, lifestyle, the foods that we're eating. Mhm. And that's why everything has to be looked at. Yeah, absolutely. I know you talk a lot about design, order, and stewardship.

And I think this whole conversation is amazing because I truly think and I know you probably think this that people are taught, physicians, and even the person that's receiving the care to think that the thyroid is like a standalone problem. Or it's genetic, right? Oh, my mom had thyroid issues or my grandma. Um how do you see the thyroid responding to like the state of the whole system rather than acting alone?

It's beyond responding. The state of the whole system is paramount when it comes to your thyroid health.

Why Thyroid Issues Are Missed

You cannot look at your thyroid as a standalone. In fact, one of the things that happens so common commonly is even if somebody is given thyroid replacement, they often will tell you that they only feel 30% better, 50% better if at all.

If at all. Well, for many reasons. Because then their system is not being looked at. But also then we have the situation of people being replaced with T4. And for the benefit of the listeners, the T4, which is usually the the number one prescription that's used, has to convert to T3. >> right? Levothyroxine. There are people that Right. It has to convert to T3, and most of that conversion happens in the gut, in the peripheral tissues. If you have nutritional deficiencies, that conversion is not going to happen. If you take certain prescription medications like oral estrogens, that conversion is going to be blocked. That's that's a good point. I mean, that's something for people to listen to.

How many physicians do you think know that? I don't know. I think most of the >> [laughter] >> I think most of the people that have had functional medicine training should know that. They should know that. They should.

Um but yes, this is one of my biggest pet peeves right now, just to go on a little sideline here, with the black box warning of estrogen being removed. You see all these influencers in social media, and then being that there is a shortage of patches because so many women have opted in to take the patch. There's these influencers that are telling um people, "Oh, I ran out of my patch, but I went to my gynecologist, who sent me to the compounding pharmacy, and gave me an oral estrogen. It's so easy. All you have to do is take this pill." Well, whether it is compounded or non-compounded, you don't want to be taking oral estrogen. It goes through the liver.

It doesn't help because it increases the inflammation. It This is where the increase in cardiovascular disease can really come with estrogen, which doesn't really happen with transdermal. And more importantly, you're going to create more thyroid binding globulin.

Wow. Which is going to bind to thyroid and not let the thyroid make its your tissues. So, this black box lifting off of estrogen has caused an influx of women that are receiving estrogen, but they're not looking at the whole body scope again, all the numbers, and perhaps the wrong delivery system as well, kind of bouncing around. And that's why I had asked you how many physicians do you think know that? I think in our world, right, where we know all our friends who are functional and integrative people, because they've gone to the schools and they've taken the extra step and paid the extra money and put in the extra time, but how many of us are there? There's not a lot, you know, not in comparison to what who are being graduated from your typical medical school who don't have the functional and integrative. And that's the issue. I had another person come on and we talked about the lack of education just in hormones in general coming out of med school, but also the lack of education coming out of natural or integrative as well. And what we're seeing is the natural integrative is moving faster than the mainstream medical education, where we have to step up and actually go seek out more education so that we can help people. So, I think the black box lifting was great, but now I hear you say this and I'm like, "Oof, we just created a whole other problem." Well, I am thrilled with the lifting of this warning because it was 23 years of misinformation of of making estrogen be a villain when in fact it has never Let's talk about God here for a second. God would have never made a mistake of giving us estrogen if it was bad for us. Amen.

That mistake wouldn't have happened. Correct. >> Okay, estrogen is not a mistake. What it is is that when we replace we need to do it transdermal. At least that's what I choose. I In fact, Tracy, let me give you a fun fact. I stopped using oral estrogens in 1997.

Why? Because back then I was all things to all people. I was their primary care, their GYN, their psychiatry, their counselor, their everything, right? You've been there, too. Mhm. And not GYN, but yeah. And I looking at the charts I would see these people that would go on oral estrogens and I would see how their cholesterol suddenly would climb up. People that never had problems with cardiovascular disease, I was referring them to the cardiologists.

And then I said, "No way. This is not happening with these transdermal people." Mhm. That was not a large-scale study, but we have a responsibility to have critical thinking.

Yeah. And critical thinking was very clear to me. Was like, "No, we're not going to use oral estrogens. We're only going to use transdermal." But when the the fear, the preliminary study results were released and the fear started and women started abandoning this fantastic option of estrogen replacement.

I think there was so much damage done. I think it was such a disservice to women. Yeah. Uh not that it's good for everybody or everybody should replace.

That's not what I'm saying. What I'm saying is just at least get an educated choice. And and make your own personal decision. Right. Um >> And get help you make that decision who's educated.

Right. And also somebody that can help you clean your lifestyle. Because estrogen replacement, if you put it in a dirty system, if you put hormones in a dirty biochemistry, you're not going to be able to detoxify the estrogen properly, which is not a good thing, either. Right, exactly. Or even utilize it properly, right? It's a double-edged >> it properly. Yeah. So, what I'm hearing you say when it comes to thyroid, hormone imbalance impacts it, stress impacts it, gut health impacts it, toxins impact it, deficiency impacts it.

So, this isn't an isolated situation. This isn't your grandma's thyroid issue. This is a lifestyle deficiency, toxicity, hormone dysregulation, gut dysregulation, and stress issue all in one.

And so, Correct. what all does the thyroid do in the body? Just so our audience understands how valuable it is, but just taking some levothyroxine may not fix it for you. So, what all does the thyroid do? Well, let's start by how it works, okay?

So, we have the releasing hormone that comes from the pituitary in the brain.

How Thyroid Function Affects the Whole Body

It comes [snorts] to your thyroid, which sits in your neck, water shape um gland, and it tells it to produce T4. T4 goes and takes a tour through your body and it converts to T3. Hopefully it converts.

Hopefully you have the right nutrients, right? If you have enough iodine and B vitamins and okay. And you don't have massive amounts of stress or heavy metal taking oral estrogens or heavy metal toxins. Okay. So we got to look at what's influencing us, huh? So and then once it converts, it's going to go into the cells, then it's going to go inside the cells and it's going to have a conversation with my favorite part of the human body, which is the mitochondria. Okay.

>> And it's going to ask the mitochondria to produce ATP and energy. So where does it work? Everywhere. The thyroid works in every cell of the human body.

Wow. And the mitochondria are the energy powerhouses for every cell in the human body. So it works everywhere. That's why it's so systemic. When somebody's thyroid is off, that's why they can't think clearly.

You can you you sometimes can have palpitations even with low thyroid, which is also something that doesn't get uh, taught. People think they can only have palpitations with hyperthyroid. Yeah.

Um, you know, your skin gets dry, your hair gets thin, you have brain fog, you can't you're fatigued, you don't feel well. Everywhere. It works everywhere. Your periods. I'm sorry to interrupt you there. You get heavy periods. Because here's the kicker. You need optimal thyroid to recycle your estrogen. Mhm. [clears throat] So, if you can't recycle your estrogen, you accumulate estrogen. If you don't detoxify the estrogen properly, you accumulate estrogen, and what do you get? Heavy bleeding.

Yeah. Fibrocystic breasts. Yeah, I don't realize the connection between thyroid dysfunction systemically and breast health as much as they should. Um you know, we really need to I would rather educate women on getting their thyroid tested yearly than getting a mammogram any day of the week for breast health prevention. So, it's super important. And I love how you're bringing to light because so, what I'm hearing is everybody wants a quick fix. You go to your doctor, your TSH is high, maybe your T4 is low, and they put you on levothyroxine. Is that going to fix it, Dr. Hilda? Is that going to fix all this? Make us feel better? Depending on on the level, okay? Because I I think that everything happens at levels. Depending on how hypothyroid a person is, they may feel a little better.

They they may, but it's going to be woman, no. It's about 30%, 50% max. Mhm. If the free T3 conversion is not happening, if they can And and here's the other thing, and everybody, please listen very carefully. If you're taking thyroid replacement, you need to take it in an empty stomach.

Mhm. You cannot take it with food. Sometimes the person is just taking it with food and it's not working. In fact, let me tell you something. I saw one of my clients, she's been my client now for many, many years. When she came, she was seeing one of the teachers at the American Academy of Anti-Aging Medicine. And she was getting thyroid replacement, but she was never told to take it by itself in the morning. So, she would always take it with breakfast. Mhm.

And wouldn't feel well because she couldn't absorb it. Yeah. Yeah, even supplementation I tell people empty stomach in the morning for thyroid. So, you just want to be able to get as much as possible. So, yeah, it it truly matters having an educated practitioner to be able to relay all of the things that they need to know. So, what is your approach? If someone comes in and you know, the the big, I think, myth in the industry is that you can never get off thyroid medication. Now, we're not advocating anyone stop their medications on this podcast, but what we are saying is that we're looking at all of the dots that Dr. Hilda is making us aware of from your gut health and your toxicity and your deficiency.

And by looking and changing all of the things, is it possible, Dr. Hilda, that people can get off of their thyroid medication? If you were started on a uh with a mis- diagnosis, Mhm. which most people probably are, Right. >> um some can. However, Tracy, my experience has been that it's mostly been able to decrease the dosing. I will never advocate for people to come off of their thyroid replacement. Ever. I think that it it turns out to to be your body can heal itself. So, if your body happens to heal itself and you don't need it anymore, then your body did it. I will I I will

never promise somebody or lead them down that path that they're going to be able to get off of their thyroid replacement.

Okay. >> But, decrease it, or often the situation is they need to change the form that they're taking as well. Okay. Or even, you know, the other things that you had talked about. Correct? Correct. You might be And you know, I have nothing against prescriptions when people need them. You know, sometimes, while you're healing, you may need something that is going to keep you functional. You know, say you break your leg in three places and it's dramatically painful, and taking a little bit of pain medication as it heals does not make you a terrible person. No, it doesn't. People look at sometimes taking a pharmaceutical like for your thyroid, you know, as some sort of fail, and it's not a fail. It's a sustainability.

And until you get to the underlying root cause or some of the deficiencies or toxicities that might be contributing to the low function, it's not a fail. It's It's basically a crutch that you would use when you break your leg. So, I love that you talk about whole body approach. So, what is your approach if a patient would come see you for a low thyroid? What are you going to do? What's the experience that I would have as your patient?

Well, first we would have a a a very long conversation on the front end before we even get started because I want to make sure that we are a good fit for each other, and that I'm very clear about what your goals are, and that I feel that you are the type of person that is serious and has what I call the WDD factor, which is willingness to get well, desire to invest in yourself and teach ability so you become an active participant in your own healing.

Without those three things, I don't think that is possible for me to help anybody because I don't believe on external motivation.

Hormones, Estrogen, and Thyroid Conversion

I think that the person may have not been getting better because it wasn't their fault. They were just not given the right information, but once they have the right information, they have to have their internal desire and willingness and teach ability to really not only get well, but take that with them for the rest of their lives. That's number one. And number two, once we decide that it's a good fit and we're going to move forward, I would do extensive blood test. Like I we mentioned in here, we would do not just a thyroid, but inflammation, nutrients, and different other things that are going to be important. Internal organ vital organ testing, leaky testing, some people need advanced leaky testing.

Whatever is going to serve that person. Not just do tests for the sake of doing tests, but doing them because they're going to serve that person. And this brings me to a subject that a lot of people don't get these tests done. It's not because their doctors are bad doctors. It's because they're trying to get help inside an insurance system. An insurance was designed for disease management. It was not designed for optimal wellness. Why do I get to do all those tests? Because I work on insurance system. So, I I get to really work towards getting somebody to optimum health rather than just getting them good enough or just right function enough even though you're feeling terribly. Um the next thing that will happen is that we would have a very extensive review of findings.

I my programs are designed so there's always education alongside it. So, for the most part, the the entry point when I work with people is about a 12-weeks commitment. I don't believe that anything less than that is going to work for anybody or really changes in 90-day cycles. So, we would work in 90-day cycles and then assess that we're achieving the goals. Because the most important thing for me is to help you achieve your goals. Yes. And do it fast, saving you like a 10-year learning curve. For sure. Yes.

>> Yes, if you, you know, a lot of people I've met woman that have been trying I I have one of my clients, you want to know how many functional doctors she had seen? I'm talking functional doctors. Five.

Between nutritionists and functional doctors. 13. 13? Oh my [laughter] gosh. Wow. 13. Mhm. >> And she's a pharmacist. Uh Very educated woman. Mhm. >> This had nothing to do with It was just not the dots were not being connected. All these tests were being done, but nobody was talking to each other and and and the order in which she was being led was not the right order for her, which is another part of this. I've said it twice already. The order

in which you do things can make or break your results.

So, as part of that initial evaluation is what is the order going to be for you? It's a really good point because, you know, sometimes the biggest symptom isn't the biggest issue.

You know, >> Correct. people think it is. So, that's that's a great point. So, what do you think has had cuz I think thyroid issues, I don't know if they're just more diagnosed now.

Maybe, you know, clinically misdiagnosed, I would like to say, um within the conventional mainstream. But what do you think has had the biggest impact on thyroid health when it comes to dysregulation of the thyroid? What are you seeing most women What's the underlying culprit?

Um couple of things. I think when it comes to Hashimoto's, it's going to be gastrointestinal health. Mhm. When it comes to Hashimoto's, it's going to be food sensitivities, chronic stress, leaky gut, uh the thyroid ending up being as as a bystander of an inflamed system. And with that goes toxicities as well. Okay.

>> Environmental toxic exposures. And the next is poorly managed menopausal transitions. This is my experience. Because a lot of times it is during menopause that people people become aware that they had thyroid situation.

Mhm. But it isn't that it just happened during menopause, is that going into menopause sort of unveiled it. Okay. So it's it was always there, but kind of holding on, and then when the hormones got a little dysregulated, Yes. showed its ugly little head. Okay.

And then you and I both know that a lot of the dysregulation in the hormones also has to do with environmental hormone disruptors. Yes. >> So we cannot disconnect lifestyle. I mean, something that everybody has in their home that I have my clients remove is air fresheners. Yes. Ugh. I have a friend that has those all through her house. I can barely go visit her. I'm like, "Oh my gosh." They're just chemicals. Hormone disruptors. Mhm. Yeah, they can in your laundry detergent. Mhm.

Uh You know, it's everywhere. So, I think hormone disruptors and gastrointestinal environment and stress. I mean, stress. Stress is is it is not just external stress.

Is also internal stress. What do I call internal internal stress? Inflammation is internal stress. Mhm. If you're not feeling well, you know what? Another thing that's a massive stress that I think gets overlooked is this pattern of woman being told everything is normal, but not everything was tested. And yet they still have to face their family, they have to show up to work. They are pushing, pushing, pushing.

They're feeling isolated. Mhm. >> They can They get Some of them get to the point they don't talk about how they're feeling anymore because it's starting to sound like they're crazy cuz the doctor keeps saying that they're fine.

That's an internal stressor on itself. Yeah. So, almost like a PTSD. So, they actually like stop talking about it.

Root Causes: Gut Health, Stress, and Toxins

So, that that's a really great point. I mean, if you get turned away enough, you know, you're going to start being silenced and then it turns into something bigger later. You know, that that's not good.

So, um So, basically GI health, stress, hormones. And do you address all of these things as well within your practice? I do based on the order. Okay. And you talked a little bit about stewardship. Tell me a little bit about that. What does that mean? Well, to me, it means that to honor what God has given us as a gift. He's He's really given us an amazing vehicle. Um Human bodies are truly amazing. Look at the degree of abuse that people put their human bodies through.

Um just start looking at our health as part of our spiritual being makeup. Understand that our body is the most

important home we're ever going to live in. And it's the most expensive vehicle we're ever going to drive. And most important vehicle we're ever going to drive. Yeah, absolutely.

>> And and have a sense of self-responsibility. Learn to be the pilot. And take self-responsibility. If you wake up every morning and you do not have a healthy breakfast and you survive in coffee and sugar and you don't take nutrients and you don't supplement and you decide to say yes to everything because nobody can live without you and your stress level is off the roof, there has to be a certain level of self-responsibility to take for that. I love that. You're very much about accountability and empowerment all at the same time, you know. It's more of a hand up rather than a hand out. Like I'll help you learn, but then you have to take the wheel of this beautiful vehicle that you were given. You know, I always tell people like you're driving a Mercedes. You're not driving a Pinto.

You know, let's act like it. And people take better care of their cars than they do their bodies. So, you know, they get the oil changed and they wash the car and they make sure the carburetor's clean and all the things. I don't even know much about cars, but I know people take care of them. Not me. I make my husband take it, but you know, he [laughter] But these are things >> person. So, nice rims, nice nice wheels.

Nice. Okay, well, that's good. You like you like to bling it up. I love it. Well, one of the things that I'm seeing more and more of um is younger women with thyroid issues. And what what do you think's driving that?

I think it's the same things that we talked about. Yeah, stress, gastrointestinal health. I mean, let's let's just talk about this for a second. An exercise that I have my clients do, I call it the timeline.

Okay. And it's go back to when you were born. Were you breastfed? Did you have to take a lot of antibiotics? Did you have tummy aches when you would go to school? And maybe had to leave school because you would often have tummy aches. Did you grow up in a toxic household where stress was off the roof? When you were in middle school, did you start your periods from the get-go with cramps and pain?

Mhm. Did you do competitive sports? Were you trained to be a type A personality where you had to do all things for all people? In your 20s, did you drink and maybe consume some drugs? Or maybe went for your PhD in whatever subject you wanted and your stress level was super off. Mhm. How many pregnancies did you have?

Did you recover well from those pregnancies? Did you have complications? So, it's it's an entire thing. Where did you live? >> very seen. I want you to know that >> [laughter] >> I'm like, yes. Yes. And yes.

You know? Well, I'm going to go take some thyroid supplements after this podcast, but >> [laughter] [clears throat] >> I need to make an appointment with Dr.

Hilda, apparently. It is is truly like, why are we all having this problem? Because we live in a world where and and and I at this age, okay? I'm going to be 62, by the way. Oh my gosh, I would never have guessed that in my life. I decided to be public about my age. Oh, I'm public about my age, too. I'm I'm so much happier at 51 than I was 21, uh 100%. I like this age better. So, this is another thing that I I finally learned at this age. And I wish I would have learned it. You do not look at 100% and I'm sure you don't feel it cuz you look wonderful. I know, I feel like 40. Right.

>> Because my 38s were so terrible. If you see my before and after picture that's inside that book, it's it's it's not good. It's not good. The before and after is really sad.

Well, the before is the sad one, not the after. But, um I was going to tell you something. What was I going to tell you? You're public about your age, you're 61.

No, okay. So, something I've learned. So, we're talking about stress. It's like >> It's like we have been indoctrinated to operate like men in our society. Mhm. Yes.

And chase the lion. Mhm. So, something I've learned now is I Yeah, I've been given these gifts. I love what I do. I don't want to I almost had to quit medicine when I was sick. I don't want to quit medicine. But, also for us ladies to

have a I feel like it's okay to talk about these on your podcast. Of course. >> eat, pray, and live a faithful life. To also like stay in our feminine energy.

Yes. And we would be so much less stressed. Mhm. And I think, you know, my generation, I'm 51, so I'm Gen X. You know, my I was told you don't need to get married, go to college, get a career. That's how I was raised. How I was raised.

Testing, Treatment Approach, and Prevention

So, I ended up not getting married till I was 34, not having my first son till I was 35, and my second son when I was 40. Now, I'm I'm like I tell you I was I was a personal trainer and, you know, went back to school to be a naturopathic doctor and was getting healthier, but talk about the abuse in the 20s, you know, and the stress and everything else. And so, the reason I asked about the younger generation cuz I want them to hear you now. You and I finally got it when we were like 40. Then we were like, "Hey, you know, this doesn't feel right. I don't feel good." Mhm. I can personally say for myself personally, I feel better and look better than I did in my 20s and my 30s, 100%. I want the younger generation to hear what you're saying. The These girls that are coming out of high school, my son's friends are on thyroid medications. They're 16 years old. What are we doing?

And who is not talking to these young ladies about everything you just discussed discussed today? Their gut health, their stress, their toxicity, all of the things you said. We need to stop waiting for disease to manifest itself, right? We only put >> Correct.

on health when we're sick. I would like Attention all 20-year-olds, please make an appointment with Dr. Hilda now so you can prevent what we had to go through and experience in our 30s and only learn in our 40s.

That's I think a huge part of of preventative health. When we talk about preventing disease, it's not about waiting to get sick. It's about starting your health path when you're not sick and making the investment into your future self. That's really what we're trying to say. 100%. And if the 20-year-olds are not ready for that, at least the 35-year-olds should be.

I think every 35-year-old should have their baseline um comprehensive test thing, their hormones done, even though that this is not the conventional advice. This is what I have told my daughter to do. Right.

Get everything ahead of time so you have your baselines and as things are changing, then you can be on top of it because the reality of the situation is that in our 40s, we're going to have a certain biochemistry that's going to change in our 50s, right? So you want to know where you are. And when it comes to this whole perimenopausal menopausal transition, there are so many things that go wrong.

Some people are not given estrogen when they need it. Some people are given estrogen when they don't need it because even though they were not having periods, they were estrogen dominant and they needed progesterone all along.

Mhm. So and insulin resistance in these kids and young women and >> Yes. all the things. I'm so grateful that you're out there. I hope when people hear this podcast, if they're a mom who has a daughter, pass it along. I mean, it's so valuable. The information you're giving is so valuable. So And for people to be willing to even though this is not a podcast about supplements, but you and I are very big into supplementation.

Yes. >> And for people to learn good quality supplements, too. Yes. What are the right things to take together to get the results that you're looking for instead of treating supplements like green medicine. It's not like you have headaches and you take feverfew. That's not it. You have headaches, find out the reason why you're having headaches so you can support that system. Yes.

Absolutely. Well, you've mentioned your book a few times, The Truth About Thyroid. You're relaunching this in May of 2026. >> Okay. And so is it available for pre-purchasing or do we all have to wait? Well, right now we all have to wait. But but I do have a gift. I have a gift for your audience, which is called the five metabolic mistakes Mhm. that

keep women stuck after 40 and how to fix them. So and you have a link for that. I do. In the show notes for anybody that wants it, go click it right now, get it. It's great.

For those that get the guide, my promise to you is it's a free guide. There's no no selling on that guide. It's all educational. So my promise to you is as soon as we have the book launch information ready, I will make sure that I send it to your audience. For those that opt in for the guide. And I can I can also send it to you and you can share it with your community. Of course I will. Absolutely. I love this. Thank you so much. That is such a generous offer. And your before and after picture is on the page of that guide. And so when you guys click the link and you go, like what she's saying today, amazing amazing transition of what understanding your body and really being a steward of your body means in the right order in accordance to the design of the Father in heaven. Like it's so important that we don't forget our roots, right? That we were made in his image and we can heal doing the right things at the right times in the right order in the right amounts. Um, but it is it's accountability.

Right? It's accountability. So, what what information or any type of wisdom would you like to give our audience listening today as a final thought as we leave this podcast?

The final thought, we already talked about it but we'll recap it, is that your thyroid does not work in isolation. It is part of a body where you were wonderfully made and that it is possible when you send the right signals to your body to have your thyroid restore. That's That's the most important part.

Whether you use replacement or not because even if you use replacement, that restoration has to happen for you to be able to get the benefits of the replacement. Yeah. Yeah.

Supplements and pharmaceuticals work better in a foundational body. That's for sure. Well, Dr. Hilda, thank you for taking the time today to teach us about our thyroid, our thyroid health, and and even beyond that. You just taught us about hormones and gut health and everything else in one podcast. So, we're so appreciative. I loved it. Remember guys, the body's always communicating. It's always adapting. It's always trying to restore. So, when we learn to listen to it in the right order in the design that it's made for and you become a steward of this with an incredible physician who can help guide you, you know, healing becomes less about fighting [music] to be heard and more about alignment. So, thanks for being here today. If you like this podcast, [music] make sure you share it with somebody who can benefit from it.

Also, don't forget to subscribe and make sure you hit the show notes for all the links and the free gift that Dr. Hilda has promised you today. Dr. Hilda, thank you so much. God bless you. God [music] bless you, too.