Think It’s Your Thyroid? Here’s Why You Might Be Wrong — Dr. Eric Balcavage Explains Transcript

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Opening on Stress and Resilience

Everybody's doing the same thing. So not what you're doing doesn't seem wrong. But we kind of don't realize the impact of stress on the system. And, you know, to some degree, some people are like, well, you need to be stress free.

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

And then I, I can go lift more weight, right? Same thing with stress. You're never going to get rid of all the stress. So what we need to do is have stress.

It's important to have some type of stress, good or bad, allow for recovery, and then we can take more. Welcome to Dr. Tox. The podcast where every episode leads to a healthier you.

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Podcast Introduction and Guest Background

This is Dr. Talks, real talk from real doctors on the issues that matter to you most. Hello, welcome back. It's Dr. Jen. Today we have Dr. Eric Balkovich.

He is the owner and founder of Regenevan, a functional medicine clinic in Chad's Forest, PA. He's a nationally recognized speaker and educator on various health topics, including thyroid physiology, biophysiology, detoxification, oxidative stress, methylation, and chronic illness.

He is a licensed chiropractor in Pennsylvania. And today we are going to talk about the thyroid debacle. So Dr. Eric, tell us a little bit more about yourself.

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

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

And that didn't seem like a great strategy for somebody in their 20s. So I started digging back into the blood chemistry and realized that what you probably had going on was some type of immune related disorder.

And that drove me back into the blood chemistry and studying functional medicine, and which is what I've been doing for the last three decades now. I studied a lot of Ditesh Karazian's work, who's kind of like the godfather of functional medicine when it comes to thyroid physiology.

I realized something still wasn't right with the way we were assessing and evaluating things. And that led me to

take a deeper look into cell physiology.

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

And I thought that message was being missed completely in allopathic medicine.

Problems with Conventional and Functional Thyroid Care

And I thought it was being misunderstood in functional medicine as well. So that led me to start my podcast, Thyroid Answers podcast, where I have this discussion quite a bit.

And then eventually led me to write the book with a friend of mine, Dr. Kelly Halderman, called The Thyroid Debacle. Yes, I love it. And a lot of us that come into the integrative and functional world, we have either ourselves or someone close to us that really conventional medicine has missed the mark on it because it's not just treating one organ.

Like you said, it's not just the thyroid. You looked at the other cells and how they were affecting the thyroid. So what do you see as the most pressing problems with the allopathic and the functional models of thyroid care?

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

So by the time somebody's actually diagnosed with primary hypothyroidism, they've lost more than 90% of their thyroid gland. So that would be like saying, hey, we're not going to try and help somebody with cardiovascular disease until they've had their heart attack right we're not going to help somebody with diet who's diabetic until they're full blown diabetic and they need insulin right so the issue is allopathic medicine just doesn't have a tool for assess tools for assessment of what's going on at the cell level.

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

And then the other part of that is even though early on I think they were concerned about what was happening at the cell level, they didn't know how to interpret the labs T3, reverse T3, when they started trying to use those as tools to evaluate the treatment of giving the T4.

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

It's just the way the training is. So, hey, we don't have tools, so let's… If we don't measure it, we don't have to manage it. We'll manage this. This makes it look good, and we'll consider everything else a different condition.

In functional medicine, I think a big part of our problem is that we look at what the allopathic community does with only measuring TSH and free T4 and say, well, that's very short-sighted.

T4 needs to convert to T3. or it can convert to reverse T3. And we need to look at antibodies. They never look at antibodies. Well, I think most allopathic physicians at this point realize that the vast majority of cases of primary hypothyroidism are probably caused by an immune-driven process.

So they already assume that that's the case, so they don't run it. And because they don't have a tool to do anything other than give T4, nothing else really matters to them.

But in functional medicine, we say, hey, well, what's happening to that T4? Is it being converted to T3? Or is it

being converted to reverse T3? T3 being the active form of thyroid hormone in the cell, reverse T3 being a deactivated form of T3 in the cell.

And I think that's good because we're looking at what's happening at the tissue level and saying, hey, the cells are either activating it or deactivating it.

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

Or they're saying, oh, you're deficient in the co-factors to convert T4 to T3. So therefore, we just need to load you with cofactors. So they don't know really how to interpret the thyroid physiology appropriately, my opinion, my bias, because if it was a deficiency in selenium, B6, or cofactors, then we should expect that their reverse T3 would be low as well as the T3, because there's not enough cofactors to run the D-idenase enzyme.

But if T3 is low and reverse T3 is high, then it can't be a cofactor deficiency because the enzymes use the same cofactors. So the next thing that should be considered is, is the lack of conversion of T4 to T3 and the increased conversion to reverse T3 broken physiology, or is that more adaptive physiology?

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

But the question that needs to be asked is, if that is truly broken physiology, Maybe we should look into why it's not working.

Cell Danger Response and Thyroid Physiology

And if it's adaptive physiology and the body didn't want the T4 converted into T3, why would we think just blasting the body with more T3 is the solution if it didn't want it to begin with?

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

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

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

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

But to this day, I'll get patients that come into my integrative medicine office and you know, we're in the, you know, 2022 here and they're still telling patients you have Hashimoto's, there's nothing you can do.

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

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

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

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

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

Or self-defense or cell defense. And so the dimmer switch that determines whether we're in manufacturing mode or cell defense mode is actually the amount of T3 inside the cell.

So the cell danger response is an evolutionary kind of agreed upon response that when cells feel threatened, they do a number of things to protect themselves.

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

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

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

If I bring more nutrients in, that organism can use it. If I bring more glucose in, that organism can use it. So what the cell is trying to do is slow down the manufacturing process and then shift the attention away from manufacturing to try and find the threat and kill it and get rid of it so it can go back to normal.

Kind of like if you had a widget factory, Jen, right? And you're busy making widgets. If there's a fire in the widget factory, are people going to continue to make the widgets?

Or are they going to go run for the fire extinguisher? Some people are going to run out. Some people are going to get the fire extinguisher to try to put out the fire.

The cells of the body are so intelligent that they have the ability to self-regulate, which is so cool. And I think, for the most part, that's what's happening when we start to have hypothyroid signs and symptoms long before there's anything wrong with a TSH or a T4, long before we see a change in the bloodstream.

When somebody's saying, hey, I'm gaining weight, I'm tired and fatigued, I feel like I'm a little bit more constipated, I just don't feel like I have the energy, then they go to Dr.

Google and look for what that means and they go, oh, I think I have a thyroid problem. Let me go talk to my doc. The doc runs a TSH and it reflects the free T4 and it's probably normal.

Why? Because the gland hasn't had enough damage. And so they're told, hey, you're just not so crazy or you eat too much, you don't exercise enough or you're stressed out or whatever.

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

It is a cellular defense mechanism at that point. We don't feel good. It's not broken physiology, it's adapting. And what I think happens as that stays becomes more chronic, then what happens, these cells that are in danger physiology release signaling chemicals to alert the immune system as to what's going on, alert the immune system as what's causing the problem.

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

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

And when those DAMPs and PAMPs bind to the thyroid cells, it initiates thyroid cell damage and thyroiditis. that the immune system probably woke up one day and said, hey, I don't recognize that thyroid gland anymore.

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

In one tissue, I do it locally. But if it's chronic and I need to turn down the metabolism globally, where's the best place to do that? At the source.

And so then the thyroid gland itself is signaling molecules. That's triggering the immune cells to come in. And as those lymphocytes come in, into that gland, they cause more damage.

And there's our thyroiditis that goes on. And then you start to have the antibodies that develop as a result of that. So what I want people to understand is that what's happening with thyroid physiology is oftentimes not broken.

It's an adaptive response, which is a great thing for somebody like you or somebody like me who's had the diagnosis. If it's, oh, your immune system's totally out of control, that's a helpless situation.

But if you take it from a different perspective and say, hey, your immune system is trying to adapt to some type of chronic stress, then what we need to do then is say, OK, let me go back and look at my life, my health, my habits, my diet, my lifestyle.

What's creating that excessive stress? And let me reduce or eliminate that. And if I do, then maybe the cell danger physiology goes away. Maybe the immune cascade slows down or stops, and maybe This damage to the gland starts to allow the, that calms down and the gland starts to recover.

And now you start to make more thyroid hormone from the tissue that you have left or the tissue starts to regenerate. It takes about eight years for a thyroid gland to turn over.

And we get better conversion of the T4 or T3, better utilization with a lower dose as that recovery process is going on. Yeah. And I've seen that in my patients, they start to work on, you know, their pillars of health or their stress, or we uncover things that would activate this overactive immune response, like stealth infections or viruses.

And they start to come down on their meds a little bit.

Stress, Recovery, and Lifestyle Change

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

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

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

I mean, and I think that's, Probably why this is hard to comprehend for some people. They're like, wait, what? We just can't add T3 in? I mean, how do you encourage patients when you're telling them about the cell danger

response?

Yeah, I mean, I think we have to balance the discussion with not having it feel like finger pointing, right? Like, oh, it's my fault? Well, to some degree, yeah, right?

Not that you knew it was your fault. I mean, if you look around, everybody's doing the same thing. So what you're doing doesn't seem wrong. But we kind of don't realize the impact of stress on the system.

And to some degree, some people are like, well, you need to be stress-free. Well, that's never going to happen. What you need to be able is have stress, adapt to it, and get stronger and be more resilient.

I mean, that's what working out and lifting weights is all about, is I break my muscle tissue down so that it's bigger and stronger tomorrow. And then I can go lift more weight, right?

Same thing with stress. You're never going to get rid of all the stress. So what we need to do is have stress. It's important to have some type of stress, good or bad.

We'll allow for recovery, and then we can take more. But if you're in a constant straight of overwhelming stress, we have to reduce that somehow to get you to heal and repair.

Because the body, if we just give you a bunch of supplements, but the same environment is there that created the dysfunction to begin with, it's a temporary treatment at best.

You know, so I think sometimes people just assume, oh, it's a gut problem that triggered it. Okay, but why do you have a gut problem? And usually you have to have that conversation.

And sometimes it's not easy to have on day one, but on day two or three of your visit strategy, it's like, all right, let's dig into your life a little bit.

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

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

But somebody sent her to me and we, you know, we're finding problems and trying to address. And she's very, you know, always pretty stoic about, hey, I got it.

There's not much stress, not much stress. And then, you know, one of our late, you know, more recent visits, we had the come to Jesus conversation. And it was like, It was work stress and job stress and boss stress and all this stuff.

That's why you're not getting better. If that is the constant and it's creating this constant load of stress, you're not going to shift out of defense mode just because you ate differently.

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

My boss got fired. How about that? Things start getting better not long after the biggest stressor is gone. In functional medicine, we like to use supplementation strategies to help people, and I think it's a great tool, but it can't be the tool.

We have to look at your sleep habits and patterns. We have to look at your respiratory habits and patterns. We've got to look at your emotional stress, the trauma, like what's going on between the six inches of your ears.

We got to look and talk about your dietary strategy. But we got to look at all of those things to get somebody better. And you hear this, I'm sure, where people say, I just want to get this fixed so I can go back to my normal life.

Well, wait a minute. You're not going back to the life that created this. If you don't want to be back where you are today, you've got you can't go back to that life because that life created this.

We've got to make a new lifestyle, a new set of habits that are going to create a healthier life, not the same stress you just left. Oh, absolutely. And I liked your analogy about the fire.

If there's a fire at the factory, everything stops. So whether it's a bad boss, a bad job, whether you know, you had trauma as a child and that is still manifesting.

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

And that, you know, cause her gut health wasn't getting better. It was getting better. You know, you're not going to create that healing space. Like you were saying, Dr.

Eric, if you keep doing the same habits, And it's not a blink. Things happen, life is very stressful, but building that resilience is something that people do on and on again.

I've noticed so many thyroid patients are women. And you add on this new life of being pregnant, having children, having a spouse, and I'm sure you have tons of patients that are women in their late 20s to early 40s.

you know, you have to be adaptive to those situations because you can't always go back to what it was like, right? Like being a bachelor, even men too, right?

So I think that these are such important conversations to have with patients. So can you talk about the hypothyroid spectrum? I really want you to tell everyone listening that, you know, it's not just, one thing or one box that it's more of a spectrum.

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

Hypothyroid Spectrum and Lab Interpretation

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

But all we have to do is look at our clients and see that we can see their hypothyroid sometimes long before the gland becomes dysfunctional. So I think The hypothyroid spectrum is like, where are you at in this cascade?

Are you at just the beginning process where you have cellular hypothyroidism? It's just happening in some local tissues. It's impacting maybe your blood sugar regulation.

It's impacting your ability to get cholesterol out of the bloodstream. So maybe it's affecting the liver or maybe it's affecting the adrenal gland. Are you into the next phase, which would be the thyroiditis phase, where now the immune system is having the damage at the gland, or are you at full-on glandular damage destruction?

You're at that 90% loss of function of the gland, which would be what they call primary hypothyroidism. And there's lots. If somebody wants to dig into this, there's a whole bunch of what they call hypothyroid patterns primary hypothyroidism, secondary hypothyroidism.

I think it's the easiest thing to think about is, is it affecting my cells? Do I have it damaging the gland and am I at the point where I've lost so much function of the gland?

I really do need some type of support because the treatment strategy is going to be a bit different based on where you're at in that spectrum. While allopathic medicine won't jump in or maybe sometimes even acknowledge that it's a thyroid issue until they can give T4, functional medicine should be all about saying, all right, let's identify why this is.

And if we do, there's a good chance we may stop this from becoming a glandular problem I'll begin with. We may stop the immune system from having damage or resulting in damage to other tissues, and we may have you improve their biggest signs, symptoms, and concerns and have your physiology go back to normal.

So the spectrum is really just about where they are and how to determine that is a little bit more complicated, but that's where somebody who's really trying to do what I think functional medicine is, which is getting to root cause and not just trying to give a different medication.

If they understand thyroid physiology, they should be able to help you with that answer. And I think a good sign that you know that somebody is looking for the cause and is really doing more functional medicine is by what tests they look at when they first look at you.

If they're only looking at a thyroid panel to assess what's your thyroid physiology, that's probably not somebody who's doing a true functional medicine approach.

Because you could have normal TSH, normal T4, normal T3, even normal reverse T3, but still have tissue hypothyroidism going on. You could have normal T4, low T3, and somebody might say, oh, I just need to give you T3, but really what we need to do is look at those values and determine what's going on.

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

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

What's renal function look like? When we look at broader panels besides just a thyroid panel, not only can we see whether thyroid physiology is working, at the gland, but we can also get an idea of how's it working in the peripheral tissues and which tissues involved.

And we might even get a clue as to what tissues might be potentially creating some of the problem that's changing the thyroid physiology. So how many times have you gone, you know, had a patient and they went to their primary care doctor and they just ordered a TSH?

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

You know, it affects so many organ systems. The other interesting thing is TSH, the normal levels they've brought in the range to 4.5, which is so high for a TSH where I like to see it between one and two.

around 1.5 to one is my favorite. But I think that's another pet peeve is that it makes patients feel defeated when they go and they know they really feel like they have a thyroid problem.

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

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

Well, speaking the word out. Well, I think part of the problem is we need to learn how to do a better job of

interpreting labs. And I don't think we're going to change that allopathic.

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

Shouldn't it be between one and two? And the answer to that is, I don't know. It depends. So if you're a person who's got a TSH between one and two, but your T3 is low, is that okay?

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

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

Is it normal and inappropriate? So if I have a patient who's all happy because their TSH is 1.5, but their hair's falling out, they're overweight, they're chronically tired, chronically fatigued, and their T3 is low, yeah, it's normal, but it's inappropriate.

Right? It's not where it should be. And so it's definitely not appropriate for the person sitting in front of me. And that's where looking at the rest of the labs becomes really important.

If you don't have a T3 or free T3 to look at, you wouldn't see the problem. If you don't have inflammatory markers to understand that those inflammatory tests could be the thing that's suppressing TSH by, because when we have an inflammatory stress state in the body, the brain increases the conversion of T4 to T3 while the peripheral body decreases the conversion of T4 to T3.

So we get a TSH that may be normal or low and yet we have decreased production of thyroid hormone or lower levels of T3 specifically.

Multi-System Adaptive Disorder Explained

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

If I have a patient who's in their 50s or 60s, I probably want their TSH to stay a little bit higher. So the TSH will drive more teeth reproduction from their gland, because they're probably going to struggle with a little bit with that peripheral conversion, because as we get older, we have more inflammation, more oxidative stress.

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

If we saw that TSH is at 3.2, but T4 is higher and T3 is lower, well, great. Let's keep an eye on that and let's get busy reducing the stressors. And guess what?

We come back and look at that in 30 to 60 days. And that TSH is now, maybe it's come down a little bit. Maybe T4 is going up. Maybe the conversion of T4 to T3 is going up.

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

Absolutely. We don't want to just treat a number. That's for sure. And I have seen that a lot in different patients that

have come to me. Like I said before, that are on high doses of T3 and maybe they don't need to be or it's suppressing their thyroid.

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

They're told they have all these things. So do you think that these are all separate conditions or more adaptive changes in response to the cell danger?

And you've defined something called the multi-system adaptive disorder. Can you tell us more about that? Yeah, I think everything's related. I mean, it's nice to separate the systems to learn them, but that's not how the physiology works.

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

They are going to have changes in their GI function. They are going to have changes in their sleep cycle. They're going to have changes in every system.

Their blood pressure is probably going to go up. And that's not broken physiology. At least at the onset, that's adaptive physiology to the thread. So people always like to have a label for what do I have?

Like if they can hang their hat on, well, the reason I'm like this is because I have fibromyalgia, which we make it up. It's this, right? We make up names, that way people have a diagnosis, they can say, and now I know what's wrong, I have a diagnosis, or now somebody knows what to treat.

They're not treating the client, they're treating the diagnosis. So when people would ask me like, okay, so what's wrong with me to tell them they had to sell danger response was like, okay, but what's wrong with me?

So, you know, do I have an adrenal problem? I have my doctors, this guy says I have adrenal, this guy says I have a GI, this guy has says I have a hormone, I have PCOS, whatever.

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

And the best example or analogy I give to my patients, so let's say you've got a big Christmas get together coming up this weekend. You've got all four burners on the stove going.

You're cooking multiple food. You're doing wash. You're vacuuming. You're cleaning the house. It's like Tuesday, right? And so one of your kids is sitting at your kitchen island.

Let's say somebody breaks into your home and starts attacking your child. Are you going to continue to cook? No. OK. Are you going to take time to turn the burners off, pack everything up in nice glass Tupperware?

Nope. Are you going to try and slow to slide a load of washing really quick? Maybe. No. You're not going to finish vacuuming. You're probably not even going to turn it off.

You're not going to finish the watch. You're not going to go to the bathroom. You're not going to take a nap. You're not going to have sex. You're not going to do any of that stuff.

They're all important things to do. I think we would both agree. But in this moment, the most important thing is to defend your child. So if I walked into your home while you're, let's say, down your basement defending off the attacker, I could make some assumptions.

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

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

I hire her a cleaning person. The chef cooks food every day. There's never anything burning. And the house is clean. And it looks better yeah but we're treating like yeah they're treating the lab numbers right that's kind of.

what in the allopathic world, you know, it looks pretty, like you said, it looks pretty, but there's still feeling crap. Right. So the messy, the Bernie food, the messy house, the everything that wasn't broken stuff, but hey, I've taken attention away from these things, because it's not important.

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

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

You've got one issue. You've got excessive stress that's affecting your physiology. You're not putting it to your body saying I'm not putting in attention to those things right now, I need to survive, I need to fight whatever the threat is.

And those things are failing, not because they're broken, but because you're not putting attention to them. So if we can get to the address the root issue.

find what those stresses are, reduce them or eliminate them, that's when the body's gonna shift physiology from, oh, I don't need to be in danger mode anymore, now that it can start healing.

I mean, because one of the hardest things that we started talking about this before is somebody comes in with a chronic gut issue, we give them something for their gut, it feels better, they go back to the same lifestyle, the same poor relationship, and like two months later, they call you back up, well, my gut's bad, that protocol didn't work.

No, no, the protocol did work, The problem is you're back into the same environment that created the problem. We have to change whatever the stressors are.

If you don't, the problem doesn't go away. Your gut is a symptom of the chronic stress response. So let's fix it. I mean, it's good to get the gut under control.

Closing Remarks and Resources

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

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

Absolutely, I love that so much and we see it again and again right with with patients and you when if they go back and I even warn them some of the time I'm like you know we're going to fix your gut health, you have a problem here I think we need to fix it but.

If you don't take care of that trauma, if you don't take care of your stress at work, if you don't take care of your, you know, running around like crazy with your kids, then it could come back.

So I think letting people know that, that, you know, we got to identify stressor, like you said, so your body can heal.

And ultimately your thyroid can function properly because it's so important.

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

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

We talk a lot about the cell danger response, tissue hypothyroidism, this kind of adaptive physiology. It boiled over to a point that I had to put a book together to try and explain this and That book is called The Thyroid Debacle, and it's out at Amazon and wherever you buy your books.

And the nice thing about the book is it's not about thyroid physiology. It's about thyroid physiology, but it's not. Once you understand this whole cell danger response, you realize that this is not a thyroid-specific issue.

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

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

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

Awesome. Love it so much. Thanks again, Dr. Eric. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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