Thyroid, Diabetes, And Weight Struggles: The Missing Connection You Need To Know Transcript

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Introduction and Guest Background

Welcome back to the reversing Hashimoto's and Thyroid Disease Summit. I'm your host, Doctor Amy. And with me today is a dear friend and colleague, Doctor Beverly Yates.

Let me tell you a little bit about her before we dive in. She is a diabetes expert and author who has over 27 years of experience working with those who struggle with blood sugar issues related to type two diabetes and prediabetes, and feel like just nothing is working for them.

By addressing the lifestyle factors that trigger blood sugar spikes, Doctor Yates creates breakthrough changes in the habits that cause blood sugar issues.

This allows her clients to finally get off the blood sugar roller coaster, have more energy, and create the level of health that lets them live the life of their dreams.

And her mission is to help. 3 million people heal from type two diabetes and prediabetes. Doctor Bev, thank you so much for jumping on today. Hey. You're welcome.

I'm delighted to be here with you and your audience. You know, I'm really honored that you asked me to be a part of this. And I'm hopeful that everybody listening will take away at least one pearl that they can use right now to help them feel better and, you know, level up and really be able to enjoy the amount of energy and metabolic health that they need, right? That joy, that zest.

I love it. I love it. Well, you and I have talked so many different times about that connection between hypothyroidism, Hashimoto's and prediabetes diabetes.

And I see it all the time in my practice, patients will come in with a non optimized thyroid and they could be they could be eating like garbage or they could be eating keto.

And we see their insulin their A1 see just off the chart. So I really want to start there. Can you dive deeper into that connection. Kind of both ways. Right.

One feeds the other and then back and forth with dysregulated blood sugar. Yeah, sure. So let's start there and doctor unravel this right. When it comes to dysregulated blood sugar and issues with insulin resistance and its functional performance in the body.

One of the things that can happen is that at some point in a person's life, they can get disrupted in ways that either they can control and maybe aren't aware of, or things that are out of their control.

I feel like there's two buckets. Let's talk about the things that people can control, right?

Blood Sugar, Thyroid, and Metabolic Connections

Because I want people to feel hopeful and not helpless because helpless is not good. Not when it comes to health. Right. So stuff you can control if five things that are really sensitive bundled up in what I call the Aids protocol.

Nutrition obviously is going to be the bullseye center because just like the athletes and sports people will tell you cannot exercise a bad diet. You gotta find a food that loves you and that you enjoy as well.

When I say it loves you, I mean it isn't causing you bizarre reactions. It doesn't put your blood sugar into a complete tizzy where you get on the blood sugar rollercoaster and you're spiking up and crashing down.

That doesn't feel good. And the next one would be meal timing. The time of day you eat your food doesn't matter for good blood sugar, health. And we know that all the hormones, including thyroid hormones, have their own rhythm throughout the day and night and it's important to match those things, right?

Our third element will be stress. Stress is a bully. It tends to hijack blood sugar, hijack mental health, hijack any number of things, and can really be disruptive in a very different way.

I call it a wild card that I think is silent and underappreciated for health. Fourth is going to be the issues that go on with sleep when we're asleep.

We fell asleep. Nothing's happening. It wrong. That's a major reset opportunity each and every day, especially for your blood sugar. And if you miss that healing window, the good news is you get another shot at it the next night.

The bad news is you missed the boat that hardly left the shore, you know? True, true. This one's going to be exercise. And it's intimate partner, which is strength training, building your muscles, your active working muscles and having those be the strength reservoir.

The blood, sugar support reservoir helps with your blood pressure, etc.. And I know that you are a bodybuilder and a strength trainer, so you and I completely are on that.

Build your muscles and maintain them, especially for women. I feel like we don't get enough messaging around the importance of strength. You know, of have falls.

You can keep your proprioception going and just your sense of power and agency in the world, you know? Yeah, yeah, you have to lift heavy stuff. I mean, you have to I don't care whether you're 20 or 70.

You can still pick up a weight and activate those muscles because the benefits are just tremendous and and long reaching. I mean, obviously from better body composition and musculoskeletal protection, but also, like you said, better glucose control.

Okay. Right. That's right. Get that metabolism going and keep it going. Absolutely. So how does let's say people are not doing those lifestyle things and and we test.

Well actually let's back up. Let's start with the testing. What do you like to look at test wise and what are your optimal ranges for those tests? When you're working with an individual to determine whether or not they have insulin resistance or diabetes?

And let me tag on a little a little thing on to this. What do you consider diabetes? Because we know conventional medicine looks at the A1 and it has to be above, blah blah blah, whatever.

Number 6.16.5 I don't even know. I don't even look at the standard lab value range anymore. So also, I want to throw that in there with what conventional medicine says is diabetes.

And what you say is diabetes. Okay, great. So let's make sure everybody has the same info because I know sometimes there's confusion about this. And often people just don't know they're unaware or they aren't routinely being tested and don't know the answer for these tests.

So let's start with the ranges and current definitions as defined by conventional medicine. Then I'm going to talk about what I think are the smart lab tests to do and the ranges that make sense because I feel like if you're going to live your best life and live long and live well, have your health spend equal your lifespan, and to be a vital person who can actually function as world and maintain your independence, you got to be empowered with actual information, right?

So the current definitions are this type two diabetes is defined at an a1 c of 6.5 and higher. So if you have a 6.6 or 7.48, nine, ten, God forbid, 12, you know, 11, that is absolutely type two diabetes, pre-diabetes, that range and that range changed when I was in the beginning of my studies to become an acrobatic physician.

It was a different number. Now the range is defined as an A1 C of 5.7 to 6.4. Used to be it was a 6.1 and higher. And that changed in the 1990s. Some of the old time doctors that I trained with, their perception was, oh, I bet you there's a whole bunch of new diabetes drugs coming in.

They're changing ranges now. They get people ready to be diagnosed. Right. But here's the thing. No matter how many pills, no drugs you take, and I'm not here to bash drugs.

They have their place. I feel like they buy people time when we're talking about type two diabetes because it's so lifestyle sensitive. That's the gift in this whole thing.

You can do something about it. These are things that you can control in your life, which we'll talk about. So with that in mind, prediabetes is a 5.76.4 and one C 5.6 and lower for an A1.

C is considered in a healthy range for blood sugar management. And in today's world, you know, there's fewer and fewer people, unfortunately, who are in that range.

Let's say over 4.8 81C, 5.1, 5.3, etc. the shocking growing really of the prediabetes and type two diabetes is explosion, both around the United States and frankly, around the world.

It's an international phenomenon and we have to turn this backwards. We can not have it.

Testing for Insulin Resistance and Diabetes

The kids as young as age, eight years old are showing up now with type two diabetes. That shocking and interestingly enough, we're seeing more adults, a lot more adults becoming diagnosed with type one diabetes, you know, and adults in their 40s and 50s.

And shocking. That used to be childhood onset was how it was defined and described in any pathology book. Diabetes type one, childhood onset, you know, ages 4 or 5, somewhere in there, maybe early teens.

So now both have criss crossed. We've got kids super young with type two. We've got adults. Definitely is squarely in middle age with type one. Type one requires insulin for a lifetime to be clear and cannot be reversed or changed.

Their blood sugar ranges can absolutely get into good, healthy control, and people can live long, active lives. We know so much more about type one diabetes, and I think it's made we've made a lot of progress, but we're not done.

In the case of type two, it can indeed be reversed. So can prediabetes, but it will require lifestyle changes. All the medications in the world will not reverse it.

I love that. I love that because I tell that to my patients to listen okay. It's looking like you have diabetes. Don't know if any doctors ever told you that.

Most of the time they'll say no I've never heard that before I go. But it can be reversed. So I'm not saying this to scare you, but to light a little bit of a fire under your butt to maybe make some of those lifestyle changes.

So, okay, now I want you to talk about that connection with Hypothyroidism and Hashimoto's and and why is there that connection? Why do we see sometimes we'll see Hashimoto's present itself when someone is going through blood sugar dysregulation.

And then sometimes they'll have, like I said in the beginning, they'll have that blood sugar dysregulation. They'll

they'll be even type two diabetic, full blown.

But their lifestyle is on point and it's coming back to the thyroid being dysregulated. Yeah. So here's the thing with the overlap between these these these systems right.

Your thyroid system your blood sugar regulation system, you're like quick control. You know, these are all things in the hormonal realm. So let's look at this first through the lens of the lab tests that would be helpful to assess this.

So the fasting morning blood sugar number is really great because it let you know what your blood sugar reset to overnight while you were asleep. Ideally that's in the healthy range.

Broadly defined. That's going to be a fancy morning blood sugar number of 70 to 99. I prefer a little tighter control. I like to see people 75 to no higher than 95.

The reason I say on the low end 75 and not 70s, let's say high 60s, is because sometimes people start to show up with symptoms of hypoglycemia they might feel, or low blood sugar is what low hypoglycemia means.

They might feel a little shaky. You know, they may feel a little dizzy, they're not quite sitting on their feet, etc. they might feel, you know, kind of hangry because their blood sugar may have bottomed out.

Some people are more sensitive that some people feel fine with the fasting. More sugar of 70. But, you know, you got to pay attention to how you feel.

Similarly, on the other side of that, when someone is at 100 or higher, now we're starting to look more seriously at whether or not they have diabetes.

And in the case of this, I like to see it that if someone is in the 80s, I think that's optimal. It's not too low. It's not too high. They're riding riding really well.

All right. Having said that, lab test stands for fasting morning blood sugar number. And you can do these things at home as well with over-the-counter things that are available.

Your A1 onesie that's also available sometimes over the counter gizmos. Or you can go to a lab and have your blood drawn. And these days, the patients have direct access.

They don't have to kiss a doctor's, but they get basic tests. There's a lot of these things aren't even screening tests. I'm like, how do we not do a $4 test like, this is silly.

And I know, I know. I know, I totally, totally agree. Yeah. Really? Right. We hold people hostage on just ridiculous things. Other lab tests. It makes sense for them to assess beyond that for a fasting morning sugar number.

And anyone see they're fasting insulin? But there's a lot of doctors who will roll their eyes. Go. You don't need to do that. Why are you doing that? Why?

Because they weren't trained to assess it. Here's what you need to know. There's a general public. Your fasting insulin gives us an idea of how hard your body is working silently in the background to keep your blood sugar under control.

I like to see fasting insulin numbers at five or less. I like to single digits or to be nine or less. Now the range that's considered healthy for fasting insulin is often in lab tests that I've seen.

And some of these things are more regional here in the US around like 18. So if it's 0 to 18 or 0 to 20, again I'm looking for optimal, better control, especially if you have a family history.

If you've had a stressful life, you've had trauma, things like that, because this is making you more vulnerable, more

susceptible, either from your emotional experiences, perhaps your environment, maybe you're like me.

I grew up in South Philadelphia, right by oil refineries and all. Could there be a more toxic environment? Like that's just not a good thing for having good, healthy hormonal balance throughout your life.

So when you look at it, I feel like this matters. Some other things along the way that I would advocate for would be high sensitivity, also abbreviated as HS, CRP, because that C-reactive protein and the high sensitivity version of the test matter because now we're looking at the crossover, the interaction between your blood sugar and an inflammatory marker, which is CRP, and where else it might be likely to cause damage, whether it's cardiovascular issues, thyroid issues, risk for cancer, etc..

Again, things in the realm of metabolism, they tend to have, a very intricate interplay between each other. And it's important that you know what to look for.

Yes. Test down. Guess I love that I love that. So do you see a lot in your practice? Do you see patients coming in with Hashimoto's and insulin resistance, prediabetes or type two diabetes kind of combined all together?

Absolutely. Yes. All day, every day. And I think one of the reasons is because it's a resistance. When your point of view convinced conventional medicine is not well addressed, they don't really have good tools for it because they aren't focused on a lifestyle.

They are focused on dispensing the medications, telling you they're going to see you in six months and they're going to watch your numbers while they watch you get sicker and sicker.

Yeah, yeah, that's exactly what they do. Now, I know you're like me and that you test thoroughly from the thyroid. How often are you seeing that elevated reverse T3 tie back to insulin resistance or diabetes?

I see a tie back in my practice, probably about a third to a half of the time. I see about a third of the time with men. I'd say closer to a half with women.

From what I've seen for women, we tend to be more sensitive to these measures. And it doesn't surprise me. Many things tend to be more sensitive for people who are female, you know, and this is in that bucket.

That's been my clinical experience. How about you? Oh gosh. All the time. So whenever I see that elevator reverse T3, I mean of course we want to look at what medication the person is on.

Many of them are on T4 only, which we know just does not optimize the thyroid in any way, shape or form. Finishes up the reverse T3. But what if they actually come in on, let's say thyroid or armor, thyroid or T4 and T3?

Well then we go, okay, what is driving this reverse T3 to be elevated? And the first place I look is the insulin A1 C because that's so inflammatory. So you had mentioned that elevated CRP before.

How what other effects on the body does elevated and elevated insulin and elevated A1 c glucose have outside of being an endocrine disruptors possibly tanking the thyroid pushing up reverse T3.

What else are we seeing in the body occur. Yeah we start to see across the board gumming this if you will. The blood just starts to get gummed up. So the vasculature, the blood flow throughout the body now starts to get gradually and relentlessly.

And unfortunately, honestly, Doctor Amy, it's silently compromised. If people could feel the degree to which they're getting dragged under, they would be alarmed and they would take this like as the thing that they had to deal with and they would run with it.

Unfortunately, a lot of the symptoms are silent, so they'll start to find that their energy starts to ebb, their weight probably starts to increase. They might find that where their body is depositing, fat has shifted, so it's more likely to

be around the belly area.

It may not be, though. There is such a thing as tofu thin on the outside and fat on the inside where somebody has storing like visceral fat, belly fat, but it's not pushing through the abdominal wall.

So they look quite lean. And some populations of people around the world that's a more likely, display of it. Other things that they might notice are that they no longer feel alert and refreshed when they wake up.

You know, their sense of carpe diem, seize the day has gone. It's like, as one patient said to me the other day, she said, my get up and go got up and went, doctor.

So I was like, okay, girl, I hear you, I hear you. And so those are some of the things that people recognize, right? And in that moment, I think it can be confusing because a lot of times if you go to the doctor, you're going to get help.

They often aren't ordering the lab tests, like what Doctor Amy has just talked about, and they don't know how to interpret it because their idea of what's healthy, frankly, is barely functioning as opposed to you being at your best.

How Dysregulated Glucose Affects the Body

Yeah. Yeah, absolutely. So now the other thing that I've heard is that once your agency gets up, like basically once it hits a 5.6, 5.7, there's been a lot of tissue damage that has occurred.

So we're talking years, if not decades of damage before we get that sprinkle of diagnosis of, okay, you have insulin resistance or you have type two diabetes, what can we do to reverse that?

Can that tissue damage be reversed when we reverse the diabetes? Yeah, it really heals. So let's go back to that idea of the gummed up blood flow. Right.

The compromised circulation or the, compromised perfusion is how a cardiologist would say this in other words, whether or not your blood tissues easily get blood in and out, blood in to get the nutrients in out to get the trash out, so to speak, your natural metabolic breakdown as you go through your day.

So in that within the resistance, it means that the answer receptors on the cell wall are no no longer as good as they should be. They're not as functional.

We're taking glucose out of the bloodstream and making it available inside the cell is energy. That's one way that shows up in terms of thyroid issues and how it compromises the thyroid.

The thyroid being the master conductor of our metabolism. And that symphony, what it's going to do is step on the ability of you to really benefit from your energy, whether it's from your glucose, your blood sugar, glycemic control, whether from your thyroid function, whether it's from the mitochondria, the organelles inside your cell that are those powerhouses, right.

They're all being compromised because of this central issue. Insulin is not doing its job. Glucose is not doing its job either. If you're going into storage mode. So then how do we heal?

How do we reverse this part of the strategy has to be something where we give the body a break. I call them timed windows for healing. That could be intermittent fasting could be a water fast.

It could be a fasting mimicking diet. It could be keto. There's a number of processes that absolutely help you reset, so to speak. And if you think about it historically, for people all over the world, all of our cultures, just about all of them, they all have some kind of a regimen where they fast, where they purposefully restrict calories for a specific purpose, a specific time of year, a specific season.

Maybe it's for religious or spiritual renewal, whatever, but it's part of the cycle. And in today's modern world, many of us are no longer in that cadence.

And I think we're suffering as a result. Yeah, I agree, I agree. Now, going back to the symptoms you had mentioned energy that that zest for life. Get up and go.

I want to also address a couple of the other top symptoms as it relates to Hashimoto's hypothyroidism. That's going to be weight gain or weight loss resistance and hair loss.

And I know both of those can be tied back to having elevated insulin, elevated A1. See, this is why I always tell my patients, listen, we can treat your thyroid all day long.

We can get it optimized. We can treat hormones, get those optimized. But if you don't hone in on this dysregulated glucose, on this elevated insulin, and do the lifestyle changes that you talked about, you're not going to lose the weight and your hair is going to be affected because of that elevated insulin effect in the hair follicle.

So break those two symptoms down for me as it relates to dysregulated glucose. Yeah. So with this dysregulated glucose issue right. Your hair follicles etc., your hair follicles turn over very frequently.

You know, all of your skin cells, whether it's the skin on the outside, your hair cells, the skin on the inside, which is basically your gastrointestinal tract and the mouth of the anus, they're all epithelial tissue.

And epithelial cells turnover rapidly. You need the energy base to make that work. And if your energy is not right, your hair's not going to be right.

You won't be right. You know, you'll be all hangry and difficult to be around, etc.. Something else to consider. And again, it's this is more towards women because women tend to live longer.

Are the issues that go on with type three diabetes also known as dementia slash Alzheimer's. It's called type three diabetes. And I have to say that clinically, the people that I've seen or I've worked with or heard about or unfortunately, my mother in law when I was still electrical engineer at the time, I did not know any of these things.

As we watched my mother in law descend into Alzheimer's. She always had prediabetes. She never had type two. So for those of you who were thinking, oh, it's just pre-diabetes or other people, or you know, bones, smoke up your skirt and just shining you on, telling you it's just pre, you're okay.

You may not be okay. I've seen the people with prediabetes being more likely, interestingly enough, to show up with dementia Alzheimer's later. And I'm going, oh boy, we need to be taking this seriously sooner.

Yes we do. Okay, how about weights being shifting from being that sugar burner to being a fat burner to actually get the weight off of us. How does erratic blood glucose elevated insulin, elevated A1 C affect our weight.

So it affects our weight very straightforwardly. You know when we think about metabolic flexibility right. Which doctor is talking about here? We go from being a fat burner to a fat store when we're looking at blood sugar and its role there really the thyroid function and their role, they're one of the things to know is something that I want to be able to describe.

This is where I wish I had a relationship with like Pixar or someplace good. Make me a beautiful animation. It's an idea that'll be like area under the curve.

So I'm not going to turn this into a math class. Everybody take a breath. I'm going to say think about a blood sugar rollercoaster, right? We can all imagine that. And it goes up and it goes down.

It goes up and it goes down. And you can see that as we do that right as we go on the camel's hump. Hey, come on, buddy, the camel's hump. There's literally more area there, more space taken up.

Does that make sense. So if you've got your blood sugar spike and you're going up and your blood sugar spike, you're going down. The more times you do that, the more camel humps or blood sugar rollercoaster throughout the day, the more times you then have all of this, extra exposure of blood sugar to the other cells of your body literally coming up the works.

Therefore, when that's happening, that's more times for your body to be in fat storage mode. That's the trouble. And so if you have an abrupt crash or a slow roller, but it's a big roller, like waves on an ocean or waves on a lake, this is a problem.

The same way if you've ever been out there on those big role, if you got nauseated, you don't feel well. So you might hear for your blood sugar, my friend.

That's what's going on now in a healthy situation. It's small little ripples, like a gentle creek babbling along. Not a big deal. That's a healthy thing.

And it has a much smaller area. It's like that as opposed to like this. I think we can all see one of them is much bigger than the other. And so one of them, the big one, is what puts you in risk for having weight gain and weight gain.

Sometimes it is relentlessly out of control. The good news is when you can reduce the number of blood sugar spikes and crashes. Literally, the area of the curve, squish that camel hump or that much of a roller coaster so you're not even on the ride, then that's when you can enjoy metabolic flexibility.

Get back to fat burning, and so you'll have days maybe where you're naturally a little more hungry. You eat a little more, it's fine. Have when you're not hungry, you eat less.

It's still sign. Your weight should be stable and have a small variance. A natural fluctuation as opposed to you are just climb and climb and climb and climb and you're like, oh my God, what happened?

You know, and for some people, I mean, the thing that gets me heartbreaking is people have this experience.

Reversing Blood Sugar Issues and Finding Dr. Yates

They feel like people judge them and they're right, and they make the assumption that they're eating bags and bags and bags of chips, half gallon more of ice cream per sitting, when this might be a person who doesn't eat chips.

Right? Right. Has ice cream. Maybe once a month, once every three months. They're being so careful and they're still having this relentless increase in their weight.

Not fair. But this is what's going on right now. And I think our environment is not helping with all the toxins in the air, water in our food. Oh yeah.

I mean, yeah, we could go on for another half an hour just talking about the other effects on blood sugar. But you did mention stress. So any stressor toxins, all of that can go in the in the stressor bucket.

And I love when guests describe things exactly how I describe them. And we didn't even talk about it beforehand. That's exactly how I describe weight game my blood sugar.

And here is the other thing worth mentioning. I always say insulin is like Jekyll and Hyde. You mentioned earlier, if you have type one diabetes, you have to take insulin.

There's no ifs, ands or buts about it like you have to, so it's needed for life. We should not demonize insulin. We need it. But if there's too much of it, then it is kind of the fat storage hormone so needed for life, that storage hormone.

So we just want that perfect balance of insulin. Is that correct? Yes, that is correct. You do want that perfect balance of insulin. And now in this era the medications for type one for insulin control are so much better.

They've got short term and long term acting insulin. And for people who who are really dialed in on their lifestyle side with nutrition, it makes sense.

The sleep, the meal timing, the stress and exercise, stress management and exercising. Along with strength training, they really can do a great job with having their blood sugar numbers being a healthy range for a type one diabetic.

You know, we're looking at blood sugar control in the conventional world of being at 7.0 for an 81C. I like to see type one diabetics when I work with them.

More like in a 6.0 or a 5.55.4 range, and they can be done without even having to be obsessive about it. We got to get dialed in all those five things.

I opened up our talk with which two, maybe three, are most sensitive for you? For some people, it's sleep. Sleep unlocks a lot of things, whether it's weight control, better moods, better blood sugar control, better thyroid harmony.

You know, it just kind of makes sense when we think about it. And for cortisol, let's visit that for just a moment. Cortisol to me is such an interesting hormone, right.

It's some stress hormone. I talk about it being a fight or flight hormone, but it's about an action. You're either going to run away from an actual threat or a perceived threat, or you're going to stay and fight a perceived threat or an actual threat.

The problem with a perceived threat is that you don't get to burn off the cortisol, the adrenaline, and when you have cortisol surging in your blood, it will force the release of glucose.

It's not going to ask you, may I? It does it. So if cortisol is up, your blood sugar is up. And I've seen people become type two diabetics because of cortisol.

This regulation chronic stress, severe stress, etc. they weren't overeating. They weren't doing the stereotypical, you know, get your own damn fault shame and blame stuff where they sat on a couch and they just overate and didn't even try.

Now, these are often the people who are the high achievers, who work really hard, who are the rocks in their families and communities. They're doing everything for everybody, and they may not be on their own to do list.

And now they've got a problem and it's called, let's say, type two diabetes. And they may as well they may also at the same time, they commonly also have Hashimoto's or they're going to have another thyroid problem.

Right. And in that moment it's got it's just so frustrating because oh my God, when these things are interlocked you kind of can feel like, where do I start?

Yeah, yeah. Oh bam, that is gold. Absolute gold. Everything that you said I mean we could keep going on and on and on. I love talking to you. Love this information that you give.

But can you tell people where they can find you to to dive a little bit deeper if they are suspecting that they need to get control of their blood sugar.

Cure, they're always welcome to reach out and connect. And you go to my website, which is W dot natural health care.com. Again, that tweet that natural health care.com.

And also the other website is a dot Dr.. Like the abbreviation for Doctor Beverly Beverly Yates y a t s and come

check it out. I'm all over social media under that name and I'm even on my YouTube channel.

I'm having so much fun on YouTube. Beautiful, beautiful. So they can definitely dive into more of your information. Doctor Beth, thank you so much for today.

I greatly appreciate your time on the Reversing Hashimoto's Summit. Thank you, Doctor Amy, for having a guest and for everybody. Please take action. You deserve to be well.