Thyroid & Fertility: The Intricate Connection Unveiled Transcript

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Introduction to Thyroid and Fertility

Hey, welcome back to the Beyond Infertility Summit. I'm your host, Dr. Aumatma, and I'm going to introduce you today to the thyroid fixer. Her name is Dr.

Amie Hornaman and she is not your ordinary doctor. She is a guide to your vibrant, kick ass life in the world of medicine and alternative health. Today, we're going to dive into all of the things that are so crucial for thyroid function and how they impact your fertility.

So join me as we get into a really great conversation about what is happening with the thyroid, how to address it, and what we can do to optimize our fertility by optimizing thyroid. Dr.

Amie, great to have you here today. Welcome. I'm very excited to dive into thyroid health. Let's kick it off with why thyroid is so important to fertility.

Absolutely. Well, we have to start with the thyroid being the master gland, and that pretty much runs the show of the body. So from your metabolism to the regulation of other hormones, regulation of your blood sugar, really even dictating whether or not you go to the bathroom every day, it comes back to thyroid function.

So if we're dealing with a thyroid gland that isn't working so well, maybe it's under attack, it's sluggish, it's hypo low and slow. That's going to have that downstream effect on sex hormones, progesterone, estrogen, testosterone.

Why Thyroid Function Matters for Conception

And then, yeah, we can throw in DHEA, pregnant, alone through all the sex hormones in the mix when the thyroid is off, we start seeing this dysregulation of the sex hormones, where in very young adult young women, we might see a drop in progesterone where she actually looks like she's headed into perimenopause or menopause.

Progesterone is very important for fertility. We might see this estrogen dominance state or a low or high testosterone state, all of which. And you've had other guests on here talking about hormones.

All of those sex hormones are really important for fertility. So when the thyroid is off hypo, when it's just not working. Right, we'll see that sex hormone dysregulation.

The other thing is the actual ability to get pregnant and development of the fetus very much dependent on thyroid hormones, specifically T4. But we have to bring in T3 is the active thyroid hormone as well.

What we'll see when a woman is let's say she's undiagnosed hypo and she's had three, four or five miscarriages or she's just really struggling with fertility.

So we see that on both ends, the the actual fertility aspect and then the holding of the pregnancy aspect that we see really just thrown off. And it's a frustrating struggle for the woman, as you know, and it's coming back to the thyroid.

It's like, oh, if we just optimize the thyroid, got her out of that hypo, stay calm down. The inflammation of the thyroid, calm down. The autoimmune attack that was going on, all systems would start to work together.

So I know that was kind of like three answers in one, but it comes back to the thyroid gland being the master gland and having such control over the body.

Yeah, absolutely. And it has so many interconnections with all the different functions that then impact the sex

hormones for fertility in general, the ovaries, as well as pregnancy outcomes.

So thank you for sharing that. That stage is setting that stage for a big overview. Yeah, exactly. Exactly. So why do so many women get told that their thyroid is normal?

And I'm putting this in quotes because. I'm. Like, oh my God, what is wrong with it? Right? I mean, you and I have seen so much of this. So woman comes in, she's, like I said earlier, struggling with fertility, maybe a couple of miscarriages.

Sure. But, you know, my doctor tested my thyroid and told me that I was totally normal. And then we say, okay, let's see those tests.

Why Standard Thyroid Tests Miss the Full Picture

She breaks out a TSH thyroid stimulating hormone and it's within normal limits. Again, air quotes. Yes, she is correct that that TSH was normal. But here's the problem that does not tell us the whole picture of the thyroid TSH is the pituitary hormone.

It is not a thyroid hormone. We have to have to have to go deeper and look at free t3. t3 is the active thyroid hormone. So it helps to kind of say that t3 is your gas.

That's what actually gets to the cell, turns on the cell, connects with the cell and gives you a metabolism and blood sugar regulation and the sex hormone regulation and fertility.

We have to measure that active thyroid hormone free T3. We also want to look at free T4. Now T4 is inactive. It's an inactive thyroid hormone, but it's the most abundant thyroid hormone that your thyroid gland produces.

So we want to look at how much of that inactive thyroid hormone do you have in your body? Is that adequate enough? And then we want to look at reverse T3, which is that's the brakes.

So essentially reverse T3 is a beautiful thing. It was built into our bodies to protect us. It's a survival mechanism. If you are in a state of crisis trauma, you're in the ICU.

The ER that reverse T3 will go up to basically say, hey, this person doesn't need to get pregnant, burn fat, feel good, they just need to survive. But what if that reverse T3 is high when you're walking around trying to live life, when you're trying to go to work and take the kids to school and get pregnant or get pregnant again.

Right. We don't want that reverse T3 elevated because it's putting your body in survival mode. Very important tests to look at and then of course, we want to see if you have Hashimoto's, that's going to be the TPO and the TG antibodies.

We want to see if you have that autoimmune hypothyroidism where your body just attacks the thyroid gland. It thinks that it's an invader, it thinks it's a bad guy.

Your body's just confused and it goes out and attacks your thyroid gland. Now when it's being attacked, it's obviously not going to work at a top levels, not going to be working at 100%. Right.

It's getting attacked every day. So that's going to play a role in low thyroid hormones as well. We want to check everything. And that's the big problem when women come to us and they're like, hey, I was told my thyroid is totally normal.

I'm fine. Well, are you or aren't you? We don't know unless all of those tests are done. Yeah, yeah, absolutely. So what are all of the tests we want to know?

Almost every doctor tests TSH. Yeah, but then T3, T4, T3, T4, PPO and TGA, those are the antibodies to the

thyroid. How frequently do you. Oh sorry. And I don't I forgot a reverse vigorous which is that is super important.

How important are tier three antibodies. How often do you see those elevated and like the whole hypothyroid situation, how often do you see that happening?

It's much more rare. We see way more Hashimoto's and low hypo thyroid function than we see hyper normally when I'll when I get a patient that has graves disease.

So that is the it's kind of the flipside side to Hashimoto's. So with Hashimoto's we have the destruction of the thyroid gland and the downregulation like not enough thyroid hormone is produced.

So that's where we'll see that all those low and slow symptoms, low gut motility, low metabolism, low mood, low brain function, the other side is graves.

That's where will test the TSI antibodies and that's hyper that's where you're losing weight.

Autoimmune Thyroid Disease and Symptom Fluctuations

You can't sleep. And if you've ever seen anyone with thyroid eye disease, they kind of have those bulging eyes. That's Graves disease. Now what I see is the pendulum swing.

I'll see women who. Yeah, they might be graves for a hot minute, but their symptoms are all that of being hypo. They're like, Wait a minute, I'm not losing weight.

I'm gaining weight. I can't go to the bathroom every day. I can't get pregnant. I can't think. I can't. So they're swinging to the other side going into Hashi.

In that case, we just have to look at that person as an individual, treat the whole picture. But it is kind of interesting when you test. TSI Especially if someone has any kind of or in the past has any kind of hyper symptoms, we want to check that.

And so that like flexing between hyper hypo, hyper or hypo. What, what's your assessment about what's happening in those women. Well still all autoimmune right so we know with autoimmune there's that genetic predisposition there's usually leaky gut involved and there's a trigger, a stressor.

What woman isn't under stress right now? You are you're under some kind of stress and hormonal fluctuations equals stress. So normally post pregnancy is when we'll see a lot of autoimmune conditions come up and kind of turn on because that pregnancy, albeit natural and something you want and something you want to go through is a huge stressor on the body.

And I think as women we tend to forget that because it's just it's built into us, right? As biological, we're built to to reproduce. But it's such a huge stressor on the body because of the hormone fluctuations that occur.

So same thing. I mean, you could be and maybe you're trying IVF, maybe you're trying hormones for fertility, maybe you're trying all these different things or even just trying, period, to get pregnant.

That's a stressor. And so that's where we'll see huge fluctuations in autoimmune conditions come up. Will column autoimmune flares or that autoimmune gets activated?

That's where we'll see someone who does have both sets of antibodies, the Tsai and the TPO and T j kind of swing back and forth where they might experience a few hyper symptoms like, you know, they're not sleeping really well.

They're kind of more anxious than depressed, but yet they still have all of these hypo symptoms over here that they're complaining about. Yeah. So in terms of supporting women with hypo hyper, the fluctuations in what strategies do you find most useful in helping women have better thyroid function?

Absolutely. So, yeah, at the end of the day, it doesn't matter whether, you know, if you have Hashimoto's or not graves or you're just deemed hypo or you're looking at your numbers and you're like, Hey, wait a minute, these are a little bit low, even though they're in the normal range, first and foremost, across the board, across the board, we have to take down inflammation, inflammation and this is it's so cliche.

You know, you've probably heard many, many, many interviews.

Reducing Inflammation to Support Thyroid Health

Practitioners talk about inflammation to the point where you're like, oh, here we go again, more inflammatory talk. But if you think about it, when the body is in that inflamed state, number one, you're going to get more destructive zone of the thyroid gland.

So let's take Hashimoto's, for example. I love using analogies for people to understand. You have these little soldiers and those soldiers. Like I said earlier, are confused.

So they go out and they attack your thyroid. Now, whenever the body is in this inflamed state, right? When you think of inflammation, you think high alert, read.

Oh, my God, we're at war. The deer. So those soldiers go out and they beat up your thyroid gland even more. It's like two attacks a day. Let's bring in some new troops.

Let's send them all out at once. This is war, right? So when you're in that inflamed state, your body can't heal. And not only can at night heal, it's going to get worse and the whole situation gets worse.

So what we end up seeing from that inflammation is more destruction of the thyroid gland, less thyroid hormones being produced. So those are going down the toilet.

We're just not having enough T3 and T4 in the mix. The person is suffering because they don't have those thyroid hormones on board. Obviously they can't get pregnant.

Among a list of all these other symptoms. If we can take down that inflammation now, how do we do that? The best the my favorite supplement for autoimmune is black and seed oil black 70.

When you look at the studies oh my God, it's so amazing. Reducing antibodies, lowering inflammation even helps improve insulin resistance, which would be kind of my heart too, of what causes inflammation.

You walk around with high insulin and high blood glucose all the time cause you're eating the standard American diet. You're eating too much sugar, you're eating processed food, Greek garbage.

You are going to be inflamed. That insulin, that high insulin, insulin resistance, high glucose number, whatever you want to call it, or whatever bucket you want to put it in, is causing a ton of inflammation in your body.

And that alone can trigger the autoimmune attack, not even mention the gluten, which we know gluten. And again, here's another eyeroll from the audience. I get it.

You've heard over and over and over again to go gluten free. And you've either said, I can't go gluten free. It's too overwhelming, to which I call B. S.

because there's plenty of gluten free alternatives out there. Absolutely. You're right. I mean, they're everywhere. Not that they're the best, but they're they're good stepping stone.

They're a nice little crutch for those transitioning to the gluten free. But you have to know the why. So I'll either here. Yes, it's too hard. I can't do it or I just don't know why I'm doing it.

There's not enough motive ation to continue being gluten free. They'll say, Well, I'm not celiac, so why am I doing this right? Here's the why that gluten molecule looks like your thyroid gland, so it's no different from soldiers at war.

The enemy comes in and the enemy colors and they go, Hey, there's enemies coming in. We got to go to war. We got to go out. We got to fight, we got to battle.

Same thing. When you eat gluten, your body thinks because it looks like the thyroid gland in molecular structure, your body thinks that the enemy is coming in.

It's time for war. So it literally goes out. And again, you get that further destruction of your thyroid gland when you eat gluten. It's also causing a lot of inflammation.

So we have that whole tie in together with the gluten in the processes, the inflammatory foods, high insulin levels, high glucose levels, just making the whole situation worse.

And that those simple steps of lowering the inflammation, going gluten free, doing all the things, get your insulin under control. That's enough to calm the system down, to let the body heal.

Now, that's not to say you might we can't say that's all you need. Maybe you do need some intervention, thyroid hormone replacement, whatever. But my God, that's the first step.

And that's a huge step to take. Yeah, absolutely. I love that starting point of very simple things that people can do if they know that they have thyroid issues or even if they don't know they have thyroid issues. Right, right.

You have all the symptoms. Your doctor says your thyroid is normal. You can still try to get rid of gluten from your diet and see if your symptoms improve, though you don't need a diagnosed thyroid condition to actually make some of these changes.

Right? You really don't.

Thyroid Optimization Before, During, and After Pregnancy

So why is it so important for women to pursue and and receive appropriate treatment before conceiving through pregnancy and postpartum? Absolutely. I'm very passionate about this and I'll get into the why.

So first of all, pre conception, the ability to get pregnant, to improve your chances of fertility, to improve your fertility overall is dependent on proper thyroid hormone balance.

So when we're looking at those numbers, if we're seeing a couple numbers that is really subclinical or low of thyroid function, especially in the functional medicine world, because remember, we're looking at you from an optimal oil standpoint.

We're not going by those standard lab value ranges that are on your labs. So you could go out, you could get all the labs done that we just talked about today.

You can look at whether or not it's black, red or whether there's an H urinal next to it. And you might look at it go, oh, well, I'm normal because you fall within those normal limits.

So the first thing to mention is we want you optimal. So as we're looking at your labs from an optimal standpoint, we really want to get those thyroid hormones into the optimal ranges because that's where your body is going to function the best and that's going to give you the best chance at conception.

Hands down. Without it, that's where we see the multiple miscarriages. That's where we we have these patients that come in. They're like, I've I've had, you know, two, three, four or five.

And we don't want that. We don't want anyone to go through that. The stress of that is enough to kick up inflammation as well. It just takes a toll. I mean, it's so, so hard on women.

It's so hard. So let's let's balance out the thyroid hormones before conception, improve fertility overall. Then as we get pregnant, you're carrying the baby.

The baby is developing. This is where my story comes in. So my stepson is 11/90, nonverbal, autistic. And when I look at mom, I see thyroid, I see the thickened neck.

I see the weight fluctuations. And I know she had trouble conceiving. She had multiple miscarriages. They went to a fertility specialist. They went to a genetics specialist.

So there's there was already something going on with her body. Now, I don't know what they looked at, what they didn't look at, but I just see, you know, the baby's brain development is so depend in on proper thyroid hormone balance.

Specifically, this is where T3 comes into play a little bit more. This is where iodine I mean, that's why a good prenatal always has a little bit iodine in it.

Yes, absolutely. So I'm I want to ask you a couple of questions about that. So I've heard a lot of OB-GYNs say, oh, you only need t four in pregnancy because t three doesn't cross the the placental barrier.

What are your thoughts on that? Well, here's the thing. So we have to look at mom and remember that reverse t three that we talked about at the beginning.

It's also important to note that T4 is inactive. It has to convert over to become the active thyroid hormone t three in that conversion process, if you kind of picture, it is like two roads, two roads to choose to go down.

We hope that that t four chooses the path you convert over into t three. That's good. If it chooses the other path, it's going to convert into reverse c three and put your body into survival mode.

So the problem with just giving a woman T for t 44 and not testing her reverse t three is you could be actually putting her body into survival mode. So then if she's not getting enough of the thyroid hormone, there's no way that the baby is going to develop properly because her body is in shutdown.

So that I would say, you know, while we do weigh a little bit heavier on the t four therapy during pregnancy, we still have to be testing all the tests.

We still have to be looking at the mom's free t three level and you know, you don't want to overdose or with T3, we're not trying to make mom hyper and then, you know, have issues with the pregnancy but you want her optimal.

It's the whole picture of getting all the hormones optimal and then the body. Our bodies are so smart, the body will know what to do with the developing fetus.

It will give the baby what it needs to develop in a proper way. But if mom doesn't, if mom's not optimal, how can the baby be optimal? Right? Yeah. That's a beautiful explanation, because I feel like all too often women are getting these messages that are so different from the functional medicine world.

So I appreciate that insight. Another question that came up for me is the iodine story. Yeah, and there is a lot of debate in the thyroid thyroid world about iodide.

Let's just focus on it specific to pregnancy because it's a crucial period of time where iodine is a necessity. Is there an optimal dose of iodine that women should be getting?

Is there such a thing as too much iodine during pregnancy? And are there symptoms from either too much or too

little? Absolutely. So iodine here, just like you said, huge controversy.

You can find 50% of the functional medicine community says absolutely no. I know iodine if you have Hashimoto's or have a thyroid problem and the other 50% recognize it's it's benefit we have to find a happy ground so I'm all for I am a proponent of iodine I believe that it's very beneficial to the body, very beneficial like we mentioned to the baby's developing brain.

When you look at the studies of iodine and fetal development, it's it's huge. That is why it's in every prenatal like good prenatal hospital have iodine in them.

So that's what I like to go by it dosing wise. You know if I just had a regular high hypothyroid patient, you know, she's perimenopause, menopause, not worry about getting pregnant.

None of that we can increase her iodine for just to bring down the reverse T3 to improve thyroid function to help with her energy, to help with hair loss, resisting breast all of that.

But with a with a pregnant woman, I'm going to stick with the iodine that is in the prenatal. Now, how will she know if she's getting too much or too little?

You really kind of you can't tell about the two little. You're not going to notice that like, hey, I'm not getting enough iodine. Like you would like vitamin D, like, oh, I'm really sluggish and I have brain fog and maybe you're low in vitamin D, you're not going to notice that with iodine, but you are going to notice if you get too much, you will basically feel hyper.

And I've had some patients take too much and you know, they're reporting they're like, oh my gosh, my heart rate's a little bit increase. I'm sweating all of a sudden.

You know, I didn't sleep last night, but it's an easy fix. You back off, you listen to your body and you back off.

Iodine, Postpartum Thyroiditis, and Where to Learn More

Take a couple of days off from it, let it clear your system and then add it back in at a lower dose more slowly just to assess your tolerance. But iodine is so fantastic at binding.

It's a detoxifies and it binds to the halide that are actually toxic to your thyroid. So chlorine fluoride with oh my oh my god, I get it helps excrete those out of the body so you can see why it's so imperative for all of us.

But especially during pregnancy and during fetal development. Yeah, absolutely. Thank you. Again, that's good wisdom. Yeah. Is there oh, let's talk about thyroid health specifically in the postpartum period.

You hinted at this earlier where you said a lot of women during pregnancy will develop kind of this autoimmune scenario. And it often doesn't get caught in my from what I've seen in the until there postpartum.

Right so during pregnancy they're like, oh, you're fine, you're fine, it's fine. And then postpartum is where we start to see not only the the dysfunction in the hormones, but also all of the symptoms.

Right. So. Right, I'm curious what you think is happening from that pregnancy, the postpartum period where just like a lot more possibilities of autoimmune thyroid conditions popping up and and like I feel like a lot of women or even postpartum ignore with the thyroid because they're like, oh, it's postpartum, you're not sleepy.

That must be what it is. Right. And the reality is you have a major gland that's just not functioning anymore. Exactly. And, you know, so many women get the tag of postpartum thyroiditis, to which I say, yeah, that's called Hashimoto's.

So postpartum thyroiditis is just another way of saying like, hey, after you gave birth your thyroid crap the bed and

isn't working very well, but why?

So we have to go back and we have to look. We have to test everything that we just talked about. We have to check to see if that Hashimoto's which did turn on because pregnancy, pregnancy, perimenopause, menopause are the three big times in a woman's life where she will notice autoimmune conditions turning on.

So it's like the little the switch flips for the opposition. Pregnancy is a big one. Like we said earlier, it's a huge stressor on the body. Those hormonal fluctuations that occur, huge stressor on the body.

So if you get the diagnosis of postpartum thyroiditis, please make sure that you're testing your TPO and TG antibodies, because it's very possible that those have raised they're now being flagged high.

And you have Hashimoto's now in my world, too, I like those antibodies at zero. Any antibody is a soldier. It's a soldier that's attacking your thyroid.

So my argument is, okay, well, this this time of testing, you have 20 soldiers, but they're not flagged yet because the standard lab value range goes up to 40.

Oh, but you still have 20 soldiers. So are we going to wait until you're 20 pounds heavier, miserable, can't take care of your baby because you can't get out of bed, can't even think straight, which is part of pregnancy, you know, postpartum anyways, like you said, like you're already dealing with all of these these symptoms that just come after pregnancy.

Now you add on low thyroid function and those symptoms 10x and now becomes unbearable. Why don't we catch that early on and actually start with intervention and treatment so that the woman can regain her life a little bit like be able to take care of herself and her baby to the utmost that she possibly can.

You know, fighting through the sleepless nights and all of the things that come with it. I mean, we can still at least empower her and her body to be more resilient and stronger to to make it through that post pregnancy stay.

I think it's important to test and to treat early. Yeah, yeah, absolutely. I agree wholeheartedly. I think that all too often the women that are being told you're fine, it's normal, not a big deal, but it ends up being a big deal.

And to your point, like, we don't need to wait till it's a big deal, let's deal with it now so that it doesn't become a problem in the future when it's going to be a lot harder to treat and a lot harder to turn around, right?

Yeah, yeah. Love it, love it, love it. Thank you so much for being with us and all of your wisdom that you shared today. Where can people connect with you?

Yeah, absolutely. So you can listen to my podcast, The Thyroid Fixer podcast on all podcast platforms. And Dr. A was a guest on mine as well. And you'll also find I do have an episode in there that speaks specifically to postpartum thyroiditis being Hashimoto's.

So you can kind of dive into that a little bit. And then all social media I'm on social media is Dr. Amie Hornaman (@dramiehornaman) and you can go to my website dramiehornaman.com as well.

Love it. Thank you. Thanks for being part of the Beyond Infertility Summit. We're honored to have you. And for those of you listening and we'll see you again very soon.