Introduction to Dr. Amy Horniman

This is doctor talks real talk from real doctors on the issues that matter to you. Welcome back to the super fertility summit. I'm so excited to have you here and I'm really excited.

to introduce to you our next speaker, Dr. Amy Horniman. Dr. Amy, you are known as the thyroid fixer. You are a prominent figure in the field of thyroid and hormone optimization.

You host the globally recognized podcast, The Thyroid Fixer, which has become a leading voice in medicine and alternative health. As the founder of the Better Thyroid and Hormone Institute, you advocate for the principle that better thyroid and hormone health equates to a better life.

And I'm so excited to have you here today because we're going to talk about how intimately involved the infertility and pregnancy outcomes the thyroid is so you're in for a treat listening and Dr.

Amy welcome and thank you so much for being here. Oh my goodness it is it is my pleasure I love the work that you're doing and and this really this message needs to get out there to women so let's do this.

Absolutely. Let's do this. We have so much that we want to talk about, I know. And the first thing that I want to ask you, Dr. Amy, is what's the one thing that you want to make sure that people take away from this conversation that we're about to have?

If there's only one thing that they remember from today, what's that thing? To get your thyroid checked and optimized before even beginning contraception or conception, not contraception.

You have to have your thyroid and hormones optimized prior to getting pregnant. And we're going to talk about that today and the importance and the implications of that.

Why Thyroid Health Matters Before Conception

Because just like we were talking about off air, giving it another six months. And I don't care what age you are. I don't care if you're 40. I don't care if you're 45. I don't care if you're 50. You give that another six months to really get your thyroid optimized and it will save you so much heartache in the long run, so much stress in the long run.

And your body will be shored up and primed to not only carry your baby full term, have a healthy baby, but you remain healthy as well. So we can dive into all the ins and outs of that, but that, that would be my one thing that I just pray.

all women out there here and take to heart. Thank you for starting us off in that way. I have goosebumps and also tears that are on the verge of emerging because you said something so important that I feel like will just unlock and release people because people are especially female identifying people, people with ovaries and eggs are so wound up And so tightly in stress over the fact that that's the clock is ticking that they're told they're over the hill at 3035 4045, whatever it may be whether they want to conceive naturally or they want to do IVF.

They're terrified about every moment that's passing every day that's passing. And when they come to something like the prime master protocol, which is our zone of genius at FBI, or they come to someone like you and they're asking for help getting their thyroid in order.

Their first thought is I cannot take the time to do this. I don't have this time. And I always say taking the time buys you time because it helps. to slow and reverse your biological reproductive epigenetic age.

But in addition to that, you said something so important, which is it will take the time, it will save you time, but it will also save you so much stress and heartache in the long run.

Because the only thing and I now I know this after 28 years and walking with tens of thousands studying tens of thousands serving tens of thousands, the only thing more stressful than not being able to get and or stay pregnant.

is having a child who isn't well. And that is a stress that will never go away. And a mama doesn't ever want it to go away because no matter what state her child is in, she loves that child, but life gets to be a lot more graceful and joyful for you and for the child.

If you can take the time, allow the space to have the time to Primester to prepare. So talk to us, Dr. Amy, about this. Just reiterate this for the person who's still thinking, yeah, but I don't have the time.

Thyroid Dysfunction, Pregnancy, and Baby Outcomes

I'm running out of time. And also, why is it so critical that the time is taken for the thyroid specifically? Absolutely. So I'll start with that question and then work my way back.

When we look at the thyroid gland, It really is not given enough attention in conventional medicine or OB-GYN medicine. It's kind of glanced over. It's tested with one simple test.

We need more tests. It is your master gland. It controls every single cell in your body. It has control over your sex hormones. So progesterone levels vital for pregnancy.

The thyroid gland has control over that. It has control over estrogen and testosterone. It has control over your insulin levels. It can drive insulin high, which can contribute to infertility.

So when we look at the thyroid gland in terms of being fertile and being able to conceive a non-functioning thyroid, a low functioning thyroid, even if you are on medication for that is the number one cause of miscarriage.

Low T3 and low T4 is the number one cause of miscarriage. Then we move into, okay, you have conceived, you've made it, you know, into month four or five, six, you're past that really scary window.

Now the baby's brain is developing. In addition to iodine, which is vital, it's in every prenatal vitamin. In addition to folate, we need thyroid hormone for the baby's brain to develop.

And this is where I'll transition into a very personal story and why I'm so passionate about this. So I share this often on my podcast, but I have a stepson who is 11 years old.

nonverbal autistic and autistic to the point where he is severely developmentally delayed. He will most likely never operate on his own beyond his own and will need some kind of care for the rest of his life.

He has never called my husband dad. He's never called me by my name. He doesn't really even grasp where he is or what he's doing. So the heartache that we go through, not being able to take him to a park or to the zoo or watch him play baseball or do any of the things that kids do, is really hard.

Like anyone out there listening who has an autistic child or any child, like you said, with any kind of health issue, it weighs on you every single day.

And when I look at the mom, I see thyroid problems. I see her weight fluctuate by 20 pounds. I see the swollen neck. You know, she had two miscarriages prior to conceiving him.

He was a preterm baby. I mean, just all of the things that lead up to me thinking, and now you can't go back in time, but me thinking, my God, if you just took, or if you were working with someone who knew what they were doing and took six more months, you know, six more months, one more year, to get your body healthy because obviously if

you had two miscarriages, something's going on.

Let's listen to that and let's fix that so that you don't have. And that's where my statement comes years and decades and basically a lifetime of heartache.

I want everyone to avoid that if possible. And that's why I'm so passionate about women hearing this, hearing me, Getting your thyroid check, getting it optimized.

And I'm not talking from your conventional medicine doctor who tests TSH only and tells you you're fine. Your thyroid's normal. Go on on your way.

Hashimoto's, Autoimmunity, and Environmental Triggers

No worries. I mean, really diving into functional medicine, getting all the tests done and making sure your thyroid is optimized before you move into trying to conceive.

Absolutely. And, you know, this is something that comes up commonly in the primester protocols. Well, obviously we get a lot of women with thyroid disorder because they're more likely to have difficulty getting and or staying pregnant.

And it's just becoming so much more common. And so as women are They're more and more likely to become part of that group who's having a thyroid condition.

Right. And we had, I can remember distinctly a mom who had been struggling to get pregnant for years. And she had this inkling that something was wrong with her thyroid.

And she heard me talk about how you need to get your full fertility and pregnancy system testing, including a full thyroid panel. And that TSH is not sufficient.

And you should push back. And we give a very appropriate script for advocating for yourself in a way that we call allied advocacy. And she did that. And she found out that she had Hashimoto's.

and she got on the proper medication and then she got pregnant the first try after completing her prime master and now she's just had her second super baby one girl one boy and it just shows you how.

this this piece of the constellation that is so commonly overlooked and that people just accept for what they're told at face value because the doctor should know right but but we have to remember that not everyone There's a difference between a general practitioner and a specialization.

And not everyone is thinking as deeply about your fertility and pregnancy potential and outcomes as you are. And that might include your OB-GYN who has only a few minutes to spend with people.

It might include the IVF doctor. I don't know, but we have to be advocating for ourselves. One of the things that I think about so much is because When you have a thyroid condition, even if you're on medication to regulate it, usually it's not perfect.

Usually the levels are not perfect. What can we do to prevent the development of these conditions in the first place? Because it just seems like our modern world sets us up for failure in this way, just like it's setting us up for failure for fertility as well.

So what do we do? Well, so when we look at hypothyroidism, low and slow thyroid function, and you mentioned Hashimoto, so actually 95% of all hypothyroidism is indeed the autoimmune form Hashimoto's, Hashimoto's thyroiditis.

So it's when your immune system is attacking your thyroid gland. Your immune system thinks your thyroid gland is

a bad guy and sends out soldiers to beat it up.

So eventually when we start looking at the thyroid gland, it starts to get all jagged and small. And obviously if you're getting beat up every day, you're not going to do your job very well.

Well, the same thing with the thyroid gland, it's getting beaten up and it just can't produce the thyroid hormones, T4 and T3 like it once did when it was healthy, when it wasn't getting beaten up.

Now we know with Hashimoto's, we know with all autoimmune conditions, there's the theory of a three legged stool. we're number one, you have that genetic predisposition.

So you might look back in your family history and there's possibly Hashimoto's, maybe MS, maybe lupus, Crohn's disease. All of those are autoimmune conditions.

And what we see with autoimmunity is it's very hereditary. So it gets passed down. So you have that genetic predisposition. But like we know with epigenetics, that genetic predisposition does not have to be a fate.

So what else is, what other legs of the stool can we look at? Well, then we have the leaky gut, which I'm pretty sure all of us have, because that goes back to your question of what about what's going on in our world right now that is so drastically different than even, you know, 20, 30, 40 years ago, we see increased pesticides, we see Xenoestrogens, we see all of these chemical compounds coming into our life, onto our bodies, into our homes.

I mean, the rug that's right there, the new wall, the new flooring, I mean, all of it, what can we do? I mean, I need a couch, I need a rug, you know, and everything that we're in contact with.

starts to throw off our hormones and starts to cause leaky gut. Then we have that third leg, which is the stressor. Now that stressor could be all the chemical toxin exposure that you're, you're exposed to.

It could be the EMF exposure. It could be something as simple. and natural as pregnancy. Because many times that hormonal cascade that happens is enough to flip that Hashimoto switch.

So we always say puberty, pregnancy, perimenopause, menopause. Those are the times in a woman's life where we see Hashimoto's present itself and rear its ugly head, where that switch gets turned on.

Why Standard Thyroid Testing Misses Problems

Now you say, well, pregnancy, that's what I'm trying to do here. And you're telling me that's enough to throw my body off? Yes, it is, but that's why we're here today telling you get everything checked because I guarantee you if, if pregnancy is the time.

And I hear this from my patients all the time. You know, it was after my first child, my body just went to hell. Everything. I felt like a totally different person.

My hormones never balanced out. I never lost the baby weight. I never got back my energy and I had postpartum depression. No, you had a thyroid problem that presented itself after you got pregnant.

And after you, your hormones were, went through like a crazy cascade roller coaster, but it was there before. So if you got checked before getting pregnant, you wouldn't have seen or working with someone that knows what they're doing would have seen.

Something's going on with your thyroid hormones here that we might want to check out. Let's lower those antibodies. They're starting to present themselves.

You've got some soldiers going out, beating up your thyroid. Let's get you, let's get you shored up so that you don't have to. then get pregnant, deal with a miscarriage, deal with developmental delays, or if you have a healthy

pregnancy, deal with the postpartum depression, weight gain, low energy, and you're a non-functioning human being after finally giving birth.

Let's do that beforehand. Yes, absolutely. I love that so much. So we can change our genetic predisposition of the three-legged stool. We can work on our leaky gut.

That's something we do in the Primester. I'm sure you work closely with your clients on this as well. And we can also address the stressors. And there's a whole kind of rainbow of stressors.

That's putting it nicely, but it can be the chemical stressor, the other environmental stressors, psychological, social, cultural, you name it, right?

The psychophysiological stressors. So this is what we need to focus on, these two parts of the stool, because that's where we have our power, and that's where we want to spend our time and energy.

Tell us a little bit about the the link between the testing that doctors are not doing and the rates of thyroid disorder that are going unnoticed and accounting for not getting pregnant in the first place, miscarriage, autism, preterm birth, as well as other kinds of health problems.

Yeah, no, definitely. So we kind of have two categories there. We have the completely undiagnosed category. These are the women that they're, they're going to their doctor.

They're saying, listen, doc, I, I got problems here. I'm more depressed than usual. I'm gaining weight no matter what I do, no matter what diet I'm on, I cannot lose.

I am exhausted. Like it just mentally, physically exhausted by 11 a.m. By 1 PM, I just can't go on anymore. And the doctor looks at them, does a couple of tests and says, well, here's an antidepressant.

There's nothing really going on with you. And these women are literally walking around with a thyroid problem because no one tested them thoroughly. They just tested TSH alone and they were told, Nope, you don't have a problem.

Now, obviously in functional medicine, we test so much. And when we look at TSH and when, when we break it down, it almost makes you scratch your head and go, how did these guys even graduate from medical in the first place?

But TSH is a pituitary hormone. It is not a thyroid hormone. So it's released by the pituitary gland to stimulate your thyroid. Think about it when. you know, uh, somebody's not doing something properly and you ask nicely, you're like, Hey, you know, can you please do this for me?

And then they don't. And then you're like, you know, Johnny, can you please get this done for me? And your voice starts to go up. That's TSH. It starts to yell as it, as it rises and goes higher, it starts to yell at the thyroid gland.

Hey, thyroid gland, you're not doing your work. Come on, come on, let's do this. Produce more thyroid hormone. but that's just one moment in time. That's one picture of the thyroid, but it's really more of a picture of what your brain is doing.

Then we go on to the actual thyroid hormones. Your thyroid gland produces T4, which is inactive, T3, which is active. So we want to test both of those.

I want to know how much of the inactive and the active thyroid hormone Is in your body at that particular moment of time free, meaning ready to be attached to the receptor site on the cell.

Then we want to look at reverse T three, which is the anti thyroid hormone. I always use the analogy of a bouncer at the club. So reverse T three, when it's high, we'll sit outside your cell door and say T three, you're not coming in

today.

You don't get into the club. And it just blocks T3 from actually attaching to that receptor site on the cell. So we want to look at that. And then we want to look at the two antibody markers for Hashimoto's.

I want to know whether or not you have Hashimoto's. We want to look at thyroid peroxidase and thyroglobulin. So you can see just from that description.

the testing is much more thorough than what your conventional doc is doing. And if you're working with someone who is not testing all of those markers, it's time to get a new doctor, because that is my rule.

If your doctor says no to testing, it's time to get a new doctor. No ifs, ands, or buts about it. Now that's the undiagnosed, misdiagnosed group. Over here, we have the ladies, and I know you're out there listening, that are dying.

Oh, well, yeah. No, my doctor told me I have a thyroid problem and now I take a pill for it called Synthroid or levothyroxine and you're on T four only, or maybe your doctor actually went out, out on a limb a little bit and gave you some armor thyroid or NP thyroid, but it's only 30 milligrams or it's 60 milligrams.

Optimal Thyroid Ranges for Fertility

And you're like, yeah, I'm at least on this blend of T four and T three, this natural desiccated thyroid medication, but I'm not feeling it. feeling any better.

I still have all the symptoms. I can't lose weight. I got the brain fog. I got depression. I got all the things still can't get pregnant. You are being mistreated.

Yes, you got the diagnosis. So did I, after six doctors misdiagnosed me, one diagnosed me, then gave me T4, which did nothing. So a little stat for you is that T4 only only works in 2% of the population.

98% of those with Hashimoto's and hypothyroidism need T4 and T3 together at the proper dose that is actually going to replace those thyroid hormones that are no longer being properly made or that maybe you're having a conversion issue or whatever from T4 to T3.

We need to not only treat you with the proper thyroid hormone replacement, we need to get that thyroid hormone replacement to the proper level and not just give you this itty bitty baby dose to please you.

That's actually going to make you worse. So we have kind of two groups of people. These are the two groups that I see quite often, but both of them are, are going to be set up for failure.

That's absolutely right. And I hear these stories every single day, a couple of really specific questions What do you recommend TSH? We recommend it between one and two being closer to one than two being ideal for fertility.

Is that what you recommend also, Dr. Amy? Yep. I just like it less than a two. What I find with TSH is when we start treatment with T3, whether it's NDT or using lyothyronine paired up with Synthroid or Levo, that T3 coming in naturally suppresses TSH.

So it might drop below a one, but I don't care. I don't even care if it's below a one. If you're free T3, free T4, reverse T3, those numbers are optimal.

That's really what I care about. So once we start someone on T3, it's almost like TSH kind of goes out the window because it's going to drop. Exactly.

Well, that was going to be my next question. What about in the cases where TSH drops so low, but that's what it takes to get the other numbers to where they need to be like, you know, 0.0 something.

Yeah, that's me. So I actually am T3 only. And I, and I've known that for 20 some years, I only recently got the genetic test that confirms that I have one of two genetic snips that indicate that I don't convert T four to T three.

Well, so just for your audience, T four is inactive. It has to convert and become. T three in order to attach to the receptor site on your cell T four.

I mean, it can float around all day long, but unless it converts, it does nothing. So I am, I require T three only treatments and therefore my TSH is maybe a 0.0007 something like that.

I mean, it's indetectable, but. But I don't care because I'm optimal. I live a great life. I have great energy. My brain functions. I have, you know, a normal weight.

It doesn't go up, doesn't go down and life is good. So I can't argue with, with results. And if I, if I try to bring my TSH up. Ultimately, I go hypo.

I've actually experiment. We all experiment on ourselves, you know, when we're treating other people. So I dropped out just 25 micrograms of T3. I'm 150 a day.

I took out 25 because you're like, well, you know, 150. That's a lot. If I just go down to 125, that's still a lot. I should be okay. In 10 days, I gained 10 pounds and actually felt what true depression feels like.

I was like, this is what people talk about when they say they can't get out of bed in the morning. And so I became instantly hypo. So the attempt to raise my TSH is silly because the quality of life goes down.

Yes, absolutely. So incredible. Dr. Amy, tell us if, I think we know what your answer is going to be, but just so we know, if there was one thing that you would advise somebody to focus on to improve and take care of their fertility prior to even trying, or if they've been struggling now to course correct, and to take care of the health of their future super babies, as we call them.

What would that one thing be? Get thoroughly tested for your thyroid and let's get that optimized. And just like you had mentioned, we have in functional medicine, we have optimal ranges.

So it's one thing to get tested. And I don't want women to fall into the trap of looking at that standard lab value range that comes next to your test and your value.

So you might test free T three and you'll say, well, you know, Amy told me to test free T three and it's normal. Maybe it's a 2.4 and it's normal because it falls in that normal standard lab value range.

What you have to remember when we're talking about those lab value ranges is those are taken from groups of sick people. Exactly. That's why we have functional medicine because functional medicine comes in and says, Give me your, your fit.

You're healthy. Give me that 70 year old over there that's running a marathon. Give me your bad-ass people that are there. Their brains are lit up. They feel amazing.

They're running rampant at 70, 80 years old, no pains, no weight gain, no type two diabetes.

What Super Fertility Means

Let's test that. And that's where we get the functional range. So that's where we say optimal free T three is, and I always say in the upper quadrant of the range, because if we're, you know, if we're working with people from Europe or Australia, which I've had patients from there, it's a different range.

But, and even Canada, it's a different range, but you want to be in that upper quadrant of the free T three range. Reverse T three is pretty universal.

We want to be less than half less than 12 TPO antibodies, TJ antibodies. We want them at zero. So the important thing is, is that you want to be in the optimal range, not just the normal range.

What about when someone has antibodies but they don't meet the threshold for diagnosing disease? We know that that's normal. We know what that means now, but it's not optimal.

But what do you recommend that people do in that situation? I'm so glad you asked this. So antibodies. Okay. So let's go back to using the analogy of soldiers.

You have these soldiers that go out and beat up your thyroid gland. They start a war and they beat it up. If you have 20 soldiers, but the standard lab value range says you don't actually get that little H next to it, that little high mark and it doesn't turn red and your doctor doesn't give you a diagnosis of Hashimoto's until you crest 34, but you have 20. I say, okay, so we're just going to wait until this person builds 15 more soldiers to actually say, Hey, you have Hashimoto's your immune system is attacking your thyroid.

Now, meanwhile, while we're waiting for them to build 15 more soldiers, they've gained 20 more pounds. They can't get pregnant. They're so tired. They're, they're ruining relationships, losing their job.

Okay. That makes sense. No, any antibody is a soldier going out and beating up your thyroid. So when you see anything but zero on those antibodies, that's a problem.

And it's something that needs to be addressed. I love it. Thank you so much. I love how you speak in very clear and certain terms. I think that's really helpful for people and it's also very memorable for people.

So I want to talk to you for so long, but I'm going to ask you one more question and I'm going to say to be continued because I love this conversation with you, Dr.

Amy, so much. What does super fertility mean to you? What do you feel when you hear super fertility? Oh, that's such a warm feeling, right? So I feel and picture this woman who is, I don't care what age, there's no age to this woman.

She's just, her body is a well-oiled machine and she's a pillar of health, strength, confidence. You can just tell that her body is ready. It's ready.

It's ready to carry a baby. It's ready to produce a healthy baby. She's going to be strong and fit throughout the whole pregnancy. No issues, no problems.

That baby comes out. Oh my God. And best super baby ever. Like that's what I picture. And I feel when you say that. So beautiful. And I love that so much that what I picture and what I feel is this woman and there's no age to this woman.

I love that so much. Dr. Amy Horniman, thank you so much for being here for the Super Fertility Summit. You've blessed a lot of people today. Well, thank you for doing the Super Fertility Summit because you're blessing women everywhere with this.

Thank you so much. And to you listening, we're so honored that you're here with us and I want you to join me on the next interview. Thank you so much.

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