Introduction and Guest Background

Welcome back to our reversing mast cell activation syndrome and histamine intolerance summit. I'm your host, Dr. Meg Mill And today I'm joined by Dr. Amie Hornaman, also known as the thyroid fixer.

I'm so excited to talk about this topic today because I think so many times we have, you know, multiple conditions. Maybe you're dealing with thyroid issues and you have histamine intolerance, or you have mast cell activation and some of those symptoms overlap.

And then there sometimes are variations. And I really wanted to talk to you about how to really work with both of these things at the same time. So I am so excited to have an expert on all things thyroid with us today.

Thank you for joining us, Dr. Amie Hey Dr. Meg thank you so much for having me. Great to have you here. Before we get started, could you just give us a little bit of background on how you got to be the thyroid fixer?

So like many of us in this functional world, it was a pain to purpose story. I was in my 20s and I was actually competing in fitness and figure competitions, which when anyone who doesn't know you really have to diet down, you're on a very strict diet.

Chicken, fish, broccoli, asparagus. You're hitting the gym twice a day. I mean, it's very, very regimen. And of course you have to check in with your coach.

So the goal is to lose body fat, maintain your muscle and step on stage in a bikini presenting your athletic best body self. Which sounds crazy when I actually say it out loud.

I don't know what we were thinking back then, but I did it anyways multiple times, knew how my body was supposed to react, and this one particular show was getting ready for the scale.

Kept going up. I did my weigh ins. I had to check in with my coach. I get on, it's up 10 pounds. What the heck? So I started thinking, okay, maybe I need to eat less, exercise more, go to the gym three times a day, do more cardio every time I would get on the scale, it would keep going up, 25 plus pounds.

I stopped weighing at 25. I was tired all the time. My hair was been falling out, constipated the whole deal. And I went to my doctor with these symptoms.

Actually, I went to seven different doctors with the symptoms, who all told me I'm normal. Everything's fine. It's all in your head.

Dr. Amie's Thyroid Diagnosis Journey

Just eat less and exercise more. I got the whole medical gaslighting barrage of things that it could be other than my thyroid. And who knows, even if they tested properly, I would love to go back in time and see what they actually tested.

I bet money it's not all the test that we need to have done in order to see the full function of our thyroid, but they kept telling me I was normal and then I got frustrated.

Obviously I was crying in my car. I, I really, I actually I downplay it now in retelling the story, but when I think back I had lost hope. I mean, I really thought this was going to be my life and I'll never compete again.

I'll never feel like myself again. Am I going to go bald? Am I? Am I going to have energy to even get through my

day? What's going on with my body? You know?

And at that time I thought, I'll take any diagnosis just to have a label and, and a and a term for what's going on inside me. But then I found functional medicine now, back then, and I mean, I'm dating myself, but back in my 20s, I'm 49 now.

We didn't have the term functional. It was integrative alternative. But I kept hearing about it. I kept hearing the name of this one practitioner. You know how like the universe starts telling you or God starts telling you like, go see this person, go see that person.

And I said, okay, finally I will go and meet with this functional practitioner. And he basically saved my life. He did all the testing, he did the proper treatment, diagnosed me with hypothyroidism slash Hashimoto's.

So I had the autoimmune form of hypothyroidism, which is Hashimoto's, and I got better and I got my life back. Now that was over the span of a couple years, but that's what changed my life, and that's what changed my career path, because I knew and I was in a major city with a major.

I was in Pittsburgh with a major medical system, basically ruling the town, supposedly with the best doctors ever. And no one could diagnose me right now, no one knew what was going on with my body.

So I thought, okay, if I'm going through this, how many other people, how many other women, especially because it hits women the hardest, are going through this and they're giving up.

They're giving up a doctor, number three, doctor number five, doctor number six. And they're just resigning their life to be miserable. And no, I couldn't accept that.

So that's why I changed my career. And I'm here with you today talking all things thyroid. You know, that's a great story. And I think when you have that personal journey, it makes such a difference in the way you approach it, because you're approaching it from a heart centered place of knowing how people are feeling really in these situations.

And one of the things that you mentioned when you were talking about it was that you weren't getting the right test. So before we get into the connection between histamine and thyroid, let's first just really do a like thyroid 101.

Why we're getting some of the information about what testing you really should be. Because in the medical system, that is another thing that's really sort of handled wrong.

We're not getting the full picture of the full testing. Absolutely. So anyone out there listening, if you say out loud, my doctor said my thyroid is normal, I want you to stop because I guarantee you the only test they did was TSH That's thyroid stimulating hormone, and that is actually a pituitary hormone.

Yes, we test it because if it's if it's screaming high off the charts, then it's obvious that you have a thyroid problem. But we don't stop there because that TSH could be normal.

It could even be optimal in functional medicine world. But that doesn't mean that you don't have an issue. We have to test further. Now, the second test that you might have on your labs is free T4 and free T4.

Again, it's one that we add into the testing, but it's not going to tell us the whole picture because T4 is the inactive thyroid hormone. It has to turn into the active thyroid hormone, has to convert over and become T3 in order to get to your cells, in order to turn on all of your cells, whether it's metabolism or energy or hair or like we're going to be talking about today, histamine reactions, histamine intolerance, it has to get to the cell like a lock and key and turn that on.

But in order to do that, it has to convert. So when you think about it, why are we testing an inactive hormone? Why aren't we testing the active thyroid hormone.

Well, we do in functional medicine but conventional medicine normally does not. So you might have Asian free T4 in your labs, and you might have been told over and over again, you know, Susie, there's nothing wrong with your thyroid.

You are normal. Everything is fine. And you're leaving the office the same way I did, thinking, wait a minute, I don't feel fine. I do not feel normal whatsoever.

We have the test further. So this is where we go into free T3, which is the active thyroid hormone retest reverse T3, which is the anti thyroid hormone.

So reverse T3. I love using analogies, so bear with me. Reverse T3 is like the bouncer at a club. We want to make sure that there aren't too many bouncers outside of your cell door, telling T3 that it can't get in.

Thyroid Testing 101 and Hashimoto's Antibodies

If your reverse T3 is high, it actually puts your body in survival mode, so it will slow down all functions of the body. And you'll you'll feel low and slow.

You'll be gaining weight. You'll be constipated, you'll have low energy. Your hair will fall out. All of the things. Then we want to test. And this is the most important point of this summit.

We want to test for Hashimoto's. And that is TPO. thyroid peroxidase and TGA thyroid globulin antibodies. And that tells us whether or not you have the autoimmune form of hypothyroidism, or if you even have the beginning stages of Hashimoto's, which essentially means that your thyroid is being attacked by your own body.

And another analogy I'll throw out at you is soldiers. So you have these little soldiers in your body and they're confused. They think your thyroid is a bad guy.

So they go out and they attack it and they beat it up. So as we look at your thyroid over time, as it literally gets beaten up every day, it starts to get jagged, it starts to get smaller.

And of course, I mean, listen, if somebody came to your house and beat you up every day, you're not going to work properly. You're not going to get your work done, you're not going to feel good.

You're not going to be very productive or energetic. Same thing with your thyroid. When it's getting beat up, it's not going to produce the thyroid hormones T4 and T3 that it should be producing.

So that's why we want to know if you have Hashimoto's so we can actually address that and do things to stop your thyroid gland from getting beat up. And that's so important.

I can't tell you how many people I've worked with who have had the Hashimoto's antibodies that have had been on medication for over a decade in a long time and were never tested.

They come in and we're like, I, you know, test them and test their antibodies. And we realize it's a whole different dynamic than they ever thought. And so it is it's just a shame what we're saying.

We're not really diving into some of these dynamics now. It really is. And the antibodies are often a false negative. So even if you've had them done in the past and you say, oh no, they came back as a zero, get them done again.

And then the other rule is, of course, we have functional optimal ranges for all of those. So just because you fall into that standard lab value range wide and vast, like the side of a barn, we want you in that narrow bull's eye range.

And that's where you're going to be optimal. So we have optimal ranges for each test. But the thing to remember with the antibodies is we want them at zero.

So if they come back and you're like, well I have 20 TPO antibodies but the cutoff is 34. So I guess I don't have Hashimoto's. No. You have 20 soldiers that are beating up your thyroid just because that lab test says that you have to have 34 soldiers.

I don't even know where some of these random numbers, where do they even get them I don't know. Well, we do know they got it from a whole group of sick people, but 34 like, who chose that?

How about zero? How about we go for zero antibodies? And that way you have no soldiers beating up your thyroid. Yes, and that's important. Everyone listen up because I hear that happens very often.

So we now let let's move in a little bit more into the histamine dynamics. So hypo thyroid ism we know contributes to an increase in mast cells. And then subsequent subsequently we can increase histamine levels.

And histamine intolerance can then contribute to autoimmune thyroid disorders. And we have this whole dynamic going on. So can we talk a little bit about this?

I feel like this is one of those things that like our a chicken and the egg kind of thing. Yeah, exactly. And I will often have patients come in with either full blown mast cell activation syndrome or just we'll call it histamine intolerance, where they're getting the hives, they're getting an increased histamine reaction, allergic reaction to things, environment, food.

certain smells, whatever it is in their life, they are very reactive where you and I might be able to be in a room with a a Glade plug in, and we know it's not great for us, but you know, it's not we're not freaking out.

They can walk in the room and boom, they are reacting immediately to that foreign artificial smell. So I get the full spectrum. And what I really see is when we again get to that root causes, no, one of the thyroid patients, no one is properly addressing, so no one's properly testing them, but they're also not properly treating them.

So essentially they're they're in this state of low thyroid function. Yeah. We can say, oh sure, they're on a medication, but that medication isn't bringing them into optimal.

So they're still operating in a hypo low and slow thyroid state. And like you said, then that increases the mass. So it can increase the amount of mast cells.

It can also increase the mast cells releasing histamine. So we get excess histamine in the body. And then the other thing that we find is if it's not if the hypothyroidism isn't doing that specifically the low thyroid function.

And this can be Hashimoto's or non Hashimoto's thyroiditis, just low thyroid function. The other thing that we see is a reduction in the da o enzyme. So when we have that reduced the breakdown of histamine it's just not working very well.

And that actually starts to have a feedback loop. Remember how we talked about reverse T3. We don't want that high. We want T4 to convert to T3. That reduction in the deer enzyme starts interfering with T4 to T3 conversion.

So sometimes we'll see that reverse T3 go up. Now if you think about this. And we can break this down even and go slower. If you think about this the body is in survival mode.

You have a person that's already dealing with histamine intolerance. They're getting all these reactions. They don't know why. Why am I breaking out in hives?

Why do I have a rat? Why do I have a random rash on my body? Why can't I walk into my my sister's house without freaking out? And now the body's in survival mode too.

So now everything is shut down, the body goes and it just literally wants to survive. So now they're gaining weight, now they're losing hair on top. I mean, it's just it becomes this vicious cycle of a pretty much miserable life.

And it really comes down to if we looked at the thyroid properly test and thyroid properly, and treated the thyroid properly. And I'm not saying that's the only thing that's needed, but my God, we have to start there.

Now when we do all the other treatments or interventions that your other guests have talked about on here, now they're going to work. You're not just going to be throwing darts and going, wait a minute, that works for other people.

Why isn't that working for Susie? Oh, because she has a screwed up thyroid. Because her thyroid low and slow. So now all of these treatments are going, why aren't they working?

Because we have to start here. We have to start with the master gland. And yes the slow sluggish thyroid sluggish everything right in the body.

How Thyroid Dysfunction Drives Histamine Issues

Body. Yep. We start to see that happens that when we're looking specifically at Hashimoto's the root cause is often gut health. And really addressing that.

And can we talk about some of the dynamics specifically that occur there. Gut and thyroid. Yeah absolutely. So many of you have already heard your immune system starts in your gut whenever we see anything happening in the gut, Candida H.

Pylori, even just an imbalance of the flora in the gut, we see a decrease in immune. Now how does that tie to autoimmune? Whenever we're talking about anything autoimmune, those soldiers, by supporting your immune system and calming down inflammation, you actually calm down those soldiers.

You can reduce the soldier. You can keep them in their barracks so they don't go out and attack. But we have to look at the gut as that source of immunity.

So let's say we're treating someone and you've seen this in your practice too. Patient comes in and we start treating their thyroid. They're not getting better.

And we're looking at the numbers were like those numbers look really good. You should be feeling better. Why aren't you feeling better? Why aren't your antibodies going down?

And we might even be using something like low dose. Now check some black human seed oil to bring the antibodies down. They're not going down. What's going on?

So then we move into some gut testing and then we see it right on that GI matter the age pylori. There's the there's the Candida there. I mean it just lights up on a GI now test and we go okay, now this makes sense.

We're bombarding your in the same thing is what I talked about earlier about starting with the thyroid. We're starting with the thyroid. We're retreating that we're optimizing that for now.

We're finding these gut issues going on. And now we have to go back. And we have to start healing that so that the immune system can build back up. And I mean, I also have to mention that T4 to T3 conversion, some of that does happen in the gut.

So we'll also see increase reverse T3 and decrease conversion of the inactive thyroid hormone to the active thyroid hormone when there are gut issues.

But the main what I really focus on with the gut is, is supporting that immune system so we can calm down that autoimmune attack. Because the other thing we know about autoimmunity is if left unchecked, untreated, and we don't look at it, we just let it run, run rampant.

Autoimmune begets autoimmune. So where we see one we see more than one. And that can move into, you know, psoriasis, rheumatoid arthritis and a variety of other celiac.

Other autoimmune conditions, which then if it does that and then we start seeing celiac, well that comes back to the gut small intestine. Yes. But still now you have a reduction in nutrient absorption and amino acid absorption.

So it all is circling and circling and circling to say you have to treat your gut in order to have a good immune system in order for your thyroid to work properly.

And we're for T4 and T3 conversion to happen. And I often see in people also like layering on top of that, you know, because then we know that the, the dough, the dough enzyme is in the gut.

And then we also see I often we'll see sometimes people that have these histamine issues and additionally have histamine producing bacteria in the gut.

So, you know, you may be have me more talking about the loop, that feedback loop with the histamine. You could be having certain, you know, in addition to all of the Candida, the parasites and things like that sometimes are specific back to it is sometimes surprising people.

Well, I don't know whether you see this too, but they don't. Maybe, you know, they can have got symptoms because obviously that is is a symptom with histamine.

Tons with thyroid, you know, the slowing down of motility. But there are people then that don't even have those symptoms. And they think, well, I don't have any of these symptoms.

I'm, you know, I'm not Covid. I don't feel bloated, I don't. And then, you know, we have to really go back and still look at it. And then all the other symptoms start to fall into place too.

It can be a missing piece in places. We don't even think about it being missing. Exactly. Now, that's very true. Very true. Now let's talk about, you know, what you start to do about it.

You know, I guess the first question that I have is if you see someone that is, you know, think has histamine intolerance and a thyroid issue, do you do anything differently to start?

You know, I mean, not really. I would say, as you know, there's a variety of, of antihistamines, supplements I like. I don't like using antihistamines.

I like using the histamine reducing, histamine blocking supplements that are out there. And I know many of your guests have their own supplements. I'll use designs for health it.

There's a variety of them out there that are fantastic that that's going to come in and start easing the symptoms. Now, if that particular patient knows that they are low and you know, then we can, you know, address that specifically.

But when it comes to the thyroid, that's where we dive deep. That's where I get down to the nitty gritty. So let's take the scenarios because your listeners may have maybe in different boxes with their thyroid.

So we'll take the undiagnosed person. And that person just has a boatload of symptoms. They've been told that they're normal. Everything is fine. First, obviously we have to test them thoroughly.

If we see that they do have Hashimoto's, then we want to see what kind of what spectrum are they on, how far down the beaten up rabbit hole is their thyroid?

Do they need thyroid hormone replacement, which we'll get to in a second? Do they need that or can we do things like a gluten free diet? Can we change their diet to reduce histamine producing foods and go gluten free at the

same time?

Can we add in something like black human seed oil to reduce the inflammation and reduce the antibodies, and maybe control their Hashimoto's and push it into remission without the need for thyroid hormone replacement?

Maybe. But if they're really far down that rabbit hole, then we do all those things that I just mentioned. But we also bring in thyroid hormone replacement.

When we're talking about veteran hormone replacement, it's very personalized, very nuanced to that individual. And there are a variety of different paths that we can go down.

So there's natural desiccated thyroid meds that your arm or your MP and that contains 80% T4 and about 20% T3. These are rough, rough numbers just to get the kind of the understanding of what's in it.

Now, that's all well and good, not how many patients that come in. They said, well, I only want to do something natural, quote unquote natural. So they want to go on armor.

And I say, well, it's still made by a drug company, so it's not 100% natural. It's not like we're going out and killing the pig and drying out the thyroid gland and putting it in a capsule for you.

Still, maybe a drug company still has some fillers in it. We can certainly use it if your reverse T3 isn't high. If you reverse T3 is high, we don't want to pile on that T4, so then we might move over into out there.

They're called synthetics, but I like calling them bio synthetic because they still are identical to what your thyroid gland makes.

Gut Health, Autoimmunity, and Histamine Loops

The T4 and the T3 separately. This is your levo synthroid terrascend. And then over in the T3 category we have Linus irony slash the brand name, site, email.

We can use those as well blended together different different doses to match what we're seeing on your labs. If you have that low T3, then we add in some T3.

We compare that loss, irony, and T3 up with armor. We compare that lousy line of irony and T3 up with synthroid levo terra sen. So it's all about finding the right combination and the right dose to address what we see in the labs and pair that up with how do you feel?

So we always have to go back to the patient person and say, how are you feeling? What are your symptoms? And then really build out that personalized treatment plan based on all of that information.

Now, I know that that sounds like a lot. You might have to hit replay a couple different times to take notes on all that. Now here's just a little snippet.

But through the theme throughout, that is, if your doctor says no to testing, it's time to get a new doctor. If your doctor will only use T4, only it's time to get a new doctor because only 2% of those with hypothyroidism do well on T4, only 98% need T4 23.

I'm going to go one step further. If you're working with a functional practitioner who only uses armor or anti thyroid, and I've heard this so I can I can say this with confidence because I've heard it and I rolled my eyes at it.

You also leave because what if that's not right for you and they are stuck in their own box, just like conventional docs are stuck in the synthroid box, are only going to test and we're only going to treat with synthroid.

You also don't want to be with a functional or integrative doc. It says we only treat with armor. You want the

treatment that is right for you. And I want you to remember as well that thyroid hormone replacement is exactly that.

It's replacing hormones that are no longer being properly made by your body. I completely understand not wanting to go on multiple prescriptions, you know, not wanting to look like your grandma with ten different prescription bottles on your counter.

I get that, I get that, and there are many scripts that are written that are Band-Aids. So you're going into your you're getting that antihistamine prescription and then you might get an antidepressant too.

And then a sleeping pill on a Staten, when we replace thyroid hormones, that's a totally different category. We're giving your body back hormones that it once made in proper amounts, but it's just not doing it right now.

So at no point in time are you Prozac deficient or no point in time are you statin deficient. But you could be T3 or T4 deficient. And that's where we bring in the actual treatment, the medication treatment to address it.

When do you have a lot of people that resist the going on the hormone replacements? Not once they get to me, once they get to me, they're they're usually they've suffered with symptoms for long enough.

They're at the end of their row. They're they're just done with the suffering. They're done. And they, they realize and recognize that it's it's time to do something about it.

Sometimes when we're looking at that conversion from T4 to T3, we see those nutrient deficiencies, you know, so we're seeing things like zinc or selenium or things.

Do you find that a lot of people are able to really reverse that by at optimizing nutrients, or do you feel like you still usually need some help? Not once they get to me probably beforehand.

Like if, if, if they were caught earlier in the game, then it could be that scenario of like, hey, let's reduce the antibodies, let's address nutrient deficiencies.

But once I see them, they are just suffering. And you know, it's one of those like, do you really want to go another six months and maybe get better? Or do you want to start the healing journey right now?

You know, it. It's just it's where I see my people on the spectrum. But like I said, I think, yes, there are groups of people that 100%, if you catch them in a certain time in their thyroid journey, that you could do that and, and get results and possibly keep them off.

Sorry. Hormone replacement. Okay. Do you see a lot of and know I'm asking you a lot, but because I know you work with thousands of people that have this, do you see a lot of people be able to reverse the antibodies?

Oh yeah. Yeah, definitely. Absolutely. So sometimes just black humans see sometimes it's LDN, sometimes it's a combination of both. It's always, you know, gluten free diet addressing really addressing kind of under underlying viruses chew that might be kicking it up addressing stress because we know that stress will kick up antibodies as well and increase those.

So as long as we're doing all the things absolutely. Okay. So but your what you're saying then is we can see the reversal of like the soldiers attacking most like a good amount of the time.

But depending on how much damage I think because I think this is a key kind of point, that depending on how much damage has already been done to the thyroid, you're beyond potentially just adding being able to add nutrients to help conversion or help production because of the previous damage.

Right?

Treatment Options and Personalized Thyroid Care

So if we just use made up numbers, for instance, when the thyroid gland was 100% healthy, let's just say it produced again, making it up 100 units of T4 and 20 units of T3.

Or we'll go 80, 20, 80 units of T4, 20 units of T3. And then it starts getting beat up and it starts to shrink and starts to get all jagged and icky. And then it's spitting out every day, 60 units of T4 and ten units of T3.

Okay, now we've reduced our capacity in our working, our working productivity by 30%. That 30% could equal a 20 pound weight gain, a 30% reduction in energy through the day, 30% reduction.

And how often you poop every day. You know, I mean, it it really can affect the body. And then if we keep going with it and let it go further, and those antibodies are out there and they're beaten up and they're beaten up.

And now by the time they come to see us, they're at 40% T4, 5% T3, 10% T3. Now you're at 50% reduction capacity. it's going to be a long road to feel good again if we just keep going.

The natural route. I mean, yes, we could reduce the antibodies and put it into total remission at that point in time. And yes, the thyroid gland can technically regrow.

But again, how long you got? How much how much life do you have? Because I know time's tickin. I'm Creston 50 and I'm thinking, oh my God, what do I still have to do in this world? Right?

I want to feel my best throughout it. I do not have six months to a year to to kind of hear my language, piss around with trying to heal things as I feel like garbage.

I want to feel my best. And if it means taking hormones, absolutely, I'll do that. So that's just my take. Now again, I totally respect and love anyone out there that is that are healing thyroid naturally.

And if you can catch those people early, by all means. But then sometimes I might see those people after they've tried different protocols and they go, yeah, no, I can't do this anymore.

I just want to feel better. I'm like, I get it. Yeah. Yes. Because your thyroid is at half capacity and it's not coming back. Yeah. Those are good points because I think that can be confusing too.

Because in the natural you know we sometimes divide the. You made a good point. That's why I wanted to make sure people understood. Because I think we sometimes divide the natural space and the conventional space.

So it's it's like well I want to be natural and synthroid is conventional. So I don't want to do that route or I want to be conventional, so I don't want to do and I feel like a lot of times that in certain cases it can be the integration of both.

and I think that's exactly what you're saying. It's not it depends on your unique situation and what you need. And everybody's going to be a little bit different.

Exactly. Yeah. Exactly. With people with histamine just to you know sometimes when we're seeing people put often on antihistamines when they have histamine intolerance, do you ever see any issues with people on long term antihistamines with thyroid issues.

Oh yeah. Absolutely. So it starts again. It starts reducing conversion. So we'll see that reduction of T4 to T3 conversion and an increase in T3 and reverse T3.

So yeah absolutely it can affect and and here's the thing. You shouldn't be on any over-the-counter medication long term. I mean we can even see that there's some dogs that use, puppies for histamine control.

And I'm thinking, okay, wait a minute. You are reducing your own stomach acid. You're you're increasing your risk of esophageal cancer, all to maybe control your history with a PPI.

And they want you on this long term. Are you kidding me? And this was the same thing for antihistamines. Anything that is is in over-the-counter medication non-hormonal.

Right. We want to clarify. We had the hormones bioidentical that we replace. And then we have the bandaid and all the antihistamine all in antihistamine is is a Band-Aid.

I mean, I think it's fantastic if you're kid runs into poison ivy, you know, I mean, listen, that's what they're out there for, throwing that anti histamine so his eyeballs don't swell up.

But to take something like that every day is prevention. That's not prevention. That's not addressing what actually is going on in your body.

Where to Find Dr. Amie Hornaman

Yeah. I've actually had people come to me on that too, you know like let's say zero tech is you're supposed to take that once a day, taking 2 to 3 zero tech a day and not and still not being controlled.

And all we've had to do is some gut healing work and getting, you know, supported in the right ways. And, and I couldn't stop all of it. And so, you know, I do think that's a good point.

And sometimes they're necessary it to for a certain period of time or for identification or your management of symptoms. But yeah, not the band. Again, we just follow that Band-Aid solution to often there's a place for them, especially in people that have this has to and towards or have mass activation where you need to bring down that.

But we also always I agree, we need to find the root cause of really why is this happening. And, and you know, addressing that. So yeah. Well thank you.

your information has been so helpful. You've given us such great information. Can you tell our audience where they can find you? Absolutely. So online, you can find me at dramiehornaman.com You can listen to my podcast of the Thyroid Fixer podcast.

And we also have a Facebook group that you can join, called Girl Fix Your Thyroid Facebook group. And in there you can post your labs. If you're not sure if you're still kind of reeling from everything that we just went over, you're like, I don't know, do I have a thyroid problem?

Do I not have a thyroid problem? I'd like somebody to look at these. You can post your labs. And there I am in there reading them that the members of the group are amazing.

They'll they'll help you out too. They'll jump in with all their knowledge. So that's another great place for just resources and help. Great. Well, thank you so much for joining us today, Dr. Amie Thanks, Meg. Thanks. Have a great day everyone.