Thyroid Mysteries Revealed: Your Path To Wellness Transcript

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Introduction to Thyroid Health

Hello and welcome back to Mastering the Menopause Transition I'm Doctor Sharon Stills, your host, and I wanted to kick off the day with one of my many talks for you about such an important topic, your thyroid gland.

I have been in practice for 23 years and I would have to say thyroid is at the top of misdiagnoses of women being given the wrong information, whether it's being gaslit or just not having the right knowledge or lazy medicine.

And so I'm coming in here to set the record straight and help you, because if your thyroid doesn't function, there are common symptoms we know of, such as constipation, inability to lose weight, headaches, fatigue, brain fog, dry skin, hair, falling out, feeling cold all the time, joint pain, digestive issues, heartburn.

I could go on and on and on. I have a list of about 100 symptoms that could be related to thyroid. So it is a very common issue in women. And I just want to give you some things to be thinking about.

I want to arm you with some tools. Best I can for when you see your doctor.

Key Thyroid Symptoms and Misdiagnosis

So let's start with the basics. Let's start with blood work. Because blood work is actually a very accurate way to monitor your thyroid gland. So there are six levels.

Not one, not just a t h but six levels that should be run by your physician. And these are grab a pen, TSH free T3, free T4, reverse T3, anti TPO and thyroid globulin antibodies.

And maybe you've heard these before and maybe you are asking for the right levels. And if you are, that's great. But if you aren't, then now you know what the levels are.

But what I find is that even if you're getting the right levels, run that a lot of women are being told they're fine because they look like they're in the range.

So let me give you an example. Free T3, which is the most important marker because free means free and bioavailable at the cellular receptor site to make a change, to make you feel good.

And so it's not total T3, it's not T3. It has to be free because those other ones, for instance, total T3 includes T3 that is bound that is unable to be used at the cellular receptor site.

So that's why the free is so important. Now the range can be typically like 2 to 4.4.

Essential Thyroid Lab Tests

So if you come in at a 3.2, it sounds like your optimal, you're like smack dab in the middle of the range. And a lot of times that's what we look for, right?

You'll hear me say, you don't want to be too low. You don't want to be too high. You want to be right in the middle. But my experience, which is very extensive at this point, 23 years practicing and counting, is that most women don't feel good at that middle range, myself included.

They feel good at the high end of the range at the 4.2, or they feel good above the lab range. I tend to run my free T3 at about 5.4. It's where I feel my best, and so as long as you're not having symptoms of palpitations, diarrhea, your heart's beating out of your chest.

Your eyes are bulging, you're sweating, you're anxious. Those are all signs of too much thyroid. But if you're not having those symptoms and you're out of range and you're being monitored by a doctor who understands what they're doing, well, then it's okay.

Because remember, ranges are just ranges and you are a unique butterfly. You are a unique snowflake. You are biochemical individual. And just because this is what they decided the lab ranges doesn't mean that you have to fall within it to feel your best.

So that's really important that if you're getting the right lab work done, that it's being analyzed properly. Now, the other thing that I'll see happen is when you're on T3, you're on bioidentical thyroid hormone, that you can have your TSH suppressed.

As a matter of fact, it will be suppressed. And if a doctor sees that, who doesn't understand and have a thyroid hormone works, they will freak out and think you're hypothyroid.

And again, if you're not having those symptoms, I just ran through the anxiety.

Understanding Free T3 and Optimal Ranges

The palpitations, the diarrhea, the sweating, the crawling out of your skin. Then you're not hypothyroid. And so don't let anyone scare you. Were readjust your meds because of numbers on a page.

One of the most important things I do, and that I want to convey to you to have your doctor's do. If you're not a patient of mine, is that your doctor needs to look at your lab work and your doctor needs to look at you.

And it's the combination of who you are and how you're feeling. If your lab looks fine but you're still the poster child of under functioning thyroid, then that needs to be addressed.

Because then we learn that your lab levels are going to be different than the average. So that's the free T3. The reverse T3 is an important one, and it's not often run, but if reverse T3 is going to high and again the range is usually like 8 to 25.

And to me anything from like 13, 14, 15, 16. We're definitely getting too high, even if we're not up at the top end of the range. So you can see it's really important to find a doctor who understands lab results and understands the nuances in every single lab test that there is.

So if you're reverse T3 is what I consider too high. That means the T4 in your body or T4 that you're taking is not converting to free T3, it's converting to reverse T3 and reverse T3 is tricky.

It's like, ha ha ha, I'm going to go sit on your cellular receptor site. I'm going to fake out your cells. I'm going to make it think it's T3, but there's going to be no activity.

So it blocks the actual T3 from working. And there could be many reasons why your reverse T3 is too high. It could be toxicity. It can be stress in the form of toxins or adrenal stress.

It could be nutrients deficiencies. It can be weight issues. There's so many different reasons that would need to be looked at. Why you're converting your T4 into reverse T3 rather than regular free T3.

Reverse T3, Conversion Issues, and Medication Choices

Now, one of the things is you want a doctor who's looking at this and understanding this, because often if a patient has too high reverse T3, then we don't prescribe or I don't prescribe a combination like armor, which is a popular one, which is a T4 T3.

So synthroid which is the common pharmaceutical, is just T4 and they are they are going under the assumption

that you are going to turn that T4 into T3 in your body.

But again, just like I told you that there's reasons why we would rate too much reverse T3, there's a lot of reasons why we don't turn T4 to T3 into our body.

Similar nutrient deficiencies, iodine deficiencies, adrenal stress, chemical stress, toxic stress. So it's not a good idea to assume right? So if your reverse T3 is too high, I won't prescribe.

And I never prescribe armor because armor I don't like the fillers in armored has corn, so I prescribe like an NP thyroid. Or if we make a T a T3 and well wait, so I prescribe it and p thyroid instead of armor or synthroid which has T4 and T3.

But what I'm talking about now, sorry to confuse you. What I'm talking about now is if you reverse T3 is high, you're just going to need free T3. So I prescribe just T3.

I take away the T4, so when we give it to your body, your body just goes up T3 hooray! And it doesn't make more reverse. T3 actually will help to bring that down and reset the stage.

So again we have to look at the free T3. We have to look at the reverse T3. We have to look at the thyroid globulin antibodies and the peroxidase antibodies, which is often written as anti TPO because those let us know if there is an auto immune activity against your thyroid.

Totally different treatment. If you have autoimmune activity, you've probably heard of Hashimoto's. Then it's not just about replacing your thyroid hormone, it's about asking the million dollar question.

The two year old question why why why why, why is my body attacking my thyroid? And there's some common reasons. Gluten sensitivity, vitamin D deficiency, gluten, thiamin deficiency, mercury toxicity.

But there can be lots of issues going on in your gut.

Autoimmune Thyroid Disease and Hashimoto's

Whenever I see an autoimmune issue, I'm always going and doing my favorite gut tests to see what's going on, because that's where a lot of autoimmunity is stemming from.

It's stemming from improper balance in your gut microbiome and at your gut. Lemon and in your permeability levels and so on and so forth. So really important because I see this a lot women are diagnosed if their doctor even checked the antibodies, and then if they are diagnosed with Hashimoto's, they're just put on thyroid hormone and no one says why.

And then we're never getting to the root problem and reversing it. And then tsc h a thyroid stimulating hormone. So it's a little confusing because that's the marker that's coming from the brain.

That's not sensing thyroid hormone. So it's screaming down to the thyroid hello. Make thyroid hormone. So when that marker goes high it means your thyroid production is low.

And again that range can be like from point 5 to 5. I prefer to see it at about one. Anything over that I start questioning. And again when you go on bioidentical thyroid hormone, it's going to get suppressed. Don't let anyone scare you.

That is normal. And then there's free T4, which is important, but not as important because free T4 doesn't have any activity. It's all about the free T3 at the receptor site.

But sometimes you can see like someone's free T4 is really high in their free T3 is really low. And then, you know, they're not converting. And sometimes you can just give things to help the conversion and it will work.

Other times I see it sounds nice in theory, but it doesn't always work in practice. So that's a little bit about blood work to get you started. I also like to do pre and post iodine testing.

This is a specialized test from one of my specialized labs to see if you're just outright deficient in iodine, which is more common than usual. And so we do a pretest to get your iodine levels.

We have you take a loading dose of 50mg high dose. And then we look to see what your body excretes. And we expect your body to excrete about 80 to 90% of that iodine.

TSH, Free T4, and Additional Testing

And if it doesn't. So basically you took the iodine. And then we're seeing what you excrete. If your body has enough iodine, then your body excretes that 80 to 90% because it's like, I don't need this, I can just excrete it.

But if your body doesn't have enough iodine, it's like iodine and it holds on to it, and then your excretion may be 15%. And then I know I need to prescribe iodine and we need to follow you.

And we need to get you to the right level. And then one other thing I want to talk about is your temperature. Your temperature should be 98.6. You can take your temperature.

You can pick up a basal body thermometer on Amazon. And every morning for a week before you get out of bed. Before you move around, just put it under your underarm and take your basal body temperature.

If you are not at 98.6 and I see this all the time, I see 95, 96, 97. That means your thyroid is low. That's another sign low blood pressure. If you're a 90 over 60 gal.

I used to be a 90 over 60 gal. You can reverse all this, but if you're 90 over 60, that's another sign. Low thyroid, a low adrenal function. And we talked about adrenals.

Remember, we want to look at the adrenals before we start revving the thyroid. And then we want to support them together. And so of course thyroid can also be affiliated or associated with your libido.

You can have ringing in your ears because of low thyroid. I think I said foggy thinking before brain fog.

Temperature, Blood Pressure, and Thyroid Support

And so there is definitely some overlap within the different hormones. But we cannot forget about our thyroid. Our thyroid is often affected as we're going through this hormonal transition, and we're never going to feel good.

We can put in the estrogen, the progesterone, the testosterone, but if we don't give some love to our thyroid, we're never going to get to be balanced and feeling our best.

So there's lots more to say about thyroid. I have lots to say about thyroid. I just wanted to give you this quick like 101. It's got lots of tips in it so you can use this to get started.

And of course, stay tuned. There's going to be so much education for me throughout the summit. After this summit, I'm so grateful you're here. I'm so happy to have you as part of my community, and together we are going to rock menopause and we are going to be a force to be reckoned with out in the world.

So enjoy the rest of the day and I'll see you tomorrow. Well, actually, I'll see you during the day because I'm interviewing everyone. But I'll be back for another little mini talk tomorrow.