Thyroid Transformation Quick-Start Transcript

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Hey everybody, Dr. Rob Silverman here. I've got functional medicine superstar, Doctor Heather Stone. She is known for her book, which pertains to thyroid issues.

And we're going to cover the thyroid. We're gonna cover auto-immunity and we'll gonna to everything under the functional mass and veil. Doctor Stone, it's my pleasure.

Ah, thank you for having me. So I'm going to give you a summary. Healing thyroid dysfunction requires addressing the underlying immune, gut, adrenal and environmental triggers, not just masking symptoms with hormones and demands a precision, root cause driven and lifestyle integrated approach.

Have you heard that before? Very much so. So the real epidemic is actually undiagnosed thyroid dysfunction and mismanagement of thyroid. Would you like to take the baton from there?

Absolutely. So I think it's important to understand that there are so many women who've been diagnosed with low thyroid and they go to the doctor and say, okay, I've got all the typical symptoms.

And nowadays we can ask AI and we ask Dr. Google and you type it in.

Thyroid Dysfunction and Autoimmunity

I got low energy. Can't lose weight. Not sleeping well. Got anxiety and depression and brain fog. hair is falling out and it's going to say, okay, you have low thyroid.

So you go to the doctor and they do a very minimal test, typically a TSH and I say okay. You have Low Thyroid and here's your thyroid medication and you're going take it for the rest of your life, but everything should be great.

the ladies are thinking, okay, I'm going to take this pill. And if everything is great, then I have no problem taking this

thyroid hormone or this thyroid medication.

But unfortunately, you may feel better for a short period of time, but almost always all of those symptoms come back. It's very disappointing to think or have your expectations set that this medication is going All of your problems are hanging on this just low thyroid diagnosis, and that doesn't seem to be the case or fix the issue.

And we continue to live a life trying to figure out why we still have all of these symptoms. So many women give up because when they keep going back, it's like, well, of course, you're going to have these systems.

You have low-thyroid. Of course, this is what it's going to be like. You have low thyroid and then they get the antidepressants and anti-anxiety and the sleeping pills.

And it is one pill after another. I think ultimately, when you dig into low-thyroid, The number one cause of low thyroid is almost never checked for. It is never addressed and it continues to get worse over time, which is why we still suffer with symptoms, even if we're taking thyroid medication and even maybe those thyroid markers are now normal when you go back to the doctor's office.

I assume women are more susceptible to a thyroid issue because 80% of the people who have autoimmune conditions, spoiler alert, are females. Is there any particular reason why?

Why ladies? Well, I don't know if there's hard evidence, but what I have seen in clinical practice is that usually this Hashimoto's or autoimmune condition, it turns on when you have big hormonal fluctuations.

So I see it during puberty. I See it mostly after the birth of a child. As you go through menopause or your symptoms get worse as you through Menopausal because we have these big Now, men don't typically have these big fluctuations in their hormones, but I have seen men who have Hashimoto's and low thyroid and it often is triggered by big moments of stress or trauma.

I think there's very few occurrences of men, who has Hashimoto's but it does happen in low-thyroid. But mostly it's women and I truly think it is because we have this big hormonal shifts And one of the underlying triggers is estrogen and testosterone surges.

And so that's usually what I can see as the culprit or the trigger, but also in females, major stressful events will also turn it on. You made a really good point that people just test for TSH and probably the bulk of reason that have a thyroid problem is it's autoimmune, they're attacking the gland.

Why isn't the model, now obviously the functional medicine model covers this. So this is not a novel idea root cause resolution, if you will. But what seems to be the problem in the other model?

Why is this occurring? And what labs would you recommend for somebody to get a proper thyroid profile? Yeah, so first of all, in traditional medicine, they're usually just running TSH, right?

And the interesting thing is TSh isn't even made by the thyroid. Tsh stands for thyroid stimulating hormone, and it's made the pituitary gland. And that tells the thyroids to make thyroid hormones, tells it how much and when to makes thyroid hormone.

Alright, so there could be many other reasons why your TSH is up or down, but in traditionally in traditional medicine, they just looking at the TSA age and they adjust medication or give medication based on if that number is Up or Down.

Alright. Which is very simplistic, But at The end of the day, Like if they were to do all of the testing and look at Hashimoto's and all the other patterns that we see with low thyroid, they don't have the tools in their toolbox to really address those issues, right?

So they have thyroid hormones. They have T4 and they T3 if want to dig into that. Some doctors don t even like to

address any kind of issues with T 3 and just give T 4 hormones And so they aren't really set up to say, OK, this is an autoimmune condition.

What do we need to do to balance the immune system? In traditional medicine, when you have an Autoimmune Condition, they essentially give you drugs to shut down the Immune System.

I was talking to a lady yesterday and she had Hashimoto's and I said, okay, so tell me what you, what's been your path lately. And she was like, well, I did this low dose, um, chemotherapy medication and the doctor said I wasn't going to have any issues with MS.

okay that's interesting but she's now got Hashimoto's or antibodies were like over 2000 and she was still having major issues with MS but essentially they just shut down the immune system but a functional approach would be what is it that we need to do to balance theimmune system what are all the underlying triggers that are causing the Immune System to attack the body and then that really guides care and Now you asked me a question, what thyroid markers or what labs should people do to get a thorough evaluation of their thyroid?

And there's actually 12 different markers that make up a complete thyroid panel. Now, I don't know if I can do those all from memory at the moment, but I certainly will give it a shot.

And I. Can give you for your readers a free downloadable so that they can download all 12 of those markers with the functional ranges. We should probably just do it that way because I dunno if people are writing a list right now while they're listening to the podcast.

But I can give you guys a free downloadable. So it has all the markers. It has All the functional ranges and a little blurb about what each of those markers is and kind of what it is that we're looking for when we run these markers so that We can see other things that happen with thyroid physiology, not just how the pituitary is communicating with the thyroid.

That would be great. We'll put those in the show notes. That will be outstanding. Can you hit some of the big ones? T4, T3, reverse? Absolutely. Yeah.

So TSH is the one that's so obvious, right? It is important, so we want to look at the T SH to see what's happening. But you also want a look a total T 4 and free T four.

You want have both of those. You wanna look at reverse T3, T-3 uptake.

Thyroid Testing and Lab Markers

We look thyroid binding globulin. we look FTI, which is free thyroxine index. And then you really wanna to look the antibodies because the antibody are gonna be a good indication if you're dealing with an autoimmune issue.

So that would be TPO antibody which stands for thyroid peroxidase antibody and the thyroglobulins antibody. that you run those antibodies if you have low thyroid and you're looking for Hashimoto's.

Now, there is a third antibody, which is thyroid stimulating immunoglobulin, and that is more of a marker for Graves' disease, that's an autoimmune disease which you would typically be in hyperthyroid, so overactive thyroid.

Let me ask you, The medical field, and I'm not an anti-medical doctor, some of my best friends are. We're just talking about some the things that we find, the blind spots in the testing.

They simply prescribe a synthetic T4, but that's quite insufficient for true healing. So many of our patients are on this synthetic drug, we're not anti drug.

It's just a drug that probably doesn't work adequately. Can you expand upon that? Sure. So when you take a synthetic hormone, so levothyroxine or synthroid or even tyrosine, the body has to convert that into a bioidentical

form so that you could actually use it.

And then the most interesting thing is the bot T4 is mostly inactive. So your thyroid mostly makes T4, and then we're taking levothyroxine or one of those synthetic T-4 hormones.

So the body actually takes that and converts it into T3, which is the active form of thyroid hormone. All right. That's how the buddy regulates its metabolic rate is by how much T four, it converts into t three.

And that's what regulate your metabolism. And so a lot of times we will have an issue with under conversion, right? So we're not converting enough T4 to T3.

So someone could have a completely normal TSH. And if the doctor was a little bit more progressive, they run maybe a total T four and maybe they ran a free T for and everything looks great.

This literally just happened to me yesterday. And the patient was like, after I listened to your master class, Dr. Heather, I went to my doctor and I said, i really think something's going on with T3.

And her endocrinologist says I don't deal with t3, so you can maybe find another doctor or go back to primary care and ask them to run the T 3. So she had labs done with me and sure enough, her T three was so far below the lab range.

Like TSH normal, T4 total and free normal. But total and free T3 were below the lab range. So her metabolic rate was completely turned down. And so then, you know, as functional doctors, for me personally, I don't usually just like to give T three.

I want to say, okay, why are we under converting? Like, what is the body? Why is. The body trying to slow down the metabolic grade and under convert and slow everything down?

And so we dig a little bit deeper to figure out, well, why is this happening? Where is it coming from? Can we address the root cause and also maybe give some T3 and support the process in the meantime?

Without question, there's two things that I hear that are resonating what you said. Number one is root-cause, no-band-aid theory, which is great. And number two, you adhere to the idea of testing and not guessing.

Within that, You and I both look at the typical ranges from 18 to 80 in blood labs, and we realize that that's pretty wide range. We also realize not only is the range wide, it's people probably more unhealthy than healthy, but there's functional medicine numbers.

Can you tell me the difference between the two and how you got there? Yeah. So this is just crazy to me. And I've been doing this for so long. It's still, it makes me crazy.

The lab ranges that they're getting is an average of the people going into the lab in that area. Right? So all the People that go into a lab, in a certain area, they graph their numbers on a bell-shaped curve.

They take the median and then they go to standard deviations out and that's how they get their lab range. Now, they're, like you said, it's not the 20 and 30 year olds that are going into the labs.

Who's going in and getting their thyroid checked? It's all of us with thyroid problems. And so all us go in with thyroid problems and we are setting the averages.

Now these ranges have a purpose. They will tell you if you are in a disease state, if are falling outside of the average and you're way outside, It is like a big red flag.

We have giant problem. But it's not going to tell you where the dysfunction is. It's going tell if you have a disease, but it doesn't tell where is the disfunction.

And so in functional medicine, we're not necessarily just trying to find the disease. Although we can find that. But what we are trying find is where's the dysfunction.

The dysfunction happens outside of optimal. So we can look at research and we look out where does a human being male or females sometimes those ranges are different.

What is the optimal functioning range and if you fall outside of that what does it mean and what are the patterns that we see throughout the lab work that will tell us what is the underlying root cause.

All right. So yes, those giant lab ranges, they tell if you have a disease, if there is something really wrong, but we mostly fall into the cracks of this process when we have dysfunction, not disease.

These are the people that are like, okay, I am tired. I'm not sleeping well. Um, not really on any medication. Maybe I have a high cholesterol medication, um, got some anxiety and depression.

Just not feeling amazing. And they're like well, nothing's wrong with you. You don't have disease. there's no medication I can give you because there is no disease that we can diagnose.

And so that's where we fall into the cracks of traditional medicine. But now it's really starting to move in a different direction.

Synthetic Thyroid Hormones and T3 Conversion

I mean, when I started doing this 20 something years ago, people looked at me like I was literally a crazy person. Now it is like, oh, okay. So we are trying to be optimal.

A lot of people used to think that being healthy meant that you didn't have a disease. But now we are starting to understand and realize that, being health means that your functioning optimal, you have no symptoms, and you certainly don't a have disease, so there is a big continuum of health that we have to really understand.

Health is not the absence of disease health is the optimal functioning of the body with no Wonderful. Very well said. Indeed, indeed. Now, you've been doing this over 20 years.

We spoke before we came on. You have a book. In your book, about the seven pillars of thyroid healing. Do you want to give us a nice overview of those seven Sure.

And we'll go pretty quick because I could literally talk for hours on these. This is like the blueprint. All right. So this is the Blueprint that I have worked with thousands of women and this the way that you need to get great results.

The first pillar is that, you have to have a consistent goal, right? You have to have a consistent pursuit of your goals. So we got to realize that, okay, what is it that you're trying to achieve?

And we really want to make sure that they're measurable. You want make that sure they are very clear. And then behind the goals, you have deep rooted motivation.

Everybody wants to lose weight. 80% of Americans will say that they want to loose weight, that's a good goal, but what is the motivation behind why you want lose the weight?

It's not just to look better, it is to be mobile as you age, to prevent diabetes or reverse diabetes. You've got to really dig in there and figure out what your motivation is behind the goal that keeps you moving forward.

Pillar number two is that you have to have comprehensive testing. Now, I wanted to say this earlier, but I kind of went on a rabbit trail when we're talking about thyroid testing and talking.

There's 12 different markers that make up a full and complete thyroid panel. But let's be clear about 90 to 98

percent of the women who are diagnosed with low thyroid actually have an underlying autoimmune condition.

And when you have underlying, auto immune condition, you to look beyond the thyroid. Yes. The thyroid is important. Yes, if you have low thyroid hormones, that will trigger the immune system to attack the thyroid even more.

So the thyroid hormones are important, but you to expand the scope and look at adrenal function. Blood sugar is a huge one. We've got to look your gut health and your microbiome.

toxins, mold toxins heavy metals, environmental toxins and food sensitivities. So we've got to really look at the whole picture and stop just focusing on the thyroid because once the thyroid numbers are pretty stable and you still have symptoms, there's still a trigger that hasn't been addressed or handled.

And it is crazy because if you would take the symptoms of low thyroid, You can put them exactly on top of the symptoms of blood sugar imbalances, dysglycemia.

When you have a symptom, your body is just trying to communicate with you that there is some underlying imbalance, that it needs a little help overcoming.

That's where you find the imbalance instead of disease. You've got to have comprehensive testing and we have to go beyond just the thyroid. And then the third pillar is that you have to have comprehensive analysis and diagnosis.

So like we were talking about, it's not just can we name the disease and match a medication with the diseases. It is about where is the underlying imbalance?

Where is a body not functioning optimally?

Functional Medicine Ranges and Optimal Health

And what are all the different patterns that the body is showing us so that we can determine what the highest priorities that are gonna move the needle the fastest.

And I think if you don't go in this order, this is where people really mess up because we start from symptom and then we try to apply a solution without understanding the testing and understanding, the analysis and the patterns that are happening.

So people are literally working on the same problem for years and years. And having like failure after failure, because like, let's say They can't lose weight and they have their tire.

They have low energy and don't sleep well. So they asked Dr. Google and Dr Google says, OK, we think it's a thyroid problem. You go to your doctor, you get thyroid medication and you're on it.

Your doctor says everything's good, but you still have these symptoms. So then you ask Dr. Google again and he's like, okay, I think you have a blood sugar problem.

So you go and you take cinnamon and maybe try a paleo diet and kind of still have these symptoms. And you asked Dr Google, again, maybe some adrenals.

You go to your local health food store and the person in the aisle is like yeah, take this adrenal supplement. So we're like taking all these supplements.

Take I mean, I used to laugh when I was in physical practice. I always knew when a thyroid patient walked in because she had bags and bags of supplements, and I can laugh because I have Hashiwoto's myself and have, you know, been down this road, which is why I do what I.

But we keep trying to apply a solution without knowing the root cause of why we have the symptom. Right. So, we go from pillar one. to then pillar four, which is customized care.

And if you're gonna customize care, you have to have the labs that dictate which direction you are going, what path you going so that you can get the best possible results in the shortest amount of time.

I will be talking to a patient and they will like, I've been dealing with these symptoms for decades. and I'm like okay, your treatment plan is gonna be eight months long and their like eight month.

like eight months, you're going to have all of this fixed. Probably so. The chances are very high because we do very specific. We create treatment plans with data and we continue to retest which is pillar number six.

And then we recustomize care, which has pillar, number seven. So you go through this process where it's very data driven and we're not guessing. Now, I skipped one pillar which pillar five and this is that you need a coach.

You need somebody who's been there and done that so that you don't have to reinvent the wheel, but the other part of that is that. You have. To be coachable because I find even myself because we've had to figure this out on our own and we had two.

We've had many bad experiences, different practitioners. Sometimes it's hard to trust and be coachable. And there's always a new advice going around on Instagram and Facebook about what we should be doing now and what were doing is not what should we be.

So it creates a bunch of confusion. I agree with you. I think everybody needs a coach. So the idea is essentially to extrapolate, check the symptom so you can get to the system to ultimately get the root cause resolution.

You're going to test, you're gonna treat, retest, and hopefully you get them to optimum outcome and therefore you are going maintain. With that being said, Give me three heinous foods that will guarantee, well, we won't say guarantee but give me a three worst foods for the gut and the thyroid.

Okay, three worse foods. This is not hard. Number one is gluten. Gluten, it will wreck your thyroid. It will wreak your brain and cause inflammation. And I didn't understand this when we first started learning and understanding about gluten like 20 years ago.

I also would be gluten-free during the week and then maybe I would cheat on the weekends. But now what we know is that when you eat gluten, those antibodies stay circulating in your system for up to 90 days or more.

So when you eat gluten, if there's a thing called molecular mimicry and the molecule of gluten looks very similar to the molecular of your thyroid and to this cerebellum of brain, which tells you where you are in space.

It helps with balance and coordination. And we're even learning that now it helps us with coordination of thought. So gluten is probably the worst thing that we could eat and you can't be kind of gluten free.

It just doesn't work like that. So you've got to like make the jump. The thing, that helped me the most was I, when I think about gluten, I just think about it destroying my thyroid and my cerebellum.

Seven Pillars of Thyroid Healing

And I have in my mind, I think of it like rat poison, which is why I'm never tempted ever because I know the detrimental consequences of gluten. You could sit chocolate chip cookies on my desk and I would not touch them.

It's just because i've made that shift in the brain that it's rat poisoned and it really could be super detrimental. Then I also think, oh my gosh, when we have one autoimmune disease, we are at a high risk of developing multiple auto immune diseases.

And I certainly don't wanna deal with that. So when you make that shift in your brain, your will actually start to work for you and you won't feel deprived of getting rid of gluten.

I'm not trying to take a detour and interjecting. So you and I are both on the lecture circuit. I get to ask the question that I've asked all the time.

Gluten, okay, I got it. It means glue, it sticks to my intestinal tract. Wow, can't believe it's 90 days. That's if you're celiac or sensitive, which is 4 out of 10 people combining those two.

If I am in a 6 out 10, then I can eat gluten, right? Well, I have seen some research that is suggesting that 100% of the population in America is sensitive to gluten, regardless if they have a test that says if their sensitive or not.

Now, the other thing to think about gluten. Gluten is a grain and it usually is in a grained form, right? So when you eat grains, it will raise your blood sugar.

You will get an insulin spike, you will a blood-sugar spike and its going to wreck your metabolism. And if you are And like 80% of Americans who have a weight problem, avoiding gluten and grains is probably one of the best things that you could possibly do.

You cannot calm down the immune system if you constantly are having insulin surges. And it is extremely difficult to lose weight if your body is full of insulin, which is a fat storing hormone.

So you can't expect the body to utilize fat as fuel when it has all this extra fuel that it's trying to save for energy later. And so it is two of the biggest problems that we face is obesity and autoimmunity and blood sugar issues.

So gluten causes not only inflammation in the gut, the thyroid, and the brain, it also causes insulin surges and it really creates issues with our weight.

That's a great takeaway because, you know, I hear a lot of people lecture on the gluten and the fact that you and I both don't eat any gluten because the glutin in America comes with glyphosate and Roundup and we won't go down that rabbit hole at all.

Yeah. I'm just going to say for me, everybody should be anti-gluten. Yes, the gluten, or I should say, yes, that bread is a little different in Europe, but gluten still has something called gliadin and that's going be the zonulin and all that.

But a really good point about the fact that grains raise your blood sugar, creating a pro-inflammatory milieu in the body. So you owe me two more foods.

Okay. So the other food is dairy. Um, for me, you know, this is just a big one and I know there's a lot of controversy right now, especially on the carnivore circuit and is very okay.

And is it not okay? And I find that the people that don't do well on carnival are, they're usually eating way too much dairy and dairy, Um, it's inflammatory for us.

We don't have the enzymes that we need to break down, um, these big dairy molecules, especially casing. Like when our body, uh, is built to brake casing down up until about the age of five.

Okay. Cause there is natural casing in human breast milk. However, cow's milk has about 32 times the casing Um, goats milk has 16 times the casein as human breast milk and sheep's milk is about the same as Human breastmilk.

However, we aren't supposed to be drinking milk after the age of five, right? And I think, you know, if we had a toddler running around, that was five.

That was still breastfeeding. You might get some weird looks. Although the body is still designed to break down casein up until the age of five But otherwise the after that age we can't break Down case in and it creates a lot of

inflammation the other thing to think about is You know milk it's meant to grow a baby fast right like that is the purpose of milk is so that we Can grow this baby to be self-sufficient as fast as we so it is not in danger in nature And I don't know about you, but I am not trying to grow.

I'm not. To grow like a baby cow. It has lots of insulin, like, um, uh, growth factors. All these hormones to grown the tissue really quickly. And when you take cheese, it takes 12 pounds of milk.

to make one pound of cheese and you're like concentrating all of those hormones into cheese. And yes, it is delicious. But just think about, you know, what that is doing to the body.

and all these inflammatory conditions. And I think that dairy is probably something that we just should avoid. Then people ask me, what about raw dairy and what A2A2 dairy?

And you're like, okay, it still has casein. It's probably better, but it's still have caseins in it. I live on a ranch and I have three A2A2 cows and we do milk the cows.

But what I use the milk for is if some other animal on my farm doesn't get breastfed or the mom kicks it out or something like that, we use milk so that we can raise other animals without having to get all the powdered junky milk that they sell at Tractor Supply or anything like But anyway, I think casein is a huge one and it creates loads of inflammation.

And it can mimic gluten. There is cross-reactivity between gluten and dairy. So it's almost like for many people, you're eating gluten when you eat dairy Great points.

So to recap, too much casein versus human breast milk. Yeah. Great examples. We as humans can break down case in up to the age of five and after that, we're kind of lost.

Milk is really the means of growing a cow, little calf to a calf quickly. And I certainly don't want to have the body composition of a cows. I appreciate that.

Yeah, this really goes to, I always said we're the only species that wants to drink another species' milk, hence the idea of consuming cow hormones, concentrated cowhormones, and casio-morphin.

I mean, it gets drunk. Yep, It can. And it's very addictive. It's like an opioid. So that's why people get so upset when I have them get off of dairy.

Just know the reason you're having that is because you are probably addicted to it. So, you'll get over it. So for a thyroid issue, give me the best diet per se.

I would say that you want a very low carbohydrate, no sugar and high protein diet. You want to really focus on protein and you wanna make sure you're having good fats.

For me, I really try to focus mostly on green veggies, but taking into account minimal oxalates and minimal um lectins now um so usually that is the best because the ultimate thing is that you have to regulate your insulin surges and you Have to Regulate your glucose and um also making sure that You're getting rid of the foods that are very inflammatory so that's what I have seen to work the Best is mostly green veggies minus the ones that Are super high in oxalates like spinach um Swiss chard.

All the other ones are pretty much, for the most part, okay. And then you want really high protein, 0.75 to one gram of desired body weight of protein.

We've got a question on the protein and is the miracle macronutrient? We forgot the third food. I'll plug it in because we don't want to go back. It was soy Yep, soy.

We can do soy, we can Do corn, We Can Do sugar. But either way, yeah, so when you say sugar, you're talking

cane sugar fructose or both? Both. Okay. I'm talking both.

So cane sugar is obviously not great, right? Because it raises blood sugar, it's going to make us gain weight, contributes to obesity. Fructose also will do that.

And so most of my patients, we see that they have a fructose metabolism issue. When they eat any kind of fructose, their bloodsugar will really spike.

For example, I wear a continuous glucose monitor just because I'm obsessed with my blood sugar. I got stuck somewhere and I didn't have a protein bar.

And I just had an apple. So I was like, that's the best thing for me to eat. I'm like, oh my gosh, this is crazy. So most of the time, you know, if there was nothing else to eat, I would eat an apple, but you can absolutely overdo the fructose.

For me, pretty much stick with a handful of berries. Other than that, don't eat any frucose, and certainly honey will really spike your blood sugar, which is also a form of fruccose and so is agave.

Diet Triggers: Gluten, Dairy, Soy, and Sugar

All of those things will spike bloodsugar. And so for women who are trying to, number one, stabilize their immune system, but also release weight. You have to regulate your blood sugar.

And I really like the tight range of being anywhere from 80 to 120, not going over 120 after you eat, and also not under 80 when you're sleeping at night.

So low variability and not a lot of change even throughout the day. Wonderful insights. Now, you know I'm from New York, so we have this section that we love.

It's called Rapid Fire. So I'll give you something. You're going to try and be concise, answer it, and give a piffy type of response. Are you ready? Okay.

I know you're from the southern part of Texas, So here we go. Hello, Dr. Stone. Your labs are normal. it's just aging, my other doctor said. Oh my gosh, this is supposed to be really quick.

So there's no such thing as a disease related to aging except for sarcopenia. It's not an aging issue. You can take more time with that one, it's okay.

Okay. I could spend an hour on this, all right? Each one can be rapid fire. How does that sound? Okay, that's fine. Aging, I feel like they've just run out of information or they don't want to spend the time to dig to figure out what's going on underneath the surface.

All right. So when you get the answer of aging, it doesn't give you any solutions and it makes you feel stuck and makes give up and make you hopeless.

But I have worked with patients that are in their 80s that is reversing diabetes, losing weight and really turning things around. The body is designed to heal.

You are born to heel and doesn t stop trying to do that until the last breath that you take. Outstanding. You need just to eat less and exercise more because if you eat, less, and, exercise, more, you'll take in less calories because we all know we count calories and you burn some more.

And Dr. Stone, I've been doing that for the last six months and guess what's happened? I haven't lost anything and I'm freaking hungry. Yep, so there's one word that I would say with that is it's insulin.

You have to look at the insulin response. So you can eat 500 calories of chocolate chip cookies and you're going to have a completely different response in the body.

And the person who eats the chicken is going lose weight. The person that eats 500 of cookies is either going stay the same because they're limiting their calories but their body fat's gonna go up, they're not gonna feel great and they are not going to get great results.

It's not about the calories, it's about insulin response in the body. My TSH numbers are horrible. The doctor told me drugs are my only answer. So that's usually not the case and sometimes you might need thyroid medication but it is usually only one small piece of the puzzle and you gotta look at the root cause.

Why is the thyroid numbers a mess? I know you're picky, particular, about who you admit as a patient in your practice. What are the basic criteria you use to make someone, or to determine if someone is a good fit for you, where you can help them?

Yeah, so your health has to be your number one priority over anything, right? Because the people that, their health isn't their number-one priority. I find myself caring more about their help than they do.

And that's never fun, and you never get great results when you do that. The people who their health is their number one priority, we just need to find solutions to the obstacles or the roadblocks.

The People where their Health isn't the number-one priority. They find the Roadblox and it stops them and they give up. But your health has to be your number One priority over anything else.

You know, I forgot to ask you this. Give me the symptoms that are typically associated with low thyroid function. So people know ah, you know let me think thyroid.

Yeah, so they can't lose weight, they have low energy, They're not sleeping well at night, whether they fall asleep or stay asleep. They have anxiety, depression, brain fog, their hair is falling out, brittle nails.

That's typically classic symptoms of low thyroid. What should a woman look for when choosing a healthcare provider to show them the path to a happier, healthier life?

It depends on the goals and what they're looking for. So if they want a practitioner that's just gonna give them thyroid medication, they should look for a traditional endocrinologist.

But they really, if want to understand and get down to the root cause and address these symptoms so that you can resolve the symptom and not just cover them up with medication.

They need to look a functional medicine practitioner. Recritical labs, you kind of answered this. Everyone should request from their doctor today. It's not limited to just thyroid.

So you're empowering now the public to ask the medical doctor. And I'm sure it's the first time someone's asked you that. I know it not the the time that it happened to me, but give me three labs.

Better yet, I'll preface it by saying, give three thyroid labs and then give 3 labs outside of thyroid, Okay, so the top three thyroid labs I would run would be TSH.

It's a really hard three. But T SH, I'd say a free T4 and a T3. And if I had to do two other ones, the antibodies. Let me say this real quick. I know we're supposed to answer pretty quickly.

But these antibodies, if they're negative, it doesn't necessarily mean you don't have Hashimoto's because there's a 20% error rate. Sometimes the immune system gets out of balance and it, doesn' produce these, antibodies like it should.

So, the antibodies aren't the only test. If I have a patient that where the, are negative. I just assume that they have, Hashimoto's. Because it's highly likely that they do, and we just get down to the root cause, but I would say TSH, a free T4 and a Free T3 are what's going to actually tell you what to do to move the needle.

And then the other test that we should have is for sure a hemoglobin A1C because blood sugar is so critical. Now you can't see everything on an A-1c. I actually have a lab panel.

It just so happens to have 12 different markers to truly evaluate dysglycemia and if there is a blood-sugar problem. So looking at bloodsugare is imperative.

Looking at like C-reactive protein to tell us how at risk we are for a heart attack and stroke. and what our inflammatory markers look like is also very important.

And then maybe running a CBC to look for underlying infection patterns because that's really huge as well. So I have a buddy of mine and I always go towards the end of the podcast.

He listens to them all. he's been a great supporter of it. and he always says, Rob, I need that one thing. that I need to do on Monday and I will implement it.

So since it's a male and we know that it is mostly females, this is for his wife. What's the one thing? Okay. The one is you've got to get gluten out of the diet.

That's what I would say. If you just picked one, that's where I'd start. Outstanding. How about one simple mind shift to kickstart your healing process?

Yeah, I think it's important. I always talk about this, the 2% rule. Sometimes we can get really overwhelmed with all the things, right? Like I said, no gluten, No dairy, No soy, no sugar.

Um, I always talked about exercise and getting the body moving and like we got all these things. And so sometimes we become overwhelmed and we don't do anything.

I just talked to a lady, she didn't implement anything because she was scared she is going to do it wrong. So she kept making the bad choices. I'm like, just do 2%.

Rapid Fire Advice and Functional Medicine Outlook

If you could do two percent today and then do to percent better tomorrow and 2% better the next day, at least you're moving in the right direction. The people that think they have to all or nothing, you end up doing nothing and they stay stuck and have the same life that they had or worse in next year and five years and 10 years.

last question for you. Where do you think the world of functional medicine will take thyroid evaluation and thyroid treatment in the next five years? The direction that it has been going in, the last few years has, been exponential compared to where it was 20 years ago.

Like literally 20 ago, nobody, no doctors really even knew what Hashimoto's was. Now, most people know, and I think it's going to become the norm. I'm hoping that if you get diagnosed with a low thyroid problem, your first option is to go to a functional medicine practitioner.

That only makes sense because the solutions otherwise are very surface and they don't really address the root cause. So I am grateful for all of the social media stuff because it has allowed us to disseminate information without the filter.

of, of big, big pharma. So it's, I feel like it has been, you know, amazing and it is only going to get even better. And I think AI is going too, um, really help us with that too.

No, i'm going ask one more, one, more question. I'm really sorry. Cause I love this topic. Uh, uh, exuberant about it. Um, gut testing, what about just open up Pandora's box at the end of the podcast?

Well, probably. Again, we could talk forever here and I, that testing is important. I think there are some limitations to gut testing. It plays a huge role.

Your gut health is so connected to your immune system and your overall health. However, you can't just focus on gut-health because other things are impacting your gut.

You've got to look at it in a broad stroke, meaning A lot of practitioners say, okay, we're going to start with this gut protocol. But if you don't fix your blood sugar, you're not going fix microbiome and you are not gonna fix you gut.

If you do not fix the foods that you eat that cause inflammation, then you will not be able to fix it. I do think it's important, I think that it is imperative that we look at the gut, that I test every person that is a patient.

We do a gut test where we are looking at parasites, bacteria, yeast, fungus. But knowing as a clinician, there are limitations to what we have access to at the moment.

But I think AI is really starting to shift our gut health. And it's so cool because there's AI programs out there that can take your microbiome and predict what health issues you're going to have in the next 10 to 20 years.

Like, are you going have any kind of cancers or other major health So I think we're on kind of the, the edge of where this whole, um, you know, The gut health is going to go.

I agree. We're in a cusp of some greatness from reference to really evaluating the gut microbiome, to thyroid functional medicine and the like, and you are leading the charge.

This has been great. Thanks for your time. Love to talk more. Everybody. Dr. Heather Stone, Dr Rob Silverman, Proven Health Alternatives.