Thyroid Trouble? Here's How It Impacts Your Heart And Cholesterol Transcript

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Introduction to Thyroid and Heart Health

Welcome back to the reversing heart disease Naturally summit. Doctor Jean-Marie Le Scalzo, I am honored to be co-hosting this with Doctor Joel Kohn. And we've had some amazing guests so far, and I.

It's not going to be a surprise that today's guest is also amazing. It's doctor Eric Olson ski. And we're going to be talking about a topic that most other guests have not been talking about, which is and the topic is the connection between the thyroid gland and the cardiovascular system.

So welcome, Doctor Eric. Is it okay if I call you Doctor Eric? Definitely. And thank you, doctor reader. Marie. Thank you so much for having me. I'm excited to have you here because I see it so much in my own clinical practice that people with elevated cholesterol levels and heart disease kind of histories have issues with thyroid.

So talk to us about what the connection is between the thyroid and the heart. Sure. So thyroid hormone affects pretty much every cell tissue in the body.

And the cardiovascular system is no exception. Thyroid hormones modulate every component of the cardiovascular system. And the reason for that is because thyroid hormone receptors are everywhere.

They're even in the blood vessels themselves.

How Thyroid Hormones Affect the Cardiovascular System

So it shouldn't be a surprise that that the thyroid hormones will affect the contractility of the heart, the heart rate, the blood, the blood flow. And we could get into greater detail on talking about hypo versus hypothyroidism, because again, if you have one low thyroid hormone compared to elevated thyroid hormone, of course that will there will be differences in how that affects the heart.

So I don't know if you want me to just dive right into the hyper hypo. How? Yeah, let's let's do that in a moment. But let's, let's I just want to make it clear it's not just the cholesterol issue.

Like we say, when the thyroid is low, the cholesterol goes high. It's not just that. It's that the thyroid hormone is affecting. You mentioned contractility of the vessels, the muscle of the heart.

Blood pressure. So let's let's jump into some of the general things that it affects. And then let's look at hypo versus hyper. Sure. Well it's hard to separate the two.

So because for example that affects heart rate you know. So if and then OB how does it affect heart rate. So again it we want a healthy heart rate. We don't want it too high.

We don't want it too low. We want our heart rate to I mean then anywhere like low 60s to low set or mid 60s low 70s. I mean if someone's really athletic then it might be lower.

So cardiovascular fitness does play a role in that as well. But again, if someone has elevated thyroid hormone levels like I did when I dealt with graves disease, then you'll that'll increase the heart rate in most cases.

And you will see that heart rate in some cases dramatically increase. Sometimes the resting heart rate could be triple digits. Well over 100. And then, again with low thyroid hormone, we see where a person will have a lower resting heart rate.

Sometimes comes in the 50s, sometimes even lower. And again, like like I mentioned, the cardiovascular fitness

can also play a role. So but yeah, so it affects the the heart rate, it affects the, the the blood flow.

And again we could tie this into the thyroid too, because if someone has low thyroid hormone then it's going to decrease the circulation the blood volume the blood output.

And so a common symptom of those with hypothyroidism is cold intolerance coldness of the hands and feet. And so so whereas if someone has hypothyroidism you often see the opposite.

Heart Rate, Rhythm, and Blood Pressure Changes

You'll see a heat intolerance sometimes like exercise intolerance to which is a little bit different. But but hot flashes which not not exactly the same as menopausal hot flashes.

But again it's due to the increased metabolism. But also we can't dismiss the impact that it has on the blood flow. So those are, two major ways that thyroid hormone affects the cardiovascular system.

You mentioned, heart, not heart rate, blood pressure, which, we could definitely talk about that as well. Okay. So so here we have it. I want to just clarify for people listening that if you are not an athlete and your blood, your heart rate tends to be in the 50s or less, then that might be a sign that you should be looking at thyroid function to see if there's something going on there that's causing it to be extra low.

And again, if you are are active and you do find your blood, but, your heart rate popping up like it's in its 80s or 90s and you're like, I'm an athlete, I run, I, you know, I bicycle.

Then that also would say, let's look at possibly if I read connection. Is that right? Yeah. Exactly. Right. And we see that too where someone that's how they got diagnosed because they were physically fit.

Their resting heart rate was in the low mid 60s. And all of a sudden it was like in the 80s or 90s, I said where it could be in triple digits, but it doesn't have to be if someone's it might be like 85 and or in the 90s.

And for someone with, resting heart rate, that's a I mean, it could be even, as, you know, if someone's really physically fit, if someone's like, a triathalon for, you know, they run marathon triathlons, they can have a resting heart rate in the 50s.

So, again, if someone takes their resting heart rate, measures a heart rate. It's in the 80s again. You got a suspect. Doesn't guarantee it's like a thyroid condition.

Could be infection, could be something else going on. But yeah, I definitely agree. You want to at least consider that as a possibility. Right. And it's not just you know.

And what about things like arrhythmias. And sometimes people have that, you know, that periods of rapid, heart rate and then it settles down. Can that be related to thyroid.

Yeah. More so with hypothyroidism. So a lot of people have hypothyroidism. They have not only the increase resting heart rate and also palpitation, but but you're right, that irregular heartbeat, arrhythmia is atrial fibrillation, which could be serious.

So definitely not something to take lightly. But because of that really high resting heart rate and and it's high for a prolonged period of time because I mean, and I mention that because obviously when we exercise we're going to have a heart rate.

But that's transient. I mean, when we exercise, maybe like when I exercise it's for maybe an hour, but it's nonstop. When you have hypothyroidism, I mean pretty much 24 over seven, unless if you take something to help with that like and south our medication or herbs which we could definitely talk about but but yeah irregular heart rate more so in hypothyroidism than those with low thyroid.

Okay. And then blood pressure. How would. Because blood pressure is a common cause of strokes and heart attacks and this sort of thing. And people are running around with high blood pressure.

And the first thing the doctor wants to do is write a prescription for a blood pressure lowering medication, or if someone is more naturally inclined, might say, well, take this or that herb.

But you know, where does that fall in? And what point would we want to be considering maybe the thyroid is interacting with your blood pressure. Yeah, it's funny because you would think, well, someone would hyper Thatcherism.

It speeds everything up. So blood pressure would increase and everybody would hypothyroidism. And then what? Hypothyroidism would be the opposite. Everybody would hypothyroidism and have low, blood pressure.

But that's not always the case. For example, when I was diagnosed, graves, the way I actually found out I had hypothyroidism was I was walking around in a retail store, a Sam's Club specifically, and they had one of those automated blood pressure machines.

And I took my blood pressure, and my blood pressure was fine. It was my resting heart rate that increased. And throughout dealing with hypothyroidism, I never had elevated blood pressure at all.

And I find that is the case with a lot of people with hypothyroidism. Now. Sometimes it will affect blood pressure more. So systolic hypertension like affecting that top number more so than the bottom.

But again, it's not everybody. And like I said, probably the majority of people with hypothyroidism do not experience high blood pressure. And then what?

Low thyroid now low thyroid can actually cause high blood pressure in a few different ways. One is you could get an increase in stiffness of the arteries, which which again is transient.

Testing Thyroid Function and Optimal Ranges

The good news is when you balance the thyroid hormones, you like if if that's the cause of the blood pressure, it's huge. I mean, if someone has overt hypothyroidism for many years, maybe, but most people will get treated eventually for it.

But but anyway, so that that is a potential cause. And then also with low thyroid hormone, you could get any increase in vascular resistance. So that's another potential mechanism.

But yeah. So you can get hypertension high blood pressure with low thyroid hormone again. So you could essentially you could get high blood pressure would either hyper or hypo.

But it's not a clear cut connection where most people with hypothyroidism, like I said, most people do have elevated resting heart rate, not necessarily elevated, blood pressure.

And then what hypothyroidism advisory is again, same thing I say that I mean, I don't know number wise like percentage wise, but I'd say that I mean, a lot of people I, you know, have high blood pressure from other causes too, right.

So sometimes it's hard to make that connection. Is it due to the hypothyroidism or is it due to, you know, other factors? And I mean, same thing with hypothyroidism.

Someone has high blood pressure. We got to make sure that they have that previous history. So like I said, there's not necessarily a direct correlation between elevated thyroid or low thyroid and blood pressure.

But would you say that if somebody is diagnosed with hypertension that they should be looking at the thyroid and

ruling it out as a potential cause, as opposed to just going down the medication route and taking medication to lower it without really getting to the underlying cause?

Yeah. Of course. I mean, we both know really with anything we want to do that. So what when and what blood pressure. No exception. There's a cause behind the blood pressure.

And it does make sense. Like if someone never had a history of hypertension and then they have a heart condition that yeah, maybe it can be a factor. So yeah, I agree with you.

If someone has been diagnosed with high blood pressure, it makes sense to make diet and lifestyle changes and also to look into blood pressure and adrenals to adrenals could also that goes maybe beyond our conversation, but problems with adrenals could also cause.

But most doctors don't mention adrenal. They just say to take the blood pressure medication. And that's I find personally that in my practice anyway, that with the adrenals we often see the opposite the hypotension, the very low, blood pressure or orthostatic hypotension, where you get dizzy when you stand up.

So if you're experiencing any of these things, it's really a good idea to get a full workup to find out what the underlying causes are and agree that diet and lifestyle are going to be paramount to whatever the underlying causes we're going to have to address it.

But how would just a quick, a quick aside to if someone suspects, well, maybe I have a thyroid issue and they go to the doctor, are there specific tests they should be asking for?

Because I know that in conventional medicine, doctors are taught test TSH of it's below 4.5 or 5. Then you're okay. You don't have a thyroid issue. So I'd like to just a little touch on that.

Cholesterol, LDL, and Thyroid Connections

Just so that people understand if you're concerned and you're really concerned about your heart and reversing and preventing heart disease, that you really should leave no stone unturned.

Yeah. I mean, you bring up a good point because many times they won't test the thyroid. And then when they look at the thyroid, a lot of times they'll just look at TSH, which is actually pituitary hormone as you know, thyroid stimulating hormone.

And then there's the optimal ranges versus the lab ranges. So most labs would consider a TSH of let's say three or even four to be within the lab range.

But it's not the optimal range that's on the higher side. So I mean, I definitely recommend looking at the sage, but you also want to look at the thyroid hormones, free T4 and free T3.

And and one thing also that's important, getting back to the hard free T3. As you know, that's the active form of thyroid hormone. So when we talk about the impact of thyroid hormone on the heart, we're actually talking mostly about T3, the active form.

It's a thousand hormone. And again as we know they many times don't even when they test a thousand hormones a lot of times I'll just test T4 and 93. So and you could have that conversion issue converting T4 into T3.

So you want to look at TSH. You want to look at free T I like I like free T4, free T3. There's an argument in some cases to look at the total hormones, total T4, total T3 as well.

But yeah you want to also pay attention to those optimal ranges. I like to see TSH between like one and 1.5. Free T4, free T3. I mean, there's different units and different like in the United States, like free T4 between like one and 1.5 for T3, between like three and 3.5 and and then the antibodies which again those won't really I mean that's the

antibodies will determine if it's potentially autoimmune like Graves or Hashimoto those I mean as far as what we're talking about, the effects on the heart and what the doctor doctors don't, as you know, pay much attention to the auto immunity.

They treat it the same regardless. But I, of course, will recommend not just doing the thyroid panel, but also looking at the antibodies as well. Absolutely.

So I highly recommend if you're if you're thinking that maybe some of these cardiovascular related issues are thyroid and you want to find out more, I would check out Doctor Eric's podcast.

He goes through all that. He has some really good episodes on what the right testing is and all that. And and I would highly recommend that you check that out.

And it should be in the, in his bio. The last thing I want to talk about is, what do we do? Right. If we're suspicious? Well know before we go there, I want to talk the cholesterol thing, because that's what most people know about, you know?

You know, if the cholesterol is elevated, one of the things we really want to look at is, is is it a thyroid problem? You know, you could be somebody who eats great and you're really, you know, avoiding all the things you should be avoiding and eating lots of plants and protecting your cardiovascular system.

But you still are having elevated cholesterol. So let's talk about the cholesterol. And and specifically LDL, connection with the thyroid conditions. Yeah.

So as you mentioned, if someone has low thyroid hypothyroidism, typically you will see high total cholesterol as well as LDL, elevated LDL on a lipid panel.

And, and you're right, just like we talk about the blood pressure, most of the time the doctor will just say, let's take a let's give the person a statin and lower it.

Thyroid Receptor Resistance and Homocysteine

But they might not look at the thyroid, but if the thyroid is the problem, you want to find out, because by balancing the thyroid that will typically fix the cholesterol problem, the high cholesterol, the high LDL.

And we see the opposite with hypothyroidism. So this isn't spoken about enough. But what hypothyroidism a lot of times you'll see low cholesterol. Like you might see a cholesterol your total cholesterol like 120 or, you know, LDL really low.

And some might say, oh that's great. The lower the cholesterol, the better. But you want healthy cholesterol levels. You don't want cholesterol to be too high, but you also don't want it to be too low because cholesterol very important for like the cell membranes.

I mean, just, for the sex hormones, the formation of all of our sex hormones and adrenal hormones are dependent on cholesterol levels. So. But yeah. So two if thyroid hormones too low, it could definitely cause and usually does cause high cholesterol and LDL.

And the reverse is true of someone has hypothyroidism. Awesome. So so here's my takeaway from that is if you are looking at, you know, a full cardiovascular evaluation and you look at your cholesterol and you're looking at your LDL and they seem to be lower than you would expect, you're not on a statin.

You're not taking, you know, registries or some sort of of of an kind of natural setting. And your cholesterol levels are super low. Make sure you get a full thyroid test to find out and look for those other signs like rapid heart rate or, or, you know, other things like that, to just make sure that you're not leaving any stone unturned.

It's really, really important for us to be looking at these things and they're often overlooked and it's very important as well. So when you're getting a full cardiovascular evaluation, I always include a complete thyroid panel, which would be TSH, total T4, free T4, free T3, and antibodies, just to say, okay, I think we're looking at that one thing that we, the other thing I want to just mention here in relationship to heart disease is that thyroid receptors, doctor mentioned the receptors that are on every cell.

You can have perfect numbers in your blood, but your receptors are not doing their job. Kind of like insulin resistance, which we've talked about in other episodes here that we we really need to look at thyroid receptor resistance.

And do we have that. But one of the connections with cardiovascular disease and the receptor resistance is elevated homocysteine.

Treatment Options and Natural Support

If you have elevated homocysteine, you've done a complete cardiovascular panel. As you know, other segments on here have recommended. And you're elevated.

Your homocysteine is elevated. You may have perfect numbers on your thyroid, but you have thyroid receptor resistance and you appear to be someone and you have symptoms of hypothyroidism.

So I'm really cautioning everybody to make sure that you look at all of those things. Yeah, thanks. Thanks for sharing. Because you're right. What any hormone you could have that that resistance, leptin resistance, insulin resistance, even cortisol, you can have cortisol resistance and thyroid hormone. Same thing.

You could have thyroid hormone resistance. So yeah thanks. For sharing membranes right. Yeah yeah yeah yeah yeah. So just let's take a couple of minutes to give people a few clues or tips on how to balance the thyroid.

If we do find that you're having cardiovascular symptoms as a result of thyroid being out of whack, what are some of your go tos? Well, there is a time and place for conventional treatments.

So I do want to mention that if someone has hypothyroidism, low thyroid hormone, there is a time and place for thyroid hormone replacements. In the case of Hashimoto's, it's autoimmune, so the thyroid hormone replacement is not doing anything for the autoimmune response.

But still, you want to be safe. And like I said, there is a time and place for that. Whether it's T4 like leave out the rocks and I prefer desiccated of like a natural desiccated if someone's going to take thyroid hormone replacement.

But everybody's different. So that's all. And then what hypothyroidism anti thorough medications such as meth them as well is commonly recommended. And again it's side effects are common.

I don't love the medication but there is a time and place for that as well to lower the thyroid hormone levels. Again not addressing the cause that a problem, but and sometimes necessary even beta blockers.

Propranolol is a beta blocker commonly given what and those with hypothyroidism because it not only, lowers the heart rate, but it also affects inhibits that conversion of T4 to T3.

So it can also actually help to lower the T3 levels, and natural agents. So when I dealt with graves I was able to avoid the medication. And I took the herb bugle weed which has anti thyroid properties lowers.

That helps the lower thyroid hormones. Mother ward which I kind of like a natural beta blocker. I mean, not exactly the same. Of course not. Not nearly as potent.

But that also could support cardiovascular system. Hawthorn is something I did not take, but that's also a great herb to support the cardiovascular system.

Again, some people with hypothyroidism will take that, l-carnitine in higher amounts. I mean, l-carnitine might have been mentioned by others for different reasons during this.

This event, but in higher doses it could actually block the entry of thyroid hormone into the cell, like taking like 2 to 4000mg per day. So that's like the first approach you want to while addressing of cause that a problem, you want to make sure the person's safe, that they have balanced thyroid hormones.

And then while they're doing that, of course, that's why when we address the adrenals, the gut reduce their toxic burden. I mean, for most people with thyroid conditions, have graves or Hashimoto's again, not everybody.

There's definitely non autoimmune cases but the majority of autoimmunity. So we want to do things to optimize the immune system. But regardless of whether it's autoimmune non autoimmune we want to address the cause of the problem.

But at the same time wants to try to do things to balance the hormones. But then in the future get them to the point where they don't need whether it's the medication or again the herbs.

In the case of our hormone replacement, again, a lot of people can get to the point where they don't need thyroid hormone. But there are people that definitely do need to take it long term and they can't get off of it.

And again, it's I look at it more as a replacement, not a medication. And when someone's taking that.

Final Takeaways on Cardiovascular and Thyroid Health

So but when it comes to anti thyroid medication beta blockers that's definitely short term. Like that's not something anybody wants to be on. Like for a really long time. So right.

And that's just basically to get you out of an emergency situation. So you know bottom line is from what we're talking about here, if you're dealing with cardiovascular risk, scared of cardiovascular risk, have had a cardiovascular situation or have measured some of your cardiovascular numbers and they're off your blood pressure is off, whatever, don't forget to include a thyroid evaluation in there.

And going back to balancing the thyroid. Similarly to balancing the cardiovascular system, we have to get inflammation under control. Systemic inflammation is the cause of just about every disease known to mankind, and we have to find the source of inflammation, whether it's a dietary exposure or whether it's a toxic exposure, whatever it might be.

And then just get that in balance. So getting the gut imbalance, the, the inflammation under control, all this stuff plays into how do we help and have a healthy heart.

So I appreciate you being here and sharing your brilliance. Like I said, go check out, you know, podcasts and other resources because he's just got a tremendous amount there.

If you're thinking that thyroid, maybe a part of your cardiovascular picture. Absolutely. Check out Doctor Eric stuff. So thank you so much for being here.

Thank you Marie. It was a wonderful conversation. Thanks again for having me. Awesome. Thanks a lot.