Iodine, Thyroid Disease, and Human Adaptation

So yeah. So the average the three populations can be very misleading for individuals. And then individual tolerances differ as well. So the requirements for iodine are pretty uniform mostly a function of body size but tolerances differ.

And here's a quick story on that. So humans adapted to do two ecosystems that had very different amounts of iodine exposure. Coastal and inland. And these adaptations occur via mutations in iodine regulating enzymes, DNA, iodine enzymes.

So one set of options left humans very able to tolerate a lot of iodine rather often. And that was the coastal variations. Other humans are well adapted to being more inland.

And they were pretty well adapted to lower item environments. They were good at storing it and using a B spec where they couldn't detoxify huge amounts, and then also vice versa.

Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

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Hello. Welcome back to this week's episode of back to the basics. I am thrilled that you joined us today. You have a very special treat in store for you.

I have a wonderful guest who's going to talk to us all things thyroid is going to answer all the questions that you guys always ask. Doctor Alan Christianson is a board certified neuropathic endocrinologist focusing on thyroid care.

He's a New York Times bestselling author whose recent title is The Thyroid Reset Diet. He's the product formulator for thyroid specific formulation supplements.

Doctor Christianson has been featured in countless media appearances, including Doctor Oz, The Doctors, and The Today Show. He's the founding president of the Endocrine Association of Neuropathic Physicians.

So thank you so much for agreeing to talk with me today. Can you just tell everyone? Just give everyone like a little brief synopsis of like, what you do all day, what you know, this this bio does not do justice per se, but what is what is a day in the life of you like?

Well, for the bulk of my adult life, it was full time medical practice managing people with thyroid disease. As of the last, oh, let's see, almost ten years have been semi-retired.

So I live in woods. It's been a long time outside. I still write, do some things online, but the pace is different now. Yeah. Okay, so you don't see patients anymore I don't.

Okay. But you do write and you do have this amazing book that you just came out with, the Thyroid Reset diet. So we'll make sure that we link all of this in the show notes.

So I kind of want to talk to you today all things thyroid. One of the questions I get asked a ton.

Podcast Introduction and Guest Background

You know what? Why are so many people developing thyroid disease? Is it that we're just better at screening for it or diagnosing it? Do you think actually more people are actually have thyroid disease?

Like what is your take on this. Yeah, yeah. Great question. So many things fall under that category. Right. So within thyroid cancer there's been debates about more screening, more prevalence probably some of both but clearly more prevalent within autoimmune disease in general.

Most data suggest the rates have been increasing and have more spread disease being autoimmune. We think the same thing is occurring there. And we look at that in terms of diagnoses but also treatments.

If you track treatments, the numbers of people who are on ongoing thyroid treatment and third medications, those numbers have been on the rise over the last couple decades as well.

It's really been this last 30 years that has been on the uptick. Yeah. So in the last 30 years, do you think any of it has to do with, like our food or, you know, our health in general, environmental toxin?

Does any of that? Well, the biggest drivers are genetics and then things that affect the genetics. And there's not questions like we often don't have a simple tidy answer for good questions like that.

But some of the theories that have emerged to argue that many are exposed to amounts of iodine that can be harmful for them. And there's probably more people like that. And there have been in the past.

So that's one known variable that's changed. Curiously, you'll hear many talk about things like infectious diseases, chronic infections. And we see that when people have a lot of exposure to immune stressors early in life, they tend to have lower rates of autoimmune diseases, and allergies to the immune system gets more of a workout.

So, paradoxically, those that grow up in a more sterile environment and have fewer childhood illnesses may be greater at risk for having autoimmune disease.

So there's kind of controversial things about the role of infections. But yeah, some variables are known to be more relevant than others. Yeah. So you brought up iodine. So I just want to ask you about that.

I feel like with Hashimoto's in general, but thyroid disease iodine is just so controversial. Like some people say you shouldn't have any. Some people say you should have a ton.

Some people say you should test what you know. And I think there is literature to support that. There are lots of Americans that are iodine deficient if you actually check.

So what are your thoughts on that. Yeah. Great question. So we think about the status of a population and the status of individuals and their different things.

And also then the tolerance and the requirements for individuals. And they're not all the same. So recent estimates suggest that the average American intake is probably reasonable.

People are probably getting reasonable amounts. Overall. There's a funny joke about a statistician who had his his feet in an ice bucket and his head in an oven, and he was at a comfortable average temperature of 72 degrees.

So, yeah. So the average is two populations can be very misleading for individuals. And then individual tolerances differ as well. So the require ments for iodine are pretty uniform mostly a function of body size.

But tolerances differ. And here's a quick story on that. So humans adapted to do two ecosystems that had very

different amounts of iodine exposure coastal and inland.

And these adaptations occur via mutations in iodine regulating enzymes, diet and enzymes. So once that event happens, left humans very able to tolerate a lot of iodine rather often.

And that was the coastal variations, whether humans are well adapted to being more inland, and they were pretty well adapted to lower I time environment.

They were good at storing it and using a B spec, but they couldn't detoxify huge amounts and then also vice versa. So what we see now is that those with the genetics prone to those to the, better adapted to in them environments, those genes overlap with all the genes that we see correlating with thyroid disease in the modern world Hashimoto's, graves disease, thyroid cancers.

And there's been so many data points saying that when humans populations get above a threshold of about 200 micrograms s, the rates of all of these chronic adult forms of thyroid disease go up.

Any other US average intake is somewhere around different numbers, you'll see, but maybe 150, maybe 180 micrograms. But sub populations.

Why Thyroid Disease Is Increasing

The American Heart Association had a recent paper showing that if you look at age, gender and ethnicity, about 30 to 40% of certain sub demographics are above 200 micrograms.

And that's an amount that's not harmful for many, but it is harmful for those with those genetic variations. You asked a lot of questions about iodine testing not going to cover all of that, but I don't want to not do a long monologue.

I've been happy to talk back and forth about some of the things I threw out there so far. Yeah, so I do like that adaptation theory about iodine. I hadn't really heard that, but it makes sense because if you live on the coast, you're eating more seafood, then you're going to tolerate higher doses of iodine versus if you live inland.

So but I do feel like there's just all this stuff on social media right now. You know, patients ask me, I'm sure you see it. You know, some of these biological dentists are like, oh, you need massive amounts of iodine.

It's how you detoxify things. And in, you know, sometimes I feel like that can be dangerous for people though, right? So, I mean, your thoughts on that, do you agree with that, that you need these massive amounts of iodine to detoxify?

Sure, sure. So in the iodine literature, in the I don't believe there's two big compartments. There's basically medical science and published research, which we have more data surrounding iodine than we have for any other nutrient.

No exaggeration. You know, vitamin C, niacin, we've been tracking iodine longer and we've got more data points for it than anything else. It was the first nutrient known to have one correlation with a particular disease.

So yeah, we got a lot we knew about it. So that's all here. And then there's a couple handfuls of popular ideas that have gone really viral in natural medicine.

They started around 2002. It came from a nice man who passed away. I spoke to in a great amount of detail and read all of his work, but he spawned some ideas that sounded plausible and made a lot of sense for many nutrients.

We often don't get enough and our tolerance range is quite high. You know, vitamin C again, people often the RDA amounts are not always optimal. Many run low on amounts that do the best for them, and there's pretty little harm in getting a little above one's requirements.

And those things are true for many nutrients, but they're not true for iodine. So yeah, when we talk about iodine and thyroid hormones, we're talking about a different world.

We're talking about a microscopic world. Other nutrients are in a milligram world or a gram world. So, you know, a gram is a paperclip and milligrams a grain of salt, micrograms or 1,000th of that.

And so because of that, your body has this whole separate way that it manages iodine, it pulls it in when more is needed and it blocks it when too much comes in.

And that creates what's been called the iodine paradox. Once you get a slight excess beyond your personal tolerance, you stop taking it in and suddenly just a little bit too much can cause the same problems as a deficiency.

You can. Right. And so that's where I think, you know, maybe don't always get all your medical advice from social media. And, you know, also testing. Right.

So I that's what I tell my patients is like we should test your iodine levels. So that way we're not just making stuff up, we're just blindly telling you to do something.

Well. So I think world would do that. Yeah. There've been so many papers about iodine testing, and we've had lots of data points saying that many tests were great for populations, but I don't is capricious the announcement body or not stable.

And the amounts in the body are not uniform.

Iodine Controversy and Testing Limits

So the body is not a bucket that you could just put a dipstick in to measure how much iodine is in the bucket, the amounts in the thyroid, how the thyroid responds to it, the amounts in the blood, the amounts that we excrete in the urine, the amounts in the hair.

They're all different, and they're all regulated internally in different ways. One of the last papers looking at the accuracy of thyroid tests for individuals was looking at urinary tests.

They're the closest to meaningful serum tests have no meaningful correlation. So blood test, right? I mean, if we consume so much, our kidneys cannot clear it, then our serum levels go up.

And those tests are totally appropriate. When someone's been given a medication like amiodarone, they've had a high amount of iodine. From contrast. And it's at toxic levels and it's been there for months.

So blood tests can show that. But below the toxic thresholds, whether they're higher or lower has no relationship with one's nutritional status. That's pretty irrefutable.

Medical literature then urinary tests. Once you're tracking more than 500 people, they're very good, noninvasive, inexpensive ways to gauge the status of a population.

But to track an individual, the last count showed that you need at least 20 tests to be within about 85% predictive value. So so yeah, for individuals, they're pretty close to meaningless.

And that's the tough thing. Many will say, oh, I didn't iodine test and I was low or I was high. So it doesn't mean that you can track iodine intake by simply doing an inventory of how much you're consuming.

And there's no known variations in iodine absorption. So what you consuming is pretty much what you're getting. So the more accurate way an individual level is to look at the overall intake from sources that you have, the tests are simply not accurate.

Skin tests are popular online. You put it on your skin. If it vanishes, they said you needed it. Well, it does vanish, but it vanishes because it oxidizes.

So iodide is the form that's dark and iodine is invisible. And when iodide interacts with oxygen, it becomes invisible. Now we do absorb some across our skin, and there are ways by which our gut will selectively absorb nutrients based upon our body's requirements.

But our skin can't pick or choose. So yeah, if we put on our skin, some goes in, but we don't choose how much. And that test was debunked in 1932. Believe it or not.

Okay. So then is there like symptoms or signs that patients will have if they have iodine deficiency? Do you more think about that. Or do you just have patients track what they're actually eating and say you need X amount.

What are your thoughts on that. So let's back up a step. So I don't deficiency. We have to pull that apart from low levels of iodine. In a test there are different things so I don't deficiency is a real thing.

And it has happened in the modern world and in the recent past. It was a very prevalent globally. If we go back to before 1992, the world Health Organization categorized 112 nations as being severely iodine deficient.

It was a big problem. Now, between 92 and 2014, the number was brought down to zero. There's now zero countries categorized as severely iron deficient, but we've got several that are categorized as at risk for thyroid disease due to iodine.

Access in the US has been in that category. Now again, averages are not all individuals. So in the United States we've had cases of iodine deficiency since 1980.

There have been seven documented cases. It's a real problem and it does happen, but it's quite rare. I diagnosed one of those seven cases. It was a young man who for about six months, his diet was comprised almost exclusively of raw vegetables and almost exclusively of cruciferous vegetables.

So, to be precise, he would take a powerful blender and drop about 2 to 4 pounds of broccoli in that per day. That's the only that's almost all that he consumed for food.

So you can get iron deficiency, but you're not going to stumble into it unless you're doing something pretty unusual. Yeah. Why was he doing. Yeah. Well, he was a he came back from a motivational speaker.

I won't name the he was a famous one I won't name, but he was gung ho on the more raw veggies he would eat, the better. And the more cruciferous the better.

And his thyroid was enlarged. He had a goiter, and that's what he was brought to see me. And my prescription was, knock it off, you know, just go. Yeah, eat healthy and, you know, eat good food.

But don't be silly about it. You know, a wide range of healthy foods. He didn't need iodine supplementation. He didn't need thyroid medications. Although steroid scores were off.

But resuming a normal diet, he was fine in a matter of months. And so iodine. So let's talk about salt too. So there's this big controversy. Like are we supposed to use iodized salt.

Are we supposed to use sea salt. You know, people with harsh emitters say one thing, then they say something else. Does it even matter as far as iodized salt, if you're eating a great diet.

So any one source, you've got to think what the context of someone's total intake. And our total intake is a function of our personal care products, of our supplements, of our medications, including thyroid medications, and then all of our dietary sources of vitamin and salt is a big one.

So no one thing is, is way too much, way too little. It's a whole context of a given diet for a person. Now, in terms of a range, adults are pretty safe between about 20 to 200 micrograms per day.

You're pretty good range. You can stay within above that. If they're prone to thyroid disease, they can have problems if they're not prone to thyroid disease.

The World Health Organization has found that many people can safely consume up to about 1100 micrograms on occasion. So if you're in that window from all sources, you're doing pretty reasonably well.

Iodine inventory.com free where you can find out your current intake. Now salt is fascinating. So salt iodine can be added in or it can be naturally occurring.

The United States, it was 1924 when we started fortifying. So with iodine there's never a federal mandate. It's always been a voluntary process. And it's not even done nationwide.

But in the years afterward, we did decrease the rate of pediatric goiter. And that was the purpose behind that. That was a win. There was too many young recruits for World War One that were ineligible because of goiter, and that's what really pushed for the fortification.

This is especially prevalent around the Great Lakes area. But in the decades after iodine fortification, the rate of Hashimoto's in women in their 30s and 40s went up by 26 fold, not percent 26 fold.

And this was identified in the Mayo Clinic in Rochester, Minnesota, which was around these areas that were first fortified. So we saw that change when salt was fortified.

Now stable salt, if it's not fortified, it's pretty low in iodine. Pretty much none. Measurable. Sea salt has incredibly variable amounts of iodine. Some batches have quite a bit more than fortified salts, some have less.

There's not a lot of consistency and income. All in salt is the same way in many of these salt. It's kind of odd because their labels say this salt does not contain iodine.

Colon, an essential nutrient. And it's a little confusing because it doesn't mean there's no iodine there. It really just means the salt has not been fortified with hygiene.

It doesn't speak to the naturally occurring amounts. So those trying to manage thyroid disease, they're better off staying below that 200 microgram threshold or shorter term below a 100 microgram threshold for reversing problems.

And in those cases, it's way easier to go above that. So it's often helpful to avoid any simple avoidable sources. And to those goals I suggest kosher salt is a great option.

You know, they're all the same taste, good cooking properties, but really no unexpected iodine. You like what you've heard so far?

Recognizing Iodine Deficiency and Salt Sources

If so, modern endocrine is now able to provide telehealth services in eight states including Arizona, Nevada, Oklahoma, Texas, Ohio, Illinois, Michigan and Georgia.

If you would like to become a patient, visit our website at Dot modern endocrine.com backslash contact. You can also email us at hello@modern-endocrine.com, or call our office at 405 286 1571 to schedule an appointment.

Please note we no longer accept insurance for new patients. However, we do have customizable membership programs available. Your first visit will include a detailed intake, and lab orders will be provided to further assist us in developing your ten stages.

The Ultimate Health Plan we do offer discounted lab rates with a nationwide lab service. And now back to the show if somebody is on thyroid medication.

So let's say somebody is on thyroid medication. They've been on thyroid medication. They've been stable for a while. What happens if they're on thyroid medication.

They all of a sudden cut iodine completely on their diet or they're on thyroid medication and they've been supplementing with iodine because of something they read online, and then they just stopped doing that.

Is anything going to change as far as their lab test? Is anything going to change as far as their, you know, the thyroid gland itself or how they feel?

Yeah, those are awesome questions. And a deeper question is are many people on their medication that they don't need long term? And that's been argued to be the case for many.

So yeah, a lot of papers have shown that in in conventional medicine we call one phenomena subclinical hypothyroidism. You know, TSH scores are elevated.

There's still hormone coming out. It's actually not hypothyroidism. There's not a lack of hormone made from the thyroid. There's a greater risk for becoming hypothyroid.

And now there's talk about renaming that to a different thing. But most people on third medication got on it because they had subclinical disease where they saw someone in natural medicine and weren't even that far along.

They were normal, but arguably not optimal. And many people like that are now known not to these medications. Long term, they can often do fine without it or with less.

Now some people, if they just lowered their iodine intake, that one step alone might cause your thyroid to start getting much more robust again. And sometimes when that happens, then yes, their medication dose becomes clearly excessive and their scores show them moving to a high per thyroid state, but not everyone who could take less or come up with third medicine has their thyroid do that until they lower the medication dose.

But yeah, for some it can clearly start to cause the medication to become excessive. Okay. So then that leads me to the question. You kind of started to mention it, but you know, there's also a lot of talk out there about is Hashimoto's truly reversible or is hypothyroidism true, truly reversible?

So I think I know your answer to this. But then my other question to you is how many, what percentage of people or how many millions of people do you think are on thyroid medication that could potentially, you know, get off of this or reverse this or not meet this does big questions are super important.

So yeah. So hypothyroidism and Hashimoto's important to pull those apart. You know they often overlap. And nearly all who are hypothyroid have it because of Hashimoto's.

Many think that they have to have measurable thyroid antibodies to have Hashimoto's. They don't know about half of those with Hashimoto's never have measurable thyroid antibodies. So that's an important point.

But but yeah, the medications serve a purpose for the later stages of hypothyroidism. We call that overt hypothyroidism. But it's been argued there's really no net benefit for mild or moderate hypothyroidism.

And then Hashimoto's by itself solely the immune attack. So some people have their signs of autoimmune, but they don't have any level of hypothyroidism.

And in those cases, there's really no strong evidence that medications are helpful. So yeah, they overlap, but they're different. And now the other point about how many can come off.

Most of the studies done asking that question were done on a pretty big mixture of people, many of whom had valid reasons to be on third medication. Initially, there's I would actually was at an overtly hypothyroid stage.

Some in the populations weren't that far along, but there was often a mixture. And then the other thing to think about is that the studies that I'm about to mention, the people, weren't really guided by someone like yourself who could help them in many facets of their health and their diet and lifestyle.

They're really just told, back off on the meds here, the schedule, and now some of the studies did also have them avoid extra iodine, but they didn't go to the nth degree and help these people get healthy.

Right. So knowing those limitations, about 84% of people could reduce their medication doses. And have no adverse effects, and about half of those who did could come off with no adverse effects.

And this is a big thing, because if you if you see the parking lot of any pharmacy, probably half or more of the people are there for thyroid medications.

I mean, these are among the top three prescribed medications worldwide. And they're not harmless. So you're saying almost half of people could possibly come off of their thyroid medication.

So then that goes on about half of that 84%. So more like about 40% or so can come off entirely. Okay. Now. And we're not for listeners. We're not talking about if you've had your your thyroid surgically removed, you had your thyroid surgically removed.

You need your thyroid medication. Unfortunately, if you've had your thyroid irradiated with radioactive iodine, you're probably going to need your thyroid medication.

But we're talking about true Hashimoto's. And so you brought up, you know, people can have Hashimoto's and not have high antibody levels. So other than doing a, you know, palpable exam and feeling and an enlarged thyroid gland, how would you know someone has Hashimoto's?

How would somebody know they have Hashimoto's if they've never had detectable antibodies? Somehow some of this is a histologic condition, is a condition of cell changes that we diagnose based on clinical findings.

Thyroid Medication, Hashimoto's, and Reversibility

So the only way to say someone does not have Hashimoto's is to biopsy. We don't do biopsies for those purposes. But yeah, someone who has unexplained hypothyroidism, it can be a consideration to do a thyroid ultrasound.

It's a pretty noninvasive way to see if there are some of the typical changes of partial motos. And so for many, that's how it's revealed. Okay, is by ultrasound.

And I would agree, there's various, you know, specific characteristics on an ultrasound. I've, I've looked at lots of thyroid ultrasounds. I actually do biopsies.

And so you can usually tell by the ultrasound. Correct. Maybe not all radiologists. I feel like radiology has kind of moved to this. Like, you know, just whoever looks at thyroid ultrasounds.

But if you're a a trained endocrinologist or somebody who, who looks at a lot of thyroid ultrasounds, you know, what Hashimoto's looks like on an ultrasound.

Sometimes I feel like that gets missed in general. Like if, you know, if you get a thyroid ultrasound and you have just somebody reading it, a lot of times they'll say, oh, the thyroid is in large, no nodules.

That's it. So the important point you bring up to is that Hashimoto's I mentioned before, you want to separate it from hypothyroidism. There's strong evidence that the immune changes from Hashimoto's can cause all these classic

hypothyroid symptoms.

You know, the weight gain, the T, the hair loss. They can also cause things like fluid retention, anxiety. And there's massive data sets saying that it can also cause medical risks.

Heart disease, infertility, autism in babies, certain cancers. And it does these things no matter where the actual thyroid levels are. And sadly, many doctors don't get that distinction.

They think that they have to manipulate or correct three levels to help people, and meanwhile they may be totally symptomatic from the autoimmune side in the conventional they're direction to look at that.

So that's that's the big difficulty. Yeah. And you know I see this all the time to people like I look at people as a as a whole holistically. And I think that all most of disease starts with inflammation.

And a lot of our inflammation unfortunately in this country comes from our gut. And so when you're chronically inflamed and then you're eating a lot of, you know, for things, a lot of processed foods, a lot of things that aren't even real food.

And that's causing more inflammation from your gut. You're going to get inflammation throughout your entire body. And of course, your thyroid is going to be inflamed as well.

But sometimes I think that we blame our thyroid on a lot of things that ultimately our our gut issues are just chronic inflammatory issues from stress, from lack of sleep, from high insulin, from poor choices, from not moving.

And so I think that's important as well, you know, and that kind of segues me into, you know, can thyroid disease be reversed? You said it can be. And, you know, you wrote this book, The Thyroid Reset Diet.

So that's what I wanted to talk to you about. Next is gut health, how it relates to thyroid and just in general how you feel about that. Like is there a certain diet you should follow if you have Hashimoto's diet?

I use that word loosely. You know, I don't like the word diet. I like the word lifestyle. Like what lifestyle should you be living? What food choices should you be making?

But I think that's a lot of what people miss, unfortunately. And that's a big issue in this country. Huge. But that's that's great. You know, there's two things that I feel really strongly that I think would be hard to hold together for some people.

So the things that I hold together, one of which is just completely reaffirming all the things you said about the importance of checking all facets of someone's health and really identifying whatever their weak, weak links are and taking care of them.

It all matters. It's all important. And I like to think about what are the things that have been shown in good human studies to make the biggest difference, the smallest variables, the fewest variables to make the biggest difference for people.

So one of the studies I've talked about in the book took people who had documented Hashimoto's, and they had hypothyroidism for an average of about four years.

Their TSH scores averaged about 14. Many were quite a bit higher, but they were, by and large, overtly hypothyroid. And in this study they had them do just one intervention.

They simply got to a close regulation of their iodine intake. There's a million ways you can talk about sleeping better and improving your diet and lowering stress.

And they all matter. They're all read on. They're all important. But the only thing they did in this study was regulate

iodine. And at the end of three months, 78% of people had perfectly normal thyroid function.

They had no more signs of abnormalities and changes in symptoms and changes in thyroid antibodies were better in every way. In 70%, that's a lot. But of the remaining 22%, there was a couple groups that were important to think through.

So one group simply wasn't compliant. They simply weren't following the guidelines. And they say bought the lottery. You got to play to win, right? So you got a win in another group.

They didn't normalize their thyroid scores, but they started out with TSH scores in their 50 to 200 range and even worse signs of overt hypothyroidism.

Now they weren't normal in three months, but they were darn close to it. They were mostly heading that way. So if you redefine things to say how many who were compliant either fully reversed or were close to that, it was 97%.

And there's been about half a dozen studies now showing similar findings. But probably the worst study showed about a 60% response rate. So this is a kind of response rate that we've been seeing about.

There's been nothing else that's been shown to reverse this disease like that ever. No other dietary change, nothing else. So yeah, I'm very, you know, on this one variable because that one change made a big difference for a lot of people.

And that was iodine. So yeah. And I see that every week I get testimonials sent in to people who had hypothyroidism or graves or Hashimoto's or some overlap.

And they just did that one thing and they got better. And again, everyone should work with a practitioner and learn all the ins and outs of their health.

But this one thing is a great starting place for people. For thyroid is the main concern. And so how would you recommend somebody go about doing that?

Just tracking how much iodine that they eat. Well, yeah. So in the thyroid reset diet I spent a lot of time compiling various through this from databases.

I found about 600 different foods and about 50 analysis for each food in different demographics, different parts of the country from times of year. And what I did was I wanted to see how someone could get to that window.

That was shown to reverse thyroid disease pretty easily. So some foods either always have a huge amount of iodine were they sometimes did. So I called those the red light foods or other foods were very consistent for containing a moderate amount of iodine.

I call those yellow light and other foods very consistent for being at low levels. Now here's the thing. No foods have none of foods have some. You always get some.

So what I encourage when someone is actively trying to reverse the thyroid problem, to focus on those green light foods, and then be aware of the hidden sources that might be in supplements or personal care products.

Once someone has reversed their problem, they've got more leeway. There have to be quite a strict, so I encourage them to add in a few more servings of yellow light foods per day.

I like that you make it very simple. Green, yellow. Yeah, and you know, if someone wishes to be gluten free, vegan, pale, they can do it. If they want.

Long as they do those things, it'll work better for them. There's actually a recent study on the autoimmune paleo diet showing that the participants who followed it, there's hardly anybody's elevated and there's that red volume

decreased.

And the researchers said that here, we think some of them stumbled on to eating too much iodine by mistake. And that was the problem. So if that's the biggest variable, let's focus on that.

And if there's other ways that of course per your food preferences, per your ethnic background, your per your other health considerations, they're all they're all real for for your thyroid.

This one thing is the biggest needle mover.

Diet, Gut Health, and the Thyroid Reset Approach

Yeah. And I mean, I think in general too. The other thing we have to think about and correct me if I'm wrong, but like healing our body as well as our thyroid with just whole single ingredient, whole nutritious food, right?

Because I feel like we have this whole generation of humans and in America, in the world that number one don't know how to cook, which is mind blowing.

And then just eat all this ultra processed food because it's easy, right? The world is is chaotic. And we that's what we make is easy. But when you feed your body with all these things, you're going to have some issues with your gut.

And ultimately that's going to lead to issues with your thyroid, right? I mean, as you go through your list of ultra processed foods in your book, what do you have a list of all the McDonald's hamburgers and all that?

The two variables. You know, there's a million ways that people can and should be healthy. And in these studies, they did one thing, and 97% of them either cured it or got close to it. So.

So yeah, learn and be healthy. It's all important if the goal is really to reverse thyroid disease, this one thing does a lot. And in the book I did talk a lot about here's thoughts about a healthy diet in general.

And here's other ways in which we know that really imbalanced ratios of macronutrients can be a problem for your thyroid. We know other micronutrients are helpful.

We know that many phytonutrients from plant foods do good things. So I talked about all that stuff. And in the studies, the one variable when people were told none of that stuff made a really big difference.

Okay. So it was basically focusing on how much iodine we get. So did you put in your book a list of like ultra processed foods as well, or are these all just real foods?

Like, do we have McDonald's burgers? Do we have, you know, any of that in the book as well or. No, there then have the Green Light Foods and McDonald's burgers.

Okay. Yeah. So so we did not. So at least, you know, get get this book and then make sure that you follow what's in the book. So simple ingredient food single ingredient foods recipes meal plans.

Yeah, that's my whole focus. I just want people to know that it doesn't have to be overwhelming, doesn't have to be that daunting. There's it can be simple for those goals.

And if that's a big win for you, keep going. The better you do for minimizing processed foods. Spending time in nature, being part of a healthy community, having meaning in life.

There's no limit to the things you can do there. They're powerful and helpful. Yeah, I completely agree. I think that we make everything very difficult this day and age.

We have way too many choices or options, and so to your point, if there's something as simple as managing your iodine intake that helps that many people, then then that's a great place to start.

So we will make sure that all that is linked in the show notes so that people know where to get the thyroid reset diet. Where else can can people find you?

Like, are you on social media? Do you have a website? All the above. Yeah. Doctor christiansen.com and at Dr. Allan Christiansen on social media active on both.

Okay. And then do you think this is going to be your last book. Is there going to be another book. Do you know. Well, so I guess there's what I'm doing with my career and what I'm doing with books.

I have more books I do, definitely. There's more I'm doing with my career. I'm kind of toying with what the next book is, how soon. The most recent was The Hormone Healing Cookbook.

That was just last year. But but yeah, there's, I won't not do what I'm doing. I don't do patient care full time anymore. But in terms of putting out content for those with thyroid disease and writing, yeah, lungs.

I'm still breathing. I plan to continue out. Good. I love that education Hormone Healing Cookbook and the Thyroid Reset Diet. So I appreciate you taking the time to answer.

All these questions are very helpful. There's lots of questions around iodine that I get all the time. I have three questions that I end every podcast with, and these are just fun questions.

And I think your answers are going to be very interesting and different than what I normally get. Don't overthink. But number one, what is the one food that's most beneficial and why most beneficial and why?

Well, so I'm thinking in the thyroid context. We framed it that way. So in that context I'd have to say Brazil nuts. You know, I've written about them for quite a while.

Ridiculously high in selenium, which does a lot to make the thyroid more resilient against a range of I don't intake. Fun fact you really can't overdose.

You don't need to take a lot, but they contain a kind of selenium that doesn't bio accumulate. And a study was done in which kids were given just insane amounts of Brazil nuts and it ended up being harmless.

I don't think the study should've been done. It was some kids going to reckless, but they're pretty safe. So a couple Brazilians per day is really easy.

Insurance for your thyroid. And I actually got that from you on social media. And so I buy Brazil nuts in the giant bags, like, you know, at Whole Foods actually just got them on Saturday.

I eat 2 to 3 per day. Love them. So I'll eat them with whatever I had to right before we started this, actually. But I do Brazil nuts every day, so guess.

And I've not got that answer from anyone. So Brazil nuts, especially with thyroid issues. Okay. The second question is what is one thing that anyone can do that will benefit their health?

That is 100% free? Get sunlight in the morning. You know, my my work has been all about the thyroid and the HPA axis. And there's so much data in which we become not resilient to our stressors.

And that disrupts your body's circadian rhythm. And there's bidirectional feedback on this. It's kind of weird, but we everything that our body does is set on a 24 hour or sit on a, on a daily cycle, but it's not on a 24 hour cycle, which is kind of weird.

Or if you put people in caves to where we can't see clocks or windows, we go on like a 25 to 27 hour rhythm. We're not on a daily rhythm, naturally. So we we literally need a daily reset.

We need to have some way in which we rewind the clock on a daily basis and say, okay, now is morning. And the most powerful one is really being exposed to the sun when it rises in the morning.

Indoor light doesn't replicate that. If you can't get it outside, it really is worth having some kind of a light box. Or now they have visors that mimic the sun during certain times of year.

Where to Find Dr. Christianson and Final Questions

But that's, that's that's one was powerful ways to keep your body's rhythms and hormone systems in good balance. And does it have to be just in the morning.

Can it be like, should we do it in the afternoon and evening as well? Or you're just really focused on the morning? Well, within your first hour of being awake, half an hour of something like sunlight is what sets the pineal gland and also the hypothalamus for now is morning.

So it's great to get light throughout the day for sure. But if it's missed in that first hour of day, there's a window of opportunity that's lost. Wonder if you're somebody who wakes up at 5 a.m.

to go to the gym and there's no sunlight till seven. Should you read like you red light before then? Or should you just make sure that you see the sunlight at seven when it's available?

Really, if you're struggling with any kind of issues with your body's circadian balance, it's best to either have sunlight or a mimic of it. I used to in the past always recommend, light boxes were light special lights that were made for tabletop use.

The light needs to come from above, and it needs to be the equivalency of 10,000 lux lux. And it needs to be more full spectrum. Not not a blue light favored, and certainly not red light favored, but more of a full spectrum.

That's how I mimic sunlight. Now. The best thing in the past was boxes that would sit on a desk and you could see the light coming from above you by how they were positioned.

But now what they have that are really cool, they're visors, so you wear them on just above where glasses would fit, and they just shine right down to your eyes.

So the cool thing is, you can walk around and do stuff in the morning. You have to be sitting at this one weird little place. You can just go about your day and have this visor on and just do that when you wake up.

It's really simple and mimics the sunlight. You know, I'm in the very far north part of the country, and for much of the year I'm up hours before the sun is up.

So that's the that's the best option. And so this thing that you wear that mimics sunlight has 10,000 lux and has no red or blue light. And no red or blue.

Yes. 10,000 lux. No, because it's so close to your eyes. If it's not red attached to your eyes, it doesn't need the same intensity. Okay. What is this thing called?

Do you know, for listeners, as I'm sure it's called lumen, that like lumen ET and there've been some good trials on that. It works as well as the other older light boxes, and you're just more mobile with it.

It's more cost effective, and you're not stuck at a point. And so is there an amount of time you're supposed to wear this every morning? If you wake up at a point in time, if you pop it on and turn it on, it shuts itself off until like 20 minutes or so.

Oh, okay. Perfect for that. I've never heard of that either. So I learned something. I'll be getting one of these things. Okay. And then the last question what is one thing that you wish you would have known so that your health would be better and you would have practiced it, let's say 30 years ago?

So 30 years ago, when you started your career, what do you wish you would have known that? You know, now, I would have, you know, drastically changed your health.

This is hard. So I got into this stuff when I was 12. I started reading health books, and I got hardcore stuff when I was 12. So 50 years ago, I before the age of 12, I think the biggest thing that people often don't realize and that I underappreciated, I catch myself underappreciated, is just how much the simple things make a big difference.

You know, being outside in nature, you know how much that one thing can go so far towards helping we we can talk for so long about the technical ways in which negative stressors affect us and diseases emerge.

But the solutions are not complicated, you know, and the body has an amazing capacity to heal when given a chance. So I think the big thing that I wish I would not forget, and I wish I could just convey better, is that, yeah, don't give up.

Don't think that you're stuck with some issues and don't think the solutions have to be crazy difficult. They might be things you've heard, but they might be things that you're not doing.

Yeah, okay. Well, I think those are all great answers. Those are very different answers than we normally get. On the back to the basics podcast. But I think it's nice to have back the basics, right?

Yes. That's why I started it. So thank you so much, Doctor Christiansen, for answering all these questions for your time today, for dedicating your life to helping people as well and educating them.

I love that. I love when people, you know, our true holistic providers that have dedicated their lives to touch, you know, I'm sure millions of people, we need more people like you.

So I do appreciate that so much as to our listeners. And so from the listeners, for you guys, make sure that you are following us subscribing as a new episode.

We'll release every Sunday. And if you found this interesting or helpful, please share it with somebody, because there's millions of people out there, I'm sure that would benefit from this.

So thank you so much. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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