Introduction to Hashimoto's and Thyroid Health

Hello and welcome back to Mastering Your Menopause Transition Summit. I'm your host, Dr. Sharon Stills. And hope you're all doing very well today and are as excited as I am to be here for another life changing, informative conversation session.

Today I'm going to be talking with a Dr. Talks family member. You may recognize her. She just hosted the Hashimoto's summit that just launched recently, and so I have her here. Dr.

Jen Pfleghaar. I asked her to say your name before and I think I got it right. She's here to talk with us today about Hashimoto's and thyroid, which is just a never ending conversation and a never ending issue going on.

And it's it's infuriating. In my 22 years of practice now, how many women are so misled when it comes to their thyroid or comes to even being diagnosed with Hashimoto's because no one's checking?

And so this is going to be one of those like meat and potatoes. This is really important. You need to know this information for yourself, because as you're going through your menopause transition, your thyroid could be playing a big role in how you are or are not feeling.

And so I really want you to walk away from this conversation understanding like, you know what? You need to know what you need to ask your doctor so you can advocate for yourself.

So Dr. Pfleghaar, as I said, is a she has her ownstory, which I'm going to ask her about. She wrote a book which I love Eat, Sleep, Move, breathe. It's like my kind of book. It's like, Yeah, you just need to eat, right?

Sleep, move your body and breathe. And like, we can call it a day that that really is just the foundation of how we heal. So she wrote a book and she actually is a graduate from the University of Arizona. Dr.

Weil's program, which I lived in Tucson for many years, so I feel very aligned with that. Something like Go Arizona. And as you know, I'm here in Arizona now, and she's just I'm very passionate about changing the conversation about thyroid and thyroid disease.

And so we're very fortunate to have her here with us today on our ourselves. So welcome. Thank you so much, Sharon. I'm so excited to be here. And I met Sharon for the first time at a forum in December, and she just welcomed me in the Dr.

Talks family and she is a sweet in person as she is on camera. So I am so excited to be here. So yeah, like I, I had Hashimoto's, so that's why I'm super passionate about the thyroid.

So a little bit about my story. If you, if you don't know it already, if you were at the Hashimoto's summit, sorry, but I'll repeat a little bit of that.

So I grew up with some thyroid problems. Interestingly enough, I was in high school, my cycle was a little bit irregular and my mom asked for a thyroid panel from the doctor.

She she'd read it in one of those prevention magazines and she was like, You had her periods off, so can I check her thyroid? So they did. And then it led to an ultrasound and they just checked like TSA agent pretty for and they got an ultrasound.

There was a little nodule so they were trying to shrink in and all this stuff. And I thought I was just on the good path. They actually started me on birth control to control my period because the thyroid wasn't helping.

It was all a big conventional medicine mess. So then fast forward to medical school. The nodule got bigger, so they said I had to have surgery because the biopsy was inconclusive, which is common with thyroid disease.

So I go into surgery, I took like one of my med school, like first year final tests and then I go into surgery that same day and they're like, good news. It's not cancer.

So we were all so grateful for that. But he said, I'll never forget. The surgeon was like, It's Hashimoto's Thyroiditis. And he's like, The thyroid is a pretty disease.

So I took half of it out and then the isthmus. So I just have my left lobe and I'm like, Well, what's Hashimoto's? No one's ever told me that.

Dr. Jen's Personal Hashimoto's Story

No one's ever checked for that before, you know, why are we finding this on surgery? And he's like, Oh, there's nothing you can do. Your thyroid just attacks itself, and eventually you'll need to be on thyroid meds.

So this I'm a medical student hearing this and I trust conventional medicine and my parents trust conventional medicine. So I just go on right. And I remember I struggle a lot.

If you have low thyroid, you're just on T4 which is synthroid levothyroxine, the most commonly prescribed medication for thyroid problems. Your energy is just not there.

So I was a good little medical student and I read papers and I brought this paper to my endocrinology about being on T3, which we could talk more about thyroid therapy later.

And I remember I was crying, I had to beg them to get some T3 because I just don't convert. T 43 Well, and when I begged for that, they finally agreed and that really changed things for me.

I felt like I was able to concentrate better in medical school. I didn't get as moody I was that. So that was really helpful, but I had to fight for it.

So then after reading more about Hashimoto's, you know, when I was out of residency and out in the big world working in the emergency room and I started reading about gut health and nutrition, I took gluten out of my diet and my antibodies went to zero and I actually healed and reversed my Hashimoto's.

So no one ever talked to me about that with diet, with conventional medicine, and if you go to an endocrinologist, they will still say that that's not possible.

And how does this tie in to hormones? Because our thyroid and our hormones, they hold hands and play together. And not only that, but in menopause, a lot of the times thyroid disease can be mistaken for menopause symptoms and vice versa.

So it's really important to to know a little bit about both, which is why I'm here today. Yes, yes, yes. And it just I shake my head because it just infuriates me and it goes on today still that you have to fight like fight for T3 and fight for.

And so, you know, if that's you and you're listening, like there are doctors out there like Dr. Jen and myself and many others who you won't have to fight with, who will actually really listen to you.

And I always say, I just don't know what the endocrinologists were studying in med school other than obviously they're studying pharmaceuticals. But you'd think as an endocrinologist you would really understand.

And the thyroid, since it's part of endocrinology in the endocrine system and that you only get to age and T4 run. It just like boggles my mind that they don't even think that, oh, maybe the free active thyroid hormone is actually

important to measure.

So that's just my little I get on ramps when I talk about thyroid because it's something I just kind of figured out early in practice. Like I just started seeing patients coming in and they were like poster child for thyroid disease and they were told their thyroid is fine.

And I just started experimenting and saying, Let's do a trial of some thyroid hormone. And even if the numbers on paper looked okay and just started seeing like the magic happen and women being so grateful and getting their lives back.

And so the other message here is like, you want to have a doctor who actually listens to you and has an open mind and will work with you. Okay. So back to back to Hashimoto's.

So let's talk about because I think that maybe you could just talk about the difference between Hashimoto's and hypothyroidism and maybe just give the labs.

And so ladies get like a pen and paper because there's like a set of six labs that you should ask your doctor to run. And if they're not going to run on, you should find a new doctor.

Yes, absolutely. So when we look at hypothyroidism, it's a low functioning thyroid. Okay. And this could be for many different reasons the most common reason for and women for hypothyroidism or low functioning thyroid is an autoimmune disease called Hashimoto's.

And Hashimoto's means that the thyroid, your body is attacking the thyroid and you have thyroid antibodies. So they're attacking your thyroid. They think the thyroid something, it's bad and they're attacking.

And that's what the autoimmune disease is. It's autoimmune our bodies attacking itself. So that is most common with women and expressly with the pandemic and COVID and different viruses can trigger this autoimmunity gut health can a lot of different triggers can be there know you could just have hypothyroidism with the thyroid where the thyroid just isn't functioning as well as it should.

This could be from mineral and nutrient deficits. This could be due to heavy metals, this could be due to environmental toxins because our internal organs, especially the thyroid, are very sensitive to environmental toxins, which there are so many environmental toxins.

That's a whole nother talk. So that that is another reason. So it's Hashimoto's thyroiditis you need to there's kind of two ways that you can actually diagnosis, you can diagnose it on ultrasound.

If it has a heterogeneous appearance, it's usually Hashimoto's, but the labs are really helpful in that you want to check thyroid globulin antibody and a TPO antibody.

You want to check both TPO antibodies more common, but sometimes thyroid globulin antibody is positive by itself. But if you if you could just if they're only going to order one TPO antibody is going to catch most of them.

So when you go to a doctor, you want to ask for a full hormone panel, right, in a full thyroid panel, because you want to look at the big picture because hormones, thyroid, they all play together.

So for a thyroid, you want to get the thyroid stimulating hormone. That's the test. That is usually what is just ordered by itself. And if it's really high or if it's really low, then they usually get a free T4 with that.

The problem is, is that they've changed the range of the TSA. It used to be more narrow and now it's further out. And the real problem with that is that they changed it like six is normal and it used to be like four.

How to Test for Hashimoto's and Thyroid Dysfunction

So we're really missing a lot of those subclinical hypothyroid or even just early Hashimoto's hypothyroid that the thyroid hasn't destroyed all of itself yet.

You know, there's an autoimmune process going on there, but it hasn't damaged the thyroid enough that the thyroid can't make proper thyroid hormone. What I like to do is catch a Hashimoto's KS before it's even affecting the thyroid, right?

So we can reverse it. The thyroid is not super damaged, it's just a little bit bruised and injured, but we can revive it, right? A lot of times that you know, I know sharing what is probably be the same thing I'll get a patient and they've had Hashimoto's for years and it's going to be a little harder.

You know, patients want to get off other meds, but it's like you might have too much injury, you know, sometimes it's possible. So let's go back to so t h thyroid stimulating hormone a free t for and a free T3.

Now T4 is that inactive thyroid hormone. It's what your thyroid produces the most of about 80% of what your thyroid puts out is T4, but T3 is the active hormone.

Okay. T3 is actually what tells your cells to do things right. And you think of the thyroid, it kind of it's kickstarts the metabolism. Okay? That's what it's known for.

It makes it helps keep hair growing and all of that. You need your thyroid or you'll be taking naps all day. Your hair will be falling out, you'll be constipated.

Okay, so you need that active. T3 So the problem is if we're only checking it to say 24, but you're not converting T4 the inactive thyroid to T3, the active thyroid hormone.

Well that's not doing any good and it's not going in the whole picture. It's like if you buy a new car and you only look to see if the tires work and not the engine, you know, it's just not it's not complete.

So t so let's go back to your sage free t for free t three those two antibodies we spoke about the t tpo antibodies and the thyroid globulin antibodies.

And then I also like to check a reverse t three. So reverse t three is just a little bit different from t three. And it's what happens when t three goes inactive.

It goes to this reverse t three in times of stress, famine, a lot of illnesses, sometimes chronic infections can do that so that we want to look at that whole picture.

So that's a complete thyroid hormone. And then the other things that you can always ask to add on are things like vitamin D, which is important for thyroid hormone.

You could ask for an Epstein-Barr panel. If you work with a functional doctor such as Sharon and I, we would order things like a gut health, some kind of gut health test, like a gift box or an organic acid test to look at gut health.

And then also a four point cortisol saliva test would be helpful. That would give us a look at your whole adrenal access and the adrenal glands, which is our producers, our stress hormones and the thyroid.

They play together, too. So a full thyroid panel, you definitely want to make sure you're asking for it and like handing them that sheet. So like, you know, go back, listen, write all those down because sometimes you like I've had patients or are like I asked for a full panel and they just did a free T4 and it's H that's what they think a full panel is and it's not, you know, and and I bet you Sharon would argue to a full thyroid hormone even includes our sex hormones.

Right. Because they also play an important role with the thyroid. So. So, yeah, it's I agree. It's it's very frustrating. You're not alone. I think chronology is kind of there playing by the rules from a decade ago.

And the papers are hinting towards there is more than just to its age. And actually they're starting to catch up in the papers. And, you know, they're starting to say, yeah, you know, we need to look at not just for treatment, we need to look at T3, but it's just taking a while.

So this is when you have to be an advocate for your own health and really just speak up and you can print out paperwork, you know, or just find a new doctor lecture and.

Go doctor shopping. Yeah, so, so many good, good pointers that I just want to go back and highlight a few things. You said you know, it's really important.

So when I do my 24 hour urine testing to look at hormones, they do do free T3 and free T4. And I always tell patients, you know, this is good and it shows me a sign that there's something going on.

But we need to go to the blood because we need to see the whole picture. Because if you do have a high like Dr. Jen talked about reverse T3, then giving more T4 is just going to make the T3 go higher.

And so it changes the treatment. If you have a high reverse T3, you may just need T3 therapy for a while and if you have high antibodies, well, now it's not just a endocrine, low functioning organ, it's an autoimmune mediated function.

And so the treatment changes and what I have seen over the past 22 years is that even if women were diagnosed properly, they would still just put on thyroid hormone and never looked at any of the other reasons.

So let's kind of go back and pick out like, what do you see? Like if someone has Hashimoto's, what are the things you're thinking about and working up to get to the root cause of why the immune system is attacking the thyroid in the first place?

Yeah, absolute. So gut health is where I start with most patients. We want to make sure there isn't leaky gut and I remove gluten because gluten in the body looks at it and it kind of looks like thyroid hormone.

So some people's bodies taking that out will really help. And there is a correlation between celiac and Hashimoto's. So we we like to keep it simple and just, you know, take gluten out.

Let's start healing the gut. And you also have to look at gluten in America has a lot of life estate in it, which is round up and that is detrimental to the actual intestinal eye and health.

So that's a toxin. We want to get that out. So a lot of times going gluten free is enough. Sometimes if I have a patient that has severe Hashimoto's new diagnosis, they're just hitting the ground running.

They'll go completely grain free. And that will really help too. And sometimes I think this is for many reasons, a lot of grains tend to have mycotoxins in them and be moldy.

So sometimes just taking that out will will help and they'll heal faster. Their antibodies will come down faster, they'll feel better and with Hashimoto's and also a known trigger are different viruses.

Epstein-Barr is one of them. So we can look at their Epstein-Barr titers, see if they have active Epstein-Barr, if they've had it in the past. Sometimes that will correlate with when their symptoms started, you know, they're like, Oh yeah, I had mono in high school and then, you know, 5 to 10 years later they have an autoimmune disease, so that can be a trigger.

A lot of the times we look at children or women having children childbearing age, sometimes pregnancy is a trigger and that can be for many different reasons of me.

The big hormonal shifts, the stress, the not sleeping thing, you know, and there's actually a study that shows postpartum women should be taking 200 micrograms of selenium for two weeks and that decreases the chance of

Hashimoto's.

There is a paper about that and this is stuff we're not hearing from conventional doctors either. So really protecting that thyroid when it can be vulnerable, which is postpartum, is important.

Also, we just look at stop infections, can can kick things up for autoimmunity. So things like Lyme and I mentioned mold before and mycotoxins that can really be immunosuppressive that can cause gut health, permeable ability and really cause Hashimoto's to occur.

So starting with gut health is is most important and kind of combing through and seeing if there is a dysbiosis or imbalance going on in the gut, in the gut, leaky or permeable.

Let's fix that. And that can really help not only Hashimoto's but other autoimmune diseases in their place. The other thing that's interesting, I've been seeing a lot of lot more graves than normal.

Root Causes: Gut Health, Infections, and Autoimmunity

I feel like in my office and same kind of triggers we look at gut health and all of that, but I tend to see parasites being more of like a root cause for graves.

And graves is overactive thyroid. So you have thyroid hormones that are running amok because the receptors have antibodies. So that's hyper instead of hypothyroidism.

But we do it's not as common graves, but same thing with graves. They don't really have a lot of options in a conventional world. They're told that they need to have radioactive iodine which destroys their whole thyroid, and then they're put on thyroid medication the rest of their lives, which is usually t for.

And that doesn't have to be the case either. And in both of these situations, your body can heal if you're working with the right person and you're committed to making dietary changes, healing that gut and and working on other things like stress, emotions, you know, sleep.

It's, it's the whole package. But, but yeah, for, for Hashimoto's definitely have to dig in deeper and start with gut health. Yeah. Any, any autoimmune disease.

It's like you've got to go to the gut and it's almost like, you know, it's kind of like we used to say, well, let's see if you're toxic and now we know we're all toxic and it's just to what degree.

And it's kind of the same when you do gut testing now it's like, let's just see how off your microbiome is and how leaky your gut is. And I, I agree. Gluten is such a huge, you know, with cause that can really trigger Hashimoto's and what I find, which is kind of a bummer, but I find even patients who are off gluten are often, you know, the molecular mimicry that's making the gluten cause the attack on the thyroid.

It's happening from other foods too. So like you mentioned, other grains, it could be coffee, it could be corn, it could be dairy. And so I've been finding a lot like in my testing that patients who are gluten free are still having the leaky gut, they're still having the reactions because you've got to really go in and dig in, see what other foods.

And so it is, you know, it it always goes back to like, what are you eating? How are you sleeping? Just like you're saying, clearing out the infections.

You know, it just is like where is your weak link and how is it going to show up and and you bring up a good point about pregnancy in a lot of you watching are thinking probably like you you know we're in menopause we had if we had children we had them a while ago.

But it's such a good point because it could have been the trigger for you and no one picked it up. And now ten, 15, 20 plus years later, it's still a root cause that needs to be gone back and kind of healed over.

And so it's really important that you give your doctor a good history when you had mono. Do you know, are they checking the titers properly? There's so many pieces that goes go into, which is why, like I said in the beginning, it was blows my mind like what did endocrinologists learn?

Because there's so many moving parts and they're just like DSH and maybe we'll check your free T4. So and you brought up doing the four point saliva test and I, I won't put patients on thyroid hormone until we have a four point saliva test because I love how you say they play together.

And I always say the adrenals and the thyroid are like a seesaw. So we got the playground theme going here and you know, you don't want to rev someone's thyroid and not pay attention to their adrenals, which I see a lot people come in and they're on thyroid hormone and no one has looked at their adrenals and it's just making the adrenals tired or and not functioning.

And so you're causing one problem as you're trying to fix another. So that's really, really important. So what are your thoughts? Because it's very controversial with Hashimoto's and iodine. Yes.

But is people get very polarized about that. I you know, I think too much is not good and I think too little is not good. So I think the thyroid just needs that sweet spot and needs a lot of support.

Sometimes I will get blood testing with iodine. I know there's also urine spot that you could get functional, so checking that to see if you're really out of whack is a good idea.

I think that if you're not taking like a multivitamin with iodine in it and then you're having Redmond salt or Himalayan salt or Celtic salt, and you're not having the iodine salt, which isn't a good source of iodine where you want it from different sources.

It's definitely a good idea to to check that. And when we look at 23 their name that because that's the amount of iodine attached to them. So we definitely need iodine to function.

So I think it depends on the individual too. How, how are they absorbing things? So I think that that gets left out of the iodine discussion a lot. Is are they are they absorbing their nutrients?

Well, right. Because we I I've had patients that I'm like, hey, you're like not absorbing any of your supplements, right? Because their gut health is a mess.

So that could be something also. So yeah, there's definitely a big iodine debate and I tend to be like Goldilocks. I just want that sweet spot for it.

Yeah. Yeah, I agree. I have patients who have Hashimoto's and I'm giving them iodine because we do pre and post iodine loading, testing in the urine. And you know, I just had a patient come back.

You're supposed to be like 80 to 90% and I had a patient come back at 13%. And so it is a very much a just like an hour ago. That's why it's on my mind.

But it is a very much a Goldilocks thing. And so I think that's just a good point. Like you listen and you learn and you hear data and there's, you know, there's good reasoning that iodine will drive your antibodies, but it is the thyroid is always I mean, all of health is hormones are too like your sex hormones, but the thyroid is such a, you know, you can go from hypo to hyper and it can be going like a rollercoaster.

And so you really need to know what you need. And that's where the Goldilocks comes in. Like, do you personally need iodine? I find that, you know, data and studies are great, but what's going to work for you?

And that's that's where Goldilocks comes in. So I love that answer. I think that's, you know, really true and just really helpful in the real world. And so and even even medication, you know, that's a Goldilocks thing, too.

I mean, everyone needs to be on their perfect thyroid medication. And I know me personally, you know, I know what it feels like to be on thyroid medication.

Right. And interestingly enough, I the last year I've been focusing on my adrenals like so much I've been doing cold plunging and really doing prayer and really just getting, getting my adrenals like fixed.

You know, I turn 41, I'm like, okay, it's time to work on my adrenal glands finally. Which is, which is hard to say, but like residency working in the E. R.

and residency, you know, having trauma call and you know, I know I did damage, right. So I've really worked on it and I have come down on it for, you know, because my that seesaw, my adrenals are happy here.

So I don't need as much thyroid support. And it's, it's just been very nice for me personally, like my journey to, to know that. And I have patients that I work on, you know, we need to work on your stress.

We need to work on your adrenals. This is why your thyroid numbers are wonky. But here we are post-pandemic. Everyone has PTSD from the pandemic, right?

I mean, we all do. We can all admit that that was trauma. So here we are, post-pandemic. And not only did did COVID and other things associated with COVID do a number with autoimmunity?

I mean, we are all dealing with the burst of that. You know, it also affected our adrenals, which affect not only your thyroid hormones, but our sex hormones and also our insulin and glucose, which play back to our other hormones and and cortisol.

So really just balancing all of this or just knowing that you're supposed to balance it helps a lot. So back to the individual thyroid medicine. T4 is the gold standard with endocrinologists, but not everyone is a poster child for T4 R. P.

Now I have some patients that do really well on levothyroxine. I put them on tyrosine because it's just the thyroid hormone and not talc in it. There's not dyes in it, there's not gluten in it.

That's another thing. You need to check your medication. If you're on thyroid medication, just call and see what disgusting ingredients are in it. Right?

Like talc, really. So just, just be aware of that. So tyrosine, it's just it's a gel. It's what I take. I take that and npj thyroid. But I have some patients that are just on T4.

They convert beautifully T4 to 83 and this goes down to genetically. There's all these data I, ACS and they kind of tell the thyroid like when to put on an iodine and when to take it off.

And there's all these conversions and if your liver health is struggling, you might not convert for 2 to 3 as well. So there's all these things that can happen.

It's not just bread and butter. Everyone gets T4, right? So sometimes the T3 which is NPY thyroid or Arma are the desiccated versions. Or you can get site hormone which is synthetic T3.

So there's all these different choices. You could get compounded thyroid medicine. So there's other choices out there. And this is where it's helpful to have someone like Sharon that we look at these labs and we're like, okay, you're not converting T for 2 to 3 or your reverse T3 is out of control.

So we're going to give you some T3 right now. We're going to work on your adrenals. We're going to work on any underlying infections or stress you have going on to balance this out, too.

So that that's kind of just when we're talking about Goldilocks, that goes back to there.

Iodine, Thyroid Medication, and Treatment Options

Not everyone is going to have the same plan based on they're just there t h in their free T4. That's why the other labs are really important to look at also.

And if you're out there and you're like, I do have thyroid problems and I'm tired and I don't feel good on T3. Well, ask some questions because yes, you might be going through menopause and hormonal changes, but if you don't have that supportive that thyroid, I mean, you could just be dragging through the day and it's it's your thyroid.

Maybe you need some T3 because you're not converting T4 to T3. So not only are you going through menopause, you have this extra thyroid insufficiency slowing you down and making you feel even more tired.

Right? So I think that definitely looking at the hormones in relation to where you're at in your life and what you can do to if you have to get on a medication, you know, you need to be on the right wine.

There's also supplements like having zinc, proper iodine, selenium. Those things are also going to support your thyroid and conversions of, you know, T4 to 83.

MM. Yes, so, so true. I mean I think, you know, my patients always know their bodies better than I do. You live in them 24 seven. And so I mean even in, you know, if you're taking natural thyroid hormone, like sometimes you need more and sometimes you need less.

And it depends what's going on in your life. And, you know, everyone has different symptoms, but the body gives you feedback, whether it's your hair or gaining weight or feeling cold or, you know, your blood pressure is 90 over 60 or your temperature is 95 or 96 or 97.

So these are all clues from the body to let you know. And I think we used to think, well, if my thyroid is low. You know, I'm going to be fat. And that's like the sign of hypothyroidism.

And that is just like that's B. S., You know, you can be £95. I have plenty of patients who are £95 and have very low functioning thyroid. So you got to get that idea out of your head.

And yeah, finding and one thing you just made me think of that I see a lot in practice is like when you are a natural thyroid hormone, it's going to suppress your TSA age and that's normal.

And also like your free T3 needs to be the right range for you. So like if the range is 2.4 to 4.8 and you're at a 2.5, it's probably not okay. Most of my patients need to be at the high end of normal.

Some need to be above the end of normal. So it, you know, I used to see that like now I know. But in the beginning of practice, I would like give patients natural thyroid hormone and they'd go see some other doctor and the doctor would freak them out and they would stop their thyroid hormone and call and not know what to do.

And so, like, that's a normal thing and a traditional endocrinologist is not going to understand that. So you want to understand, like if you're taking some exotic this extra thyroid hormone and it lowers your test age, that's okay.

It doesn't mean you're hypothyroid. It doesn't mean, you know, you'll know if you're hypothyroid, your heart will be beating. You'll have diarrhea, you'll be sweating, you'll be anxious like you will know.

So it's really about like changing. Like I'm all about changing the conversation about a lot of things when it comes to women's health, but it's really about changing the perspective of what it means.

And to me, it's like it's I always say it's like a great day when the labs match how the patient is feeling. But first and foremost, it's How are you feeling?

So what's going to work for you? And so it does sometimes take some trial of let's start here and see how you feel

and we can up it. And you know, most of my patients are really tuned in and clear, like I'm on the right dose or some things off with my thyroid.

Like you get to know your body, so don't let anyone tell you. I think it's one of the most common things I see where women are like gaslit like, oh no, your thyroid is fine.

And they're like, No, but I know it's not. And no, you're fine. So like, don't let people gaslight you. Like if you have that feeling and you know your thyroid is off, like go find someone who will work with you and listen to you. Yes.

Oh, my goodness. The stories I have heard, they they make me crazy. Like it's it's almost exhausting to you because I feel so, like, emotionally upset for the patients.

Like, they'll come in and they will say, yeah, I was told I was depressed, I was offered an OR and I depressed and I'm like, I knew something was wrong.

And here's like an interesting story. The other thing that, you know, if something's wrong with your thyroid, get an ultrasound. You know, I make sure my patients have basic baseline ultrasounds of their thyroid because this past year I caught a thyroid cancer and this patient had been on thyroid meds for like a year.

They'd been just like mucking around with stuff. And she, she came to me because she's like, Dr. Jen, like, I know something's wrong and I know my body, and no one will listen.

And I'm like, Let's get a full thyroid panel. Because she was just not getting the full panel. And I'm like, you know, one of the things I ask my thyroid patients, I'm like, have you had a thyroid ultrasound?

And she said, No. I'm like, Oh, really? Been a year, right? So got a thyroid ultrasound. And then after that it was like a whirlwind because she she had a cancerous thyroid nodule in there and she got it out.

It was early enough. She got treated and now we're we're getting her thyroid meds evened out because she had to get her thyroid taken out because of the type of cancer.

It was aggressive. So now we're we're wading through, you know, what dose she needs to be on, how her conversions are all of that. So that's another thing I'd want to mention, that the thyroid ultrasound is another important part of the diagnosis of, you know, I think something's wrong with that thyroid.

You know, it's it's painless, it's covered by insurance usually, and no radiation. So I also really like thyroid ultrasounds as part of a full thyroid workup.

And and definitely if you're out there and you just think something is off with your body, then you need to investigate that because you're very smart and your body is intelligent and your body will give you clues that something's wrong.

And I think especially as women we know, we put kids first. We put our spouse first, we push down our feelings, right? Because we just power through them because that's what we do.

And with your health, don't don't do that. Don't, you know, make sure you're taking time to get things checked out and get healthy so you can put your best foot forward?

Because I know if I didn't feel good, I mean, that's affecting my family. And she's my kids need me to be 100%, 100% of the time. And I especially like I share and she's so sweet she got this interview get delayed a half an hour.

She's exhausted because my kids were both playing baseball at the same time like a field here. And I feel yourself, you know, you got it. You got to feel good.

You got to be there for the games and all the things. And I think as you're saying, this thing, you know, the thyroid,

it's your throat chakra. And so when you're talking about pushing down your feelings and you know, that needs to be looked at too, like, are you not speaking up?

Are you suppressing what you're feeling? Are you not saying what you need to say to your partner, your boss, yourself, your kids, your friends, whoever?

And so opening up this whole area and, you know, whether it be through chanting or therapy, but really, now's the time, ladies. Like as we are going through perimenopause and menopause, it's like this is our time.

I don't think you could have done it in your twenties or your even your thirties, but like now is the time. It's like we've been around the block enough and it's time to go.

Yes, I matter. Self-care is not selfish. Self-care is necessity, it's not a luxury. And so really learning to speak and really learning like where are you shutting down?

Because I think the energy and the emotions can also play a role, a deep role into what's going on with our thyroid. And we have an epidemic of thyroid issues and yes, we have mercury toxicity and we can talk about it.

But like if you have amalgams, mercury is a huge point in progressing Hashimoto's and so you want to get your amalgams properly removed. But we also have like an epidemic of women who have been suppressed, who are stressed, who are just doing it because they think they need to do it.

And so like this is your invitation to kind of speak out to yourself in a journal, to a therapist, to a friend, but to really start thinking about what you haven't been saying and what you want to say.

And it and it might not even be like, oh, you're in a, you know, emotionally abusive situation. It might just be like, you haven't been putting your dreams or your passions, your creativity out into the world.

So it doesn't always have to be, you know, totally negative thing. It could just be like, it's time to let your spirit and your beauty shine and that's going to help heal your thyroid as well.

Yeah, it definitely is. Because when you when you do feel suppressed and you can't speak out, it it is it's going to affect your adrenal glands and then it will affect your thyroid.

And I have seen that a lot a lot of women that come to me with thyroid problems, they feel like they have not been heard. And you know whether it's asking for labs or just their symptoms, you know, they'll just come with symptoms.

Their hair is is falling out. It's thinning, they're cold, they're constipated. They've had some weight gain. Their energy is low, and they're just not taken seriously.

And they're told, you're just a busy mother. I hear that a lot. You're a busy mother. You're Supposed to feel that way. Now I tell them, I'm like, No.

I'm like, you know, I feel better in my forties than I did in my twenties. Right. So it's it is it's the time that perimenopause is a very empowering time when you know what's going on.

And that's why I love you that you have this summit, because if you don't know what you're supposed to be going through, yeah, it's going to be kind of crazy and scary.

So same way. Same with thyroid stuff. If you don't know what to expect, how you should be feeling. You know a lot of people on the monotherapy the the are they feel bad and they're like, oh, I just thought I was supposed to be tired the rest of my life and that's not true at all.

So, yes, this hearing is saying, find your voice, speak up. You know, have have your doctor like you doctor shop.

Thyroid Symptoms, Advocacy, and Ultrasound Screening

If you can't doctor shop and you're kind of where you have to be, then just bring those labs and you could bring in, you know PubMed studies that support that.

You can refer them to, you know, our websites to our podcast, to these summits. So eventually they got it, they got a break and listen to you because it's the right thing.

Yeah, I mean it. I feel like if you bring information on to a doctor and they're too egotistical or too busy or too close minded to pay attention to it, that's like a red flag.

Like we talk about red flags and dating. We should talk about red flags and when you go see your doctor, but I know me personally, like a lot of the things I do and I've learned have been brought to me from patients.

Hey, I heard this. What do you think? And either I have an opinion or I'm like, I don't know. I never heard that. Let me let me research it and get back to you in a week or so.

And so you just and this is like, I think in the holistic movement, like thyroid is becoming more and more known. So it shouldn't be so difficult. And if someone is, you know, if your doctor, like keep looking and find someone, it's like, you know, six tests, six blood work.

Like I'm always like to my patients. I mean, I do it, you know, I probably pull 30 vials on a blood draw for my basic blood draw. But I'm always like, Is there anything I missed?

Is there anything you want? Like, we're here to serve you. So I'm like, Write it in, let's do it. Let's see. You know, more. The more information, the better.

And so you just want to have that. And you brought up such a good point, like when I'm talking about not speaking in it is right. If you've been gaslit and told no, you're supposed to feel like this, like that just further harms the thyroid when when you know your truth.

So is there anything else about Hashimoto's, about knowing how to figure out you have it or treatment or just anything else that I haven't asked you? I know we've gone off on. I'm like going off on my.

So it's such an easy way to a topic to go off on soapbox tangents because it's infuriating. But is there anything else you want to share that I didn't ask or we didn't touch upon?

Yeah, it really is easy to go off on on tangents or get upset about it. So I mean, I would say just if you're not sure, test, don't gas, ask for those tests.

If not, go online. You know, there's online tests where you can get most of those tests we spoke about. So there's different resources for that. And you know, if you have if you're diagnosed with Hashimoto's, you know, I had a patient come in for just like, oh, well, check with me.

She's like, I just want to make sure it doesn't rhyme. No complaints. We found she had early Hashimoto's. I'm like, okay, you know, we got to work on your gut health.

We got to work on your lifestyle. So I mean, that would be the main thing to say to prevent Hashimoto's, right? Make sure your gut health is is doing well.

Make sure you're taking care of yourself in your body because this is such a common autoimmune disease in women. So we really have to be proactive, okay?

We don't want autoimmune diseases. And once you get one autoimmune disease, you're more likely to get another. So it's just something that we want to be more proactive about.

Make sure we're making healthy food choices, make sure we're sleeping well, make sure or keeping, you know, stress like we're always going to have stress, but build up that resilience, maybe take some adaptogen supplements or, you know, be proactive and do your breath work and all of that.

So really just, you know, take what you're learning at this summit and try to do one thing a month or one thing every week. Just every little step towards good health is going to pay off and keep you from becoming a statistic, really.

And that's what's so important, getting the word out because women in general, we just tend to have these more chronic diseases and we really need to work together and lift each other up to be to be healthier.

And I think that is why these summits are so important and beautiful. And I just I like it. Such a beautiful ending. But I want to ask you one more question now, because you said, I'm sure some women I just want you to clarify.

Like you said, you caught it early. What is what does that mean? Like, how can someone know if they're catching there? What should they be looking for as opposed to not catching it early or having it later diagnosed?

Yeah. So if anyone is having any of the thyroid symptoms, you want to not only check, but that thyroid test. I add on if if someone has never had any thyroid antibody testing, I will add that on especially, you know, women in their thirties, in their forties, because that's when it tends to show up.

So if we're catching those antibodies early, that means before it's affecting the thyroid to the point where the TSA age and the free T4, which are the routine tests are are a mess, right?

So if we catch it early, we're like, okay, the thyroid is attacking itself, but it hasn't attacked itself so much that the labs are bad and flagged. Does that make sense? So then?

Then we can work on healing so the thyroid can heal and we never have to be on thyroid and we, we catch it early. So that's what I mean by catching it early.

So sometimes I will have that if a patient comes in with very big complaints and I'm like, okay, you have antibodies, you know, we do a thyroid ultrasound, there are some changes, but they're not bad yet and it's not so bad that it's affecting the actual thyroid function.

So that's that's kind of what I meant by that. And that happens every once in a while in my office. Sometimes it gets to the point where people have really obvious complaints.

Right. And it's affected the function, but not always. So sometimes that's helpful. And, you know, if there are little clues to to catch it and then you catch it early and then you can hit it hard and in reverse, reverse that autoimmunity.

Is easier to prevent than to treat. So, yes, thank you. And yes. And as you were saying that, I was thinking, you know, especially like in women in our fifties, sixties, probably forties, too.

I just think like from when we were going to the doctor and having babies, if we had babies like these things were really not being checked. And so this is good.

Also, like if you have children or nieces or like to make sure they get educated and know like it's very easy to run a routine antibody once a year just to check and you know, hopefully it's negative and you move on, but it's just good.

It's like a thumb print. You want to keep getting that thumb prints of anything. Even their thumbprints don't change. If anything changes, though, you catch it quick.

And so very, very important. Well, thank you so much. So this was you know, it is it's just and we talked a lot about the thyroid. I know it's a menopause somewhere, but the thyroid is intimately related to or to menopause.

And, you know, women who don't make progesterone always have a low thyroid. And then we get into iron issue. I mean, so it's all it's like this big giant spiderweb.

And so I think what you said, you know, really stands out is like you want to know, is it just your sex hormones? Is it you know, we know when we go through menopause, our hormones are going to drop. That's normal.

But thyroid being off is not normal and that needs to be treated. So it should be part of every workup to make sure and look and see is your thyroid part of what's going on?

So thank you so much. And where people can find you if they want to learn more, do you have a website that you can share with us? Yes, absolutely. So I hang out most on Instagram and it's integrative.

Doctor Mom. So integrative Dr. mom, and that's also my YouTube. So I try to put up videos that I think would be helpful. I have a podcast which is the Integrative Health Podcast with Dr.

Jen, and then website, the best website would be most likely healthologybydrjen.com so healthology by Dr. Jen. And yeah, I like to go on rants on my Instagram sometimes, so I have fun.

Time together and rant. Oh my gosh, that would be so fun to just have a rant session. It would be like therapy for us. Like what happened today in the hour?

Like like for example, I had a patient this week that came in and her colitis was so much better. She's off her oral steroids. No more bleeding, no more pain.

And I said, I'm like, Oh, did you tell your doctor what you were doing? Because sometimes they do. Sometimes they don't. She's like, Yeah. And I'm like, Well, did they want to talk about it?

Like why it was working or talk to me or she's like, No, it's was like, okay. We should definitely have an integrate and we'll check us out. We'll be on Instagram ranting at some point because I get that kind of.

Stuff for hours, so I truly feel awesome. Right back at you. Thank you everyone for being here. So thyroid top of your list for part of your menopausal transition plan.

Thanks for being here.