Upgrade your thyroid metabolism with one easy tracking tool. Transcript

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Introduction to Thyroid Health

Hi everyone. Welcome to Doctor Talks. I'm your host, Doctor Kelly Halderman. And on this series we're going to be talking about thyroid health. And we have an amazing guest.

Doctor Jill Rosen is here to discuss all things she knows about thyroid health. And that's a lot. Welcome, doctor Jill. Thanks, Kelly. I'm excited to have a conversation with you today.

Yeah, I am too. We've had many conversations on and off camera. Every time I talk to you, I learned something new, something that I can apply and it's very helpful.

So really excited to talk about what you do and talk about how you manage. Chronic illness and the people that you see. Let's start off by just telling the audience about yourself and your practice.

Sure. So I am not only the president, I'm a client as well, in the sense that I had my own health challenges, like I'm sure a lot of the practitioners do in today's day and age and the term adrenal fatigue got on my radar after already having a lot of education and never hearing about it.

And the book that really made the difference. Kelly was doctor crazy and why do I have thyroid symptoms? Even though my blood tests are normal? And I think that's a landmark book.

Although as you know, and as you've written about knowledge, it gets wider and more diverse. But ultimately in that book there was the highlighting of adrenal fatigue.

Doctor Jill Rosenu2019s Background and Practice

And if I want a poster child for it, I don't know who would be. And and that's when I started my entire journey of discovering all about it. So now what I do is I've turned in the brick and mortar aspect of my of my business, and I do more a, online consulting type of coaching practice.

I'm trained as a traditional chiropractic physician, but I've done functional medicine and do neutral genomics and really do a lot of exercise physiology and psychology.

But thyroid is always one of the main things that your your clients will come and see you with, with their they don't have energy. And they were told about a thyroid problem.

And then it just kind of starts from there. Right. And then the typical, measuring of the, the single lab, the TSA and being told, oh no, it's fine, you're fine.

But yet these people are still struggling. I mean, I was one of those people, who had just a plethora of thyroid symptoms, but yet my labs were hanging in there, and I think that's why in the book you alluded to Doctor Eric Malkovich and I wrote the book Thyroid Debacle, because people are in a thyroid debacle or they're stuck in it.

And I was and I think that I also had adrenal fatigue. I also, you know, everything's connected, right? So why don't you talk about that or just talk about the specialty that you have and, and the adrenal fatigue and, treating it and how you treat it and how it really ties in because everything's connected to the thyroid health.

Yeah. So as far as the adrenal fatigue story, I find that it's such an awful term. Kelly, in terms of the description of what it is and the already established medical model of Addison's and insufficiency and how it's not being studied or even peer reviewed journaled.

So when you have someone that does the research on the internet and then they go and see their doctor and they're already against the term, that's an internet diagnosis.

It creates a lot of, okay, here is going to be a difficult patient, or let's just get them out of the office or let's refer them to someone else, or let's give them some medication.

So there's that aspect of, of the whole adrenal fatigue and the diagnosis.

Adrenal Fatigue, Stress, and Cellular Energy

But what I think really combines the, the whole picture and it's sort of the tie that ties everything together is the need to make energy and, and at the level that we need to because we're under stress, because stress is everywhere and one of the big changing, pivotal, I guess, dominoes that made me come to this realization came not too recently in terms of we either use oxygen for us or against us, and without getting too scientific, we make way more energy when we use oxygen than when we don't.

And that goes down to high school chemistry, cellular respiration, anaerobic, aerobic. And when the body's under stress we think about oh well the better term is HPA axis.

But HPA axis doesn't entail all the things that are going on in the body. So a better way of thinking it is the stress response system is an energy management system.

It requires diverting energy from here to there, just like you would if you had low income or you had a lot of overhead. You got to make important decisions.

I say about where that money goes, and we know that as being a cell danger response. So that's the tie that really binds where the other really moment I had was understanding that the thyroid is is that oxygen sensor is really what it is and it senses the oxygen at different levels or requirements and where it's going and so forth.

So if your body is using oxygen for you, you're making energy effectively. If it's not using oxygen for you, you're actually creating oxidative stress.

And I think that's the connection between the two. So it's really hard to play out the 30,000 view foot and reductionistic we say, okay, take this, take that, take this, take that.

Whether it's, thyroid support and adrenal gland or whatever it is, unless you get upstream at the how do we make the oxygen work for us? Does that make sense?

Oh, absolutely. That is that is brilliant. And that's that's what we're people. The phenotype of the expression of that is that fatigue is that the blood sugar dysregulation and and so on and so forth.

Disordered breathing. So that's going way back to root cause I love that. I think that that's very important. So let's dive in a little bit more about the aspects of that.

So so if that's the problem, if your energy if you're creating your morning anaerobic then aerobic. First of all what are the signs and symptoms. Again if I missed anything.

And then how do how do we start to shift that doctor Joe. How do we how do we shift that metabolism. Yeah I mean the overriding sign in symptom is fatigue, right.

And everything that requires energy production. So that's why it's so diverse. Brain fog, cold extremities, not having a, an energy system that gets you through the day is circadian rhythm is upside down.

So you're maybe more energy at night, less in the morning versus the other way around. Libido, hormone imbalances, weight loss resistance. But at the same time, weight gain resistance.

And it just migraines and fertility, period issues, all of those things I think are as a result of not having enough energy. And we put all of that in the thyroid bucket or in the adrenal bucket, and it's in the not making energy enough bucket.

And ultimately, because we're under so much stress, we just think about it is it can give you shortness of breath. I hate the example of being held up at gunpoint, but just imagine that and how terrorizing that is.

We kind of have that going on at a subclinical level. And and there's a lot of reasons for it. And I would say the main reason or question is the reason why that's happening is because we don't have the optimum.

Well, first, the the demand is so high. Right. And and you know, the, the formula for a great health is have enough of the good stuff and not too much of the bad stuff.

And the reality is we have way too much of the bad stuff and not enough of the good stuff. So ultimately, when we don't have enough of the good stuff, especially just looking at foods and our soils and our minerals and our glyphosate and our pesticides and our sprays and our hormones and our antibiotics and the corn fed, it just you can go on and on and on about that.

And that's if you they're actually getting something that was made from Mother Earth, let alone packaged and processed and adulterated. So we're not getting the good nutrients to begin with.

Symptoms of Low Energy and Metabolic Dysfunction

And then on the flip side, we have so many multitasking stressors with what's been going on in the world and isolation and the Hatfields versus the McCoys and the just emfs and cell phones and notifications and extending of our day from 24 hours a day being on call.

It's just it's no wonder that the weak links in the chain are breaking, because we don't have enough income to, to, to get us through. So I think that kind of sums it up in a, in an easy to understandable way.

Yeah, definitely. I mean, we we're under such assault and I totally agree, it sounds simplistic to have, you know, good health to have more of the good things.

But we really are we are under siege. And that makes it even more important to have our detoxification pathways open, to have our thyroid hormone, to have the very physiology optimized, because it's all compromising that.

Right? If you don't have that oxygen, production, that's everything's being compromised. And so what are some of the tests, that you use to ascertain that someone may be, in that state, that low energy state, instead of the, the normal energy state?

Yeah. And that's a great question. And I would go back to just the the doctor that brought their black, lab coat or their lab coat in their little bag, and they would go to make house calls and they would ask the, their, their patient what's going on?

And they would have the time to figure it out because it's not rocket science. When you sit down for more than 15 minutes and understand what they're dealing with.

Right. And so I think that's a big part of the what's the best test is a really good sit down and let's just figure out what's going on here and see if I can put the smelling salts under your nose to understand that.

Oh my gosh, I, I just no wonder you know that I have that. So what can we do to address those things first and then from there, obviously I'm a big believer in comprehensive blood labs before anything else.

I know like the Dutch test and there's, genomics and doing DNA testing, all of tools, which we probably both use organic acid testing and, GI map testing.

There's amino acids. There's so many different testing. I think first and foremost, just as an aside, making sure that you run a test with the intent of it changing the outcome, right?

I you know, and if you've already put in place fundamental things, then you don't need to be playing downstream. And it's not going to change your outcome by running that test.

But with that being said, by the you're not your outcome, but your your protocol, that being said, I really am favorable, for a complete thyroid panel, and I'm sure you've discussed it, but I really like the ratios of free T3, reverse T3, total T3, reverse T3.

Looking at it from a production standpoint, processing standpoint, utilization or proteomics standpoint, where how much of the actual thyroid hormone is getting inside the cell?

And I'm sure I'm outdated with the research you've done with going forward on that, but I like that. And then lastly, this just, I'm a big believer of looking at the status of oxygen through looking at iron.

Rule of plasm, ferritin, transferrin, copper, copper, serial plasm ratios, vitamin A, vitamin D, RBC, magnesium, hemoglobin. But if you know what you're doing with those markers, it really tells a story, Kelly, that lets us know that, okay, aerobics cellular respiration isn't happening at the level we need to, right?

Yeah, definitely. That was, definitely a game changer for me when I started to learn about your testing.

Testing Thyroid Function and Energy Markers

Like you just said for Cirillo plasma and how, you know, the iron and copper and how that relates to the the electron transport chain and the production of energy that was that was really a game changer for me.

I really love, that aspect of it. Do you have any suggestions, you know, for, let's say, for a layperson, a nonprofessional of any thing that they can evaluate themselves to know that they may be stuck in that cell danger or stuck in that low energy state?

Would it be any kind of objective data that they could lean on? Well, one of the easiest to do is using a glucose ketone monitor. Right. And seeing your what I like is in terms of real time testing, right.

Whether you're using pH strips, I think those are great to look at your acid balance in your urine. I also like the idea of a tracker like these wearables looking at your your steps or your RV or your sleep or your readiness.

There's some proprietary stuff with companies that do that, but then I like the idea of the glucose and ketone monitor, because it can really tell me, like I had a conversation just as an aside with my coaching clients.

And I think if you can get your glucose number, which you would divide by 18 to get a small unit and divide that by your ketone mol unit, and if you could get that less than one.

So let's say you need to have say if your glucose is 60 that would be a four milli moles. Then you would have more than 4.4 in your ketones. When you're less than what actually you would have four or higher.

I'm sorry, not greater. Less than ten, but less than one if you have less than one. To me, I don't think 90% of people have ever achieved that right? Walking on well, right.

It's called the walking on. Well, everybody looks fine and you know, or you know or they, they're fine, but yet they're on four medications that right.

They're I think that is so important and such a pearl for people even just just regular people to use. You can do a simple calculation, and know about your metabolism.

So I'm glad you brought that up. Yeah. I think if you can get that, I think and that's that's not easily earned. Meaning you have to do a lot of a lot of things to get there.

And that means and I and I think really a couple strategies are getting rid of processed foods, getting rid of junk oils, which are sunflower, safflower, vegetable stuff that are highly heated, getting rid of any type of artificial stuff and then really start to compress that window and go at least 12 hours, if not ten between meals.

And don't snack, snack throughout the day. Then you can start getting some some moving numbers where you're going to use that as a tool, as a strategy, you're going to use it as a tool to be able to really help your body cleanse and remove and clear out and really do a reset on your body.

So that kind of got a little sidetracked from what you asked me. But I think that the blood work and the tools that real time are things that you can empower yourself with.

Now, that was excellent. That was an excellent Pearl. Thank you for that. How do you feel about continuous glucose monitoring? I think it's good. I, I've used it a couple times.

It's very variable. There's a lot of variation in it because of, I think the time that it takes to actually start getting readings. To me, I like the finger prick better just because you're it's less expensive over time, I think.

I also use a breath meter, and that's also something you could look at, too. I think it's a good tool, provided that whoever buys it has someone that's teaching them how to actually use the tool.

But it's a tool nonetheless, and it has its strengths and weaknesses. But I like that it's being used more often, not just for people that are diabetic, but people that are metabolically unhealthy.

Sure. So are you saying so if I, if I, I'm hearing you right with doing the calculation, are you saying that being in ketosis per se is what can really move the needle for people kind of to to know, I'm more saying like harnessing it as a tool so that at least you what gets measured gets managed.

Right. So if you have no clue and most people think that they're hypoglycemic, if they don't eat every 2 or 3 hours, right. So they, they get some aha's with that for one.

Using Glucose and Ketone Monitoring

And then number two, once you can start to see the stressors that impact your life, the sleep quality, your activity ease, your, your diet, all the things that you're doing that the impact that they have on those.

I think you should be less than 10 to 1, at all times. And I think that there are certain times during a female cycle, if she's in her her last phase, that she could refuel and have a, you know, three or 4 or 5 day carb refuel type of thing at the beginning of the cycle.

She can, you know, have more of a fast type thing. But I think on the whole, you want to keep a tightly knit, low standard deviation of what your glucose to ketones less than ten number should be consistently and then go up or down.

But what I'm saying is you need to have a tool in your toolkit that gets it very, very low for 1 or 2 or 3 or 5 days, of a quarter of a half a year of, a 30 day cycle.

Whatever you feel is the obviously the sick you are, the probably more frequent you need it. But I don't subscribe to the you have to be in a ketogenic diet.

I think it's more of if you're controlling the process of the foods, the timing of the foods, the frequencies of the foods, the actual adulteration of of the foods, and stuff, then you should be able to really control that number.

Yeah. And that really ties right into this topic about thyroid, because Eric and I, we talk about in the book, is that the the path the world looks at thyroid disease is a gland problem.

And when it's more of a cellular problem, it's more of a cellular stress. And so this tool that you're talking about that can measure the decrease that's going to decrease your cellular stress when you decrease cellular stress everything can get better.

Right. So it's it's not really you know, we're not targeting one thing or the other. We're optimizing physiology. And I absolutely love that. I mean, look at the rates of Alzheimer's.

Look at the rates of cancer, cardiovascular disease. Again, Jim Lavelle, a friend of both of our talks about the walking unwell. We're walking around.

And this is a really powerful tool that I'm going to start using today, to really gauge yourself and get yourself back to that, that state that we're supposed to be in a homeostasis.

Now, again, and in our book, we talk about, fitness factors. And, you know, that includes even your emotional health, you know, a beyond this piece. But again, I think that it is a holistic view.

You as well, I've learned from you. I've seen what you've done in your programs. It's excellent, very comprehensive. And so, you know, for people trying to move the needle, I think this is a very, very great tip on how to monitor that.

And it has widespread effects. Yeah for sure. And I would just add to that two other things of course is satiety and rhythm awareness. Do you talk about that as well. And that's free.

And that really runs the the clock work of the of the orchestra. Because it really is an orchestra going on in your body. And then the, the other aspect what.

Oh yeah. As far as controlling the oxygen consumption rate or how much your body needs the oxygen, I mean, you can't just eliminate emfs or the quality of the food or your to do list or your relationships, but you can change the reaction to that and the story you tell yourself.

And, and the, I guess the call to action it gives you meaning. You're not a victim from it. It is very hard, but it's more along the lines that this was done for your greatest purpose.

And I know that's kind of hard to accept, but this was coming. Not just, you know, happening to you, but it's coming from you to be able to, you know, knock it off your To-Do list and then accomplish something more.

And I think when you approach it that way, that automatically takes the winds out of the sails, if you will. And you haven't even taken a pill or, a diet hopping approach and you've just, you know, assessed it from what what is what's really going on here?

That's right. And both of us, we see people with suitcases full of supplements and they spend thousands of dollars on different fad diets.

Optimizing Physiology and Practical Takeaways

And people are frustrated. And it's because we don't have enough people like you preaching about this, this oxygen, the oxygen of how we're utilizing it and how it's so foundational.

And so, I mean, I I've learned a lot today already. I told you that we started every time I talked to Doctor Joel. I learned something very applicable.

I just set the stage for you, doctor. I knew you would deliver. You know, I think you you've taught us enough where

we can. We can learn, you know, for a for a long time with just that.

So I. I'm so grateful that you're here. Any parting thoughts? And let's talk about how people can get a hold of you. I think that your practice is extremely full and extremely, you're extremely busy.

But how can people get Ahold of you? Where's your website? How do we find you on social media? Yeah, I know, I appreciate that. So as far as the truth about adrenal fatigue is my main website.

So that's where I have, some free tools and I have, a masterclass that you can go and get some insight with and also a free guide. And then we put our videos on there, and I'm just starting to come out with Doctor Joel Rose Incom.

But if you go on Instagram or YouTube, you just Google Doctor Joel Rosen and that's where you'll find me. And last thing is, from what I learned from you, a lot of things in terms of phase 2.5 detox and the genomics, I think a lot of people, who've tried everything could listen to this and really get their answers solved.

But at the same time, I do feel that there's a lot of missing and misinformation and concepts about a genetic test, especially with mTOR far being the thing, or doctor saying it doesn't matter because it's all environment.

I think that's awful. I think that if you've been struggling for a long time and you're looking for more answers, you know how important that test is.

Not so much that I want to give you supplements, or I want to, tell you that this gene isn't working, but more so everything that we talked about. And where is the record skipping in this and why?

Like, this doesn't make sense. You should be moving the needle further or faster. If we've done all the things that we've talked about, why are we still having a challenge here?

That's where you can really unpack that. Like you said, with phase two, detoxing alone or other types of things that, come on the radar, have you found that to yourself as far as the the the importance of that?

Absolutely. It's it's, it's something where it's a puzzle piece and it directs me to more precision, precision care. And I do think that, it has been bastardized a bit to, you know, treat the gene, treat the snip.

But that's not what high level practitioners are doing with that data. They're personalizing it. They're doing exactly that, Doctor Joel said. It's part of who you are and what your body's doing, and you can learn so much if you're in the hands of a skilled practitioner like Doctor Joel.

So digital, thank you so much for your time. It has been excellent to see you. And, you know, I hope that we get to to do this again. But, take care of my friend and have a lovely day.

Now. You too. Thank you so much, Kelly.