Introduction to Dr. Izabella Wentz

I am here today with Doctor Isabella wen's, the one and only one of the most pioneering, influential people in the space of reversing Hashimoto's. And I couldn't be happier to share this interview with you.

Doctor Isabella Wentz is a compassionate, innovative, solution focused, integrative pharmacist dedicated to finding the root causes of chronic health conditions.

Her passion stems from her own diagnosis with Hashimoto's thyroiditis in 2009, following a decade of debilitating symptoms. As an accomplished author, Doctor Wentz has written several bestselling books, including the New York Times bestseller Hashimoto's Thyroiditis Lifestyle Interventions for Finding and Treating the Root Cause.

The protocol based number one New York Times bestseller, Hashimoto's Protocol, a 90 day plan for reversing thyroid symptoms and getting your life Back.

And the Wall Street Journal bestseller Hashimoto's Food Pharmacology, Nutrition Protocols, and Healing Recipes to Take Charge of Your Thyroid Health. I'm pretty sure I have all three of those books sitting in my office right now.

Her latest book, Adrenal Transformation Protocol, was released on April 18th, 2023. The book focuses on resetting the body's stress response through targeted safety signals, and features a four week program that has already helped over 3500 individuals.

The program has an impressive success rate, with over 80% of participants improving their brain fog, fatigue, anxiety, irritable sleep issues, and libido.

I could not be more excited to have this conversation with Doctor Izabella once today. Let's get started. Isabella. Thank you so much for being here today.

I am absolutely thrilled. You have put in so much work into creating a shift and a change in the conversation about thyroid disorders and Hashimoto's for people and women.

You absolutely are a thought leader, and I just so appreciate your work, and I'm grateful that you're here today to have this conversation to enlighten people even more on their journey for Hashimoto's.

Thank you so much, Macall, for being on this journey with me. It's so great to be here with you. And I think together we can change how thyroid disorders are treated and make some real big waves.

I mean, that is certainly, certainly our goals for sure. And I believe it's happening already. And I'm just grateful to be on the journey as well. I would love I know that your story is so much like my own.

It's one of pain to purpose, turning your own struggle into a mission and, you know, foundation of helping so many other people.

Personal Hashimoto's Journey and Diagnosis

So I would love for you to share a little bit with us about your story and your history, and how you ended up the thyroid pharmacist. So in full disclosure, I was never interested in the thyroid during pharmacy school.

I thought it was just like a boring little organ that maybe failed when we were a little bit older, and it could be either overactive and underactive, and there were just some boring medications to to treat it with.

Right. And I wasn't really fully appreciative of the role of this important organ or how exactly thyroid disease develops from an autoimmune perspective.

Until I was in my 20s, already a practicing pharmacist and dealing with some quite debilitating symptoms. I was going from, doctor to doctor because I was losing hair.

I had carpal tunnel and both arms. I had this awful, awful fatigue where I was sleeping for 12 hours a night. I had acid reflux, irritable bowel syndrome, new onset anxiety and panic attacks.

And it just seemed like every year from the time I was in my first year of undergrad until, you know, I finished pharmacy school. Like, I just progressively would get more and more symptoms.

And they weren't like anything life threatening. It's not like I had something where I would be, you know, going to the hospital or having to have surgery for.

Right. But it was like really interfering with me being able to live my life in my 20s. Like I just was so tired all of the time, and I was brain fogged and I couldn't remember, like I would be sitting in meetings and I would have to take notes on every single thing that was said.

Otherwise I wouldn't be able to remember anything. And so finally, at some point, I decided to, I mean, get some, find a doctor that was willing to do a little bit more comprehensive testing at that time.

But I had realized that not all doctors were created equally. I was working as a consultant pharmacist for a case management agency that treated people with with special needs and developmental disabilities, and we were really advocating for people.

And I just noticed how, you know, this client goes to this doctor and they're not really getting the results that a client that goes to this doctor is getting.

And so I ended up finding out I had Hashimoto's really high thyroid antibodies. My TPO antibodies were in the 2000 range and I had subclinical hypothyroidism.

Now I being a pharmacist initially was excited like getting on thyroid meds. I thought this was going to be a game changer and it did help, but I was still still left with all of these majority of the symptoms I already mentioned.

And so I started really trying to peel back the layers and trying to research what had caused me to develop the condition and if there were any lifestyle changes or interventions that I could make to help myself feel better and potentially get the condition into remission, I started going on patient forums, which a lot of my, clients with developmental disabilities, you know, a lot of times their parent or the parent forums were a place to find information on what was working.

I started going on PubMed and looking at the published research to see if there were anything related to Hashimoto's that I could implement in my day to day life that perhaps my endocrinologist didn't know about.

And then I started going to integrative and functional medicine doctors. And really, this is how I became a Hashimoto's expert. It was through becoming a human guinea pig just to try to get myself, well, right.

And it's so, so similar to my my story as well, just the timeline and everything. And it's sad because it's almost like, yeah, my symptoms were weren't life threatening, but maybe if they almost were, someone would take you seriously, you know?

And it is the sad thing, especially for women in their 20s when they come to see me, I have a special place in my heart for them because I was 27 myself, and all of my thyroid health came crashing down, and the living your whole entire beautiful part of your life, debilitated and wanting to be in bed all the time is just.

It's a sad state of affairs. So, tell me, I know so much of your work is dedicated to the Hashimoto's part. I wanted you to differentiate a little bit about hypothyroidism and Hashimoto's.

For any listeners that may kind of cross the two and get a little bit confused and think that they're the same thing. Such a great question. So hypothyroidism is a clinical state where we don't have enough thyroid hormone in the body.

And this can be corrected with thyroid hormone medications. It can be caused by a lot of different things. So it could be caused if you had your thyroid radioactively treated.

It could be caused because you had your thyroid gland surgically removed. It could be caused because you deficient in iodine. If you were living in a developing country, that that may be a cause where you just your thyroid gland doesn't have enough of the nutrients to make its own thyroid hormone.

And then it could also be caused by an autoimmune attack against the thyroid gland known as Hashimoto's thyroiditis.

Hypothyroidism vs. Hashimoto's

This is something that, you know, depending on the research, looking at Europe and Western countries, United States and the majority of people, anywhere from 90 to 97% of the time, if they have hypothyroidism, the cause behind it is going to be Hashimoto's.

And I guess the interesting thing about Hashimoto's, or the main difference, is that Hashimoto's can have five stages. So the first stage is just the genetic predisposition.

And for all intents and purposes, your thyroid gland might still be normal and your thyroid function will still be normal. You just have the genetic predisposition.

When we move through the stages. Stage two arises when we start having this autoimmune attack against the thyroid gland. Right. And so you will have, you'll have some inflammation in the thyroid gland.

You might have symptoms, you might have miscarriages, you might have obsessive compulsive disorder symptoms. You might have anxiety. Just a feeling of overall on wellness.

And in this case, what's interesting is people oftentimes still might have normal thyroid function, right. As the stages go on, you get into stage three.

You have subclinical hypothyroidism where you have that attack against the thyroid gland, and then you also start having some alterations in thyroid hormones, where this is an indication that your body's no longer able to, like, compensate and make enough of its own thyroid gland, thyroid hormone, because it's been damaged, the plant has been damaged.

And then stage four is overt hypothyroidism. So this is when you have that autoimmune attack against your thyroid gland. So much of it has been damaged that your body and your thyroid gland is not able to produce enough thyroid hormone.

And this is when you are quote unquote, hypothyroid. This is actually where most people get diagnosed. Right. And then stage five is going to be progression to other autoimmune conditions.

So I feel like, you know, you can have Hashimoto's, but you can have normal thyroid function, but you still have Hashimoto's, right? And you can have hypothyroidism.

And sometimes it may not be caused by Hashimoto's, but in many cases it is. So. Thanks so much for asking that question. I hope that it it serves people some better understanding of what the difference might be, and why

Hashimoto's is so relevant to the thyroid conversation.

Totally. And like two two things I want to pull out of that. One is it speaks to the importance of checking antibodies. Like so many people are not getting antibodies checked, they're not being screened for this.

And if they can intervene in the earlier stages of Hashimoto's and protect their thyroid gland help, that's very, very powerful information. And so obviously we want a full thyroid panel.

And then second to that, right. If in the early stages we can influence Hashimoto's, reduce the severity, even potentially get to remission, we can protect people from true overt hypothyroidism.

And I know that's where so much of your work lies. Tell me some of the most common kind of root causes, some of the most common things that we can influence to potentially really reduce antibodies.

I know it's a case by case thing, but give me some some broad brush ideas for people. Definitely. So the drivers behind Hashimoto's antibodies and that autoimmune inflammation in the thyroid gland, they're going to be nutrient deficiencies.

Most commonly selenium is going to be deficient. Oftentimes, magnesium can be helpful to, ferritin. The iron storage protein that's going to be impacted very frequently as well.

And getting those in balance can be very helpful. Then we're going to be looking at food sensitivities, gluten and dairy being the most common ones. But also soy surprisingly can be a driver for thyroid antibodies, blood sugar swings, blood sugar imbalances can be a driver for this.

We have various environmental toxins or an inability to process these toxins.

Root Causes and Early Interventions

We have some, adrenal dysfunction or impaired stress response and then intestinal permeability and then chronic infections, which I feel like, you know, they don't get enough attention.

And it it does involve deeper work than something somebody might be able to do on their own, but they're very much a relevant factor for a lot of people to.

Yeah. And what's so interesting and just to compare and kind of contrast in medicine, right. In my formal medical training, there's nothing that you can do for Hashimoto's.

It's just sort of this random thing. And we just need to wait for you to become hypothyroid and then we'll treat you with levothyroxine. But the whole concept of Hashimoto's being reversible is still almost unaccounted for in regular medicine.

And I just wanted to convey one. This is a condition that's able to be influenced. I'm in remission for Hashimoto's. I have been for a decade now. I believe you are too. Right?

And so we are two ladies here. You know, sharing the message that there is so much hope for this condition to be reversed or even just reduced in terms of severity.

Tell me of all of all the things that you mentioned that can be root causes or things that we can influence to reduce antibodies. Tell me a couple great places for people to start if they're early on in their journey.

Where do you find the most value for putting their energy in? Initially, things that people can do on their very own would be really focusing on blood sugar balance.

So generally that's going to be eating more protein and fat. What fewer carbs than the standard American diet. And

then going on an elimination diet. Gluten, dairy and soy are going to be the top three foods I recommend eliminating.

Processed foods are also on my list. Aspartame and saccharin. There are actual case studies of people who essentially just removed those out of their diet, and they were able to get their Hashimoto's into remission.

So they're just, you know, processed foods in general, I feel like can be problematic for a lot of condition, weather conditions, whether that's inflammatory bowel disease, but Hashimoto's as well, this is going to be a really great place to start for a lot of people and nutrients.

Just supplementing with some really simple nutrients can be a great start. What are your favorite nutrients to kind of layer in for the Hashimoto's piece of this?

Definitely, if somebody is in that subclinical hypothyroid range and they have Hashimoto's antibodies, I love utilizing selenium. In addition to myo inositol, selenium dosing can vary between 83 micrograms per day to 200 micrograms per day.

I know people are like just eat Brazil nuts. They're a great source of selenium and I don't hate Brazil nuts. But at the same time, you're not going to get the same response.

If you were to take a supplement that has just the right amount of selenium, too much selenium can be toxic. Not enough selenium can be, you know, not enough and not do anything for you.

You. And then combining that with anyone else at all. Around 600mg per day, when you combine that with selenium has a synergistic benefit where people will see their thyroid antibodies potentially normalize and in some cases, even TSH levels can improve and of course symptoms.

So a lot of the symptoms can improve. A lot of times women will say they're far less anxious. Their hair loss improves, they have more energy. This is a really great place to start.

I also love using thiamin for women with thyroid fatigue. I've had I think I released a thiamin article maybe 11 years ago, and I still get random people coming up to me at conferences and giving me hugs and being like, thank you so much.

You talked about thiamin and I took it for five days and it resolved my fatigue. It's it's very, very interesting. It's a mitochondrial stimulant. It can stimulate gut function and people with hypothyroidism can have subclinical deficiencies.

Generally the dose I recommend is about 600mg of that. We already talked about magnesium. So everybody I feel like can benefit from magnesium. Thyroid disease is no different.

We also, another one that I'm a big advocate for is checking ferritin levels to make sure those are optimized if they're too low. Oftentimes women may struggle with hair loss, fatigue, depression.

They may have trouble utilizing their levothyroxine because because they're not carrying it to their cells properly. And then, let's see what other one can we talk about.

And another one, of course, is vitamin D. And I think this is very, very relevant this time of year because this is very much associated with our immune system and getting that into balance.

Majority of my ladies who were able to get their vitamin D into remission, they keep their levels between 60 and 80. That's been my experience. I know different levels have been recommended for different conditions.

I, I think this is so important. Every year I send out a reminder to everybody that's following me to make sure you get your vitamin D levels checked.

Partially. It's here I myself as well, just because the skin becomes deficient in the winter. Yeah, absolutely. I feel like it's more the exception, not the rule, that people aren't deficient.

I literally just created a content piece on vitamin D this morning just being like, you know, it's winter. Pretty much everyone's deficient. So time to get tested, time to consider taking it.

Fantastic advice. And I'm going to actually toy with the thiamin thing myself and with my patients, and I'll report back and let you know how it goes.

So I'm excited about that one. Yeah. Help me post intense. Keep me posted on that benzo. Timing is the version that I found to work best in my client population, so I'll be curious to know what you find for sure.

600mg I've got it. Tell me. I know we talk a lot about stress, and it is. It's an abstract topic, but I do know it influences thyroid function.

Key Nutrients for Thyroid Support

It can influence Hashimoto's. I see it very commonly drive flares. Kind of. Give me some of your thoughts on how the stress response or impaired stress response can feed into this cycle.

You know, it's just such a common thing that I see when women start on thyroid meds. And rather than like in pharmacy school, you give them thyroid meds and maybe you check them once or twice and then life is good forever.

That's what I learned. And that hasn't been the reality with, the women I've seen and worked with a lot of times they'll find they start on thyroid meds and they feel better initially, and then all of a sudden they're like, why do I feel so much worse?

And in some cases it could be a dosage adjustment. It could be the type of thyroid medication. There could be a lot of reasons for this, but in many cases it could be because their cortisol, this function is revealed.

So thyroid hormones and cortisol work in synergy. And they they all communicate with one another. And when we normalize thyroid function we can also normalize cortisol clearance which then means this can unmask a cortisol deficiency.

And this is something that I see very frequently in women with Hashimoto's. Some I'm the thyroid pharmacist, but a lot of people with fibromyalgia have found me and with chronic fatigue have found me.

And these are the patterns that we see in their presentation. People typically talk about like high cortisol the stress hormone. This is like such a such a thing in America is such a thing in the world that we need to all lower our cortisol levels.

And this isn't the entire truth. Yes, stress causes high cortisol, but that's in the initial stages as we continue to be exposed to stress, this adaptation happens within our bodies, where eventually our body may not produce enough cortisol and we can become low in cortisol.

And that's where we see a lot of that, inflammation, like with Hashimoto's thyroiditis, ulcerative colitis, other autoimmune inflammatory conditions. One of the roles of cortisol is to manage inflammation in our bodies.

So typically, I would say majority of the people that I've worked with have some degree of cortisol dysfunction. Some of them are too high, some of them are bouncing their cortisol all over the place.

Instead of starting off high and getting lower throughout the day so they can sleep well, and some of them just produce very little of it over the day.

And this is typically the, like, chronically fatigued person that wakes up tired and is like tired all day and sleeps a lot and feels on refreshed so many times.

I guess. To make a long story short, when we help a person with their thyroid, we also want to make sure that we're addressing their adrenals. There can be a lot of protocols for this.

Some old school physicians may use up like straight up hydrocortisone to get those cortisol levels up. You can use pregnant alone and DHEA to get those levels up.

You can use adaptogens, high dose of B vitamins, vitamins C, magnesium, and then some really solid like lifestyle changes and circadian rhythm changes.

One big thing for me that I recommend for most people is make sure that you get enough sleep, because the fastest way to get like into that adrenal dysfunction state is by sleep deprivation.

And so the fastest way to get out of it is to get plenty of sleep. And then I love to utilize adaptogens and bright light exposure throughout the day.

That can be that can be a really big game changer. And even things like spending time in nature and pleasurable activities can be a part of the healing protocol for that.

Yeah. You know, I think so much of the time people think they just have to push their way through fatigue. They just have to work harder. They have to exercise more.

They have to do more, be more. And really with adrenals, you have to like rest your way out of adrenal fatigue, you know? And supplements are so powerful that lifestyle, like it doesn't matter how many supplements you're taking, if you are wearing your body down more than you're allowing it to recover, it's really hard to escape that.

And then the one other thing I wanted to mention, too, is, and this is something I see all day, every day in my practice, if you fix people's thyroid and you don't address their adrenals, they don't get well, like they don't feel well in the same way that if you address someone's adrenals and they have a thyroid problem, they still don't feel well.

Those two things are so tied hand-in-hand. And you know this, that both have to be accounted for. And I find this to be a huge role. And people that don't get well on thyroid meds, it's because they haven't ever addressed their adrenals.

And so, so paramount, so important. I'm so glad you're speaking to that. And and yeah, even the stress that can cause adrenal fatigue can be a thyroid issue.

Like it can just be your adrenals chronically compensating for your thyroid. And then over time they get kind of tired and they get kind of worn down, you know.

Stress, Cortisol, and Adrenal Dysfunction

Such a good point. I think a lot of times people talk about their the methods that they try to feel better and they're doing like cold plunges or they're trying to do fasting or more exercise or, you know, burning the bridge at both ends just to try to push themselves.

And those things can really backfire when you have that low cortisol, adrenal dysfunction. So there's so many amazing healing modalities like that works so well but at the right time.

And so my my big focus is to like educate people on like where are you currently and where are your adrenals. Like what kind of exercise should you be doing?

Because if you're, you know, if you have high cortisol, like running is going to be great for you. If you have low

cortisol, probably do some yoga. You know, like these both are stress reducing exercises.

But depending on where your cortisol at you might need to adjust that for yourself. Totally. And exercise is it's a powerful way to influence adrenal function or continue to wear them down.

So such such valuable insight. Thanks for that. Kind of next big topic that you touched on a little bit earlier that I kind of want to circle back to is gut health, gut infections.

You kind of said, look like this is an underappreciated form and driver of Hashimoto's. Still me in on some of what you found and what you've seen. And yeah, enlighten us.

Definitely. So I've worked with people that were on very restrictive diets for Hashimoto's. And you know, they're still not feeling well. Right? So they're like, I'm eating the autoimmune paleo diet.

And some of these things have helped. But now I'm finding myself with like sensitivities to some of these foods that I'm eating. And I'm still struggling with X, Y, and Z symptom.

And if I have the wrong food, God forbid I'm inflamed for days like so. And it's not like a gluten or a very highly reactive food. It might be like pineapples, right?

Or cherries that they react to. And for me, that's sort of a question of like, well, what's driving these food reactions. Right. And so I started to really do a lot of research on that or a little bit over a decade ago and working with some functional gut tests.

And I was able to find that the protozoan parasite called blastocyst is hominids in about 30% of people with Hashimoto's, this can cause multiple food sensitive STIs.

It's been tied to irritable bowel syndrome, chronic hives, as well as Hashimoto's. In my experience, treating it helped a lot of people reduce their thyroid antibodies.

A lot of their thyroid symptoms, many times gave them a lot of their foods back. And with time in the last few years, there have been some published medical journal articles about this being a potential trigger for Hashimoto's and some people attaining remission from Hashimoto's.

And if you can catch it in the early stages, of course, then we may not need thyroid medications or can keep a lower dosage of thyroid medications. And so this is something that I think is very underappreciated is like, okay, if you are so inflamed all of the time.

And I know, like I'm a big believer in food as medicine, but I know sometimes people can get really caught up in that healing modality where it just becomes unhealthy.

Right? Like elimination diets are meant to be a reset where you get off of them for for a few weeks at a time, and then you really reset your body, and then you get back to eating like a very diet with, you know, gluten and dairy being some of the more common triggers that maybe need to be out of our diet more longer term.

But generally speaking, we should be able to eat a varied diet. And so this is one potential infection. It's not like a giant worm. You're not going to see it in your poop.

So you do have to get a stool test. And this is something that's that can be seen under microscope. Or they can analyze the DNA to see if that's present in your system.

Each pylori is another infection that's been tied to both Hashimoto's and Graves disease. In my experience, I have seen people who were able to get their graves disease into remission just by treating that sometimes Hashimoto's into remission, just by treating that usually with Hashimoto's.

I find like we have to do a little bit more work, but generally speaking, people are going to find their acid reflux goes away, their food sensitivities get better, and they're better able to absorb their thyroid medications because that, H pylori really suppresses our stomach acid, and that could lead to poor medication absorption or absorption of like B12 and iron and ferritin.

And so we end up with various nutrient deficiencies and, even perinatal cell antibodies. So I've seen those become normalized with treating that infection.

And then there's Sibo, which isn't necessarily an infection. It's more of an overgrowth in the small intestine. The research is showing about 50% of people with hypothyroid autism tend to have that.

And in some cases I find that people have all three. And we just need to like, really treat all three of them to get to the bottom of things. Some, some people are very like straightforward.

It's like you just need to get off of the food and you're in remission. And then some people have really encouraged me to dig deeper and find additional root causes.

Right? Yeah. In the gut, root causes are just the slowest. You know, it just it takes time to repair those. So it's an investment in your time and energy.

Gut Health, Infections, and Food Sensitivities

But it's worth it in the long run because, gosh, life is so much better when you don't when you are in chronic gut or GI distress, for sure. For sure.

And even things like weight loss, resistance or belly fat, you know it like Sibo can cause like bloating. No matter how many Pilates classes you go to.

Like if you have Sibo, trust me, I know you're going to feel like you're going to have a belly. And so these are things that can make a really, really big difference in your body.

Like when you just address them and you're like, oh, wow. I know for myself I was like, wait, where did my abs come from? When I first started addressing those gut infections?

Yeah, Sibo especially is just it's so it's a tough one. So getting that fixed is incredibly healing and empowering and yeah, I remember those days. I don't want to go back to my Sibo days ever again recently.

Yeah, yeah. It's like one of those things where everybody congratulate you on being pregnant, but it's like a burrito baby that you have and not a real baby.

Not a real baby. And you're like, I don't I don't want to be pregnant with a burrito. Please know. That. Or maybe you do want to have a baby, but, like, you know, it's just a burrito and you're like, what?

Yeah, just not like a plain old queso, baby. So I have a couple questions submitted from my followers that I'd love to ask you about. How does finding a root cause and reducing reversing Hashimoto's impact someone's medication?

So it depends on the person. I would say in some cases, if, you know, we talked about H. Pylori, if that's a root cause for you, in many cases you're going to find that you're absorbing your thyroid medications better.

And so you may be able to reduce your dosage, of course you want into your bloodwork and test for that. You don't just do it willy nilly. Sometimes utilizing something like my own hospital selenium, especially in the early stages, this may lead to a lower requirement of thyroid hormone as well.

And again, you want to make sure you test whenever you're doing these lifestyle interventions in, early stages

there. And younger children and women that are post partum, you might have a return of thyroid function when you address the root causes.

It's much more common when, your thyroid tissue can regenerate. But, you know, to a certain point, if you are, you know, further down the line, if you've had like 90% of your thyroid gland that's been damaged, you know, we don't necessarily have the current technology to reverse that.

So you generally want to focus on making sure your thyroid hormones are optimized. And, you know, same goes if you don't have a thyroid. You've had it surgically removed.

There are things in the early stages. And that's why I think testing those antibodies like like you said, is so important. We can have those thyroid antibodies elevated for at least ten years before we see changes in thyroid hormone function.

So early stages using a red light therapy or the thyroid gland, selenium, iron also to all various nutrients. This can actually, you know, prevent the need for medications or even potentially help some people come off of the medications if that, if their body allows it to happen.

But, you know, I people I think, I was telling you a story about how I released a documentary series called The Thyroid Secrets, seven years ago now. And I hired this wonderful copywriter about, you know, promoting the documentary.

And he was like, he wrote something like, throw your thyroid meds in the trash because this is what you need to do. And I was like, no, no, we're not trying to say that at all.

I want to make sure that people know about all of the healing modalities for getting their body back into the balance and getting rid of those symptoms, and getting rid of that inflammation and thyroid medications can be an important part of the healing journey.

And for some people, they do need them long term. And I know some people in the natural medicine world, they think, you know, they don't want to use medications because they're they're synthetic or whatnot.

But hormones are hormones, right? So they are what our body needs and produces on its own. And if we have a gland that's been damaged, we do need to take them for a normal body function and optimal body function.

So so that's my $0.02 then I'm a pharmacist and I you know, I don't love all medications. There are medications that I'm like, you know I would never take this.

And if I see somebody on this, I'm like, let's not, you know, let's find an alternatives. But with thyroid hormones, I'm like, you know, this is going to be very helpful for you.

If you have hypothyroidism. I could not agree more. I mean, it's just there's so much value value in reversing Hashimoto's, reducing antibodies. But for a large portion of people, that doesn't equate to stopping medication.

Reducing medication, like you said, in thyroid medications, foundational like it's a medicine that can protect you from having to take diabetes medications or cholesterol medications.

I mean, when I was in my thyroid crisis, the doctor literally tried to put me on Lipitor at 27 for my high cholesterol.

Medication, Remission, and Self-Advocacy

That was due to my thyroid problem, you know, so there's protective mechanisms in having really well balanced thyroid function that you'd miss out on if you stop your medication because you think, well, my Hashimoto's is in remission, my Hashimoto's is in remission, I you couldn't take my thyroid medicine away from me of my life depended on it.

I would be like, no way. And then the other value I wanted to put a pin in for reducing antibodies is you get to preserve more of your thyroid gland. Hey, maybe you don't need to increase your medication as often.

Or also when you reverse antibodies, when you reverse Hashimoto's or even reduce them. Your risk for other autoimmune diseases also falls. So there's so much value in this.

I just hate for people to equate remission with no medication. Right? So I our views are so aligned on that super, super valuable. I wanted to close with one more question.

Tell me one thing everyone with Hashimoto's should know. According to Doctor Isabella Wentz. One thing that everybody with Hashimoto's should know is that we need to be the ones that are knowledgeable about our bodies, and we need to take charge of our own health just because, you know, doctors and health care professionals can, of course, help us and guide us.

But at the end of the day, it's the actions that we take on a daily basis that are going to make the biggest difference. So if I were to have any kind of advice is empower yourself and, you know, follow us on the socials and watch summits and really read books and really make sure that you get really familiar with what's going on in your body so that you can advocate for yourself properly.

Absolutely, 100%. And thank you for being here to empower people on their journey. And I wanted you to share a little bit about anything coming up for you that people could tune in and prepare for, or just like where they can find you online.

Where's your favorite place to be, where they can follow you and and keep up with all the latest? Sure thing. So my website is Thyroid pharmacist.com.

I'm on Facebook and Instagram. You can find me under is Bell Awareness or Thyroid pharmacist. I have books about Hashimoto's. The most popular one is Hashimoto's Protocol and that's available on Amazon and wherever fine books are sold, I will be doing a liver reset, which is a two week protocol sometime, in the spring that you can join live so that you can work with a group of people on really implementing some of the things in the Hashimoto's protocol to help you with some just really melting away, some of the thyroid symptoms.

This is something that's outlined perfectly in the Hashimoto's protocol book, and it's on my website, so you don't have to, like, join the program. But I know some people really love joining it for accountability and just having a community which which I think is also part which is also super, super important for healing for a lot of people.

Absolutely. Well, thank you so much for being here today and having this conversation. I am so confident that everyone is leaving here more empowered on their thyroid journey, and I appreciate your time.

Thank you so much for having me.