Why Ignoring Minerals Could Be The Biggest Mistake For Your Thyroid Health Transcript

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Introduction and Guest Background

Hello everyone. Welcome back to reversing Hashimoto's and Reversing Thyroid Disorders Summit. I am your host, Doctor Anshul Gupta, world's thyroid expert.

Help people and reversing thyroid issues by making personalized functional medicine plans. And I am really excited for today's discussion because the person I am interviewing right now has tons of information and also experience in helping people with thyroid disorders.

So let me introduce her first before we go into this long discussion about the ins and outs about the thyroid issues. So Doctor Sharon Stills is a licensed naturopathic medical doctor with over two decades of dedicated service in transforming women's health, has been guiding light for perimenopausal and menopausal women, empowering them to reinvent, explore and rediscover their vitality and zest for life.

Her pioneering red hot, sexy menopause program encapsulates her philosophy to reinvent your health, explore your spirit, and discover your sexy. This unique approach has revolutionized the way women's experience the transformative years, making her a sought after expert in the field.

She has a rich background in European biological medicine, pro aging therapies, and bioidentical hormone replacement. Doctor stills continues to share her knowledge through the annual Mastering Your Menopause Transitions Summit and as a former host of the Science of Self Healing podcast.

And she has recently and she's actually opening up a stills health clinic, which is a 7000ft² clinic in Scottsdale, Arizona. And this late fall 2024 doctor stills welcome over here.

Hey, I gotta update my bio because it's now 2025 and the clinic has had a name change. It's called Blasting Wellness Center. And we'll be opening up probably in June of 2025.

So absolutely. Yeah, we're excited for that. Thank year. And in sunny Arizona, what better place to have this kind of clinic with the cutting edge technology and things.

So definitely like you know I'm sure we'll just talk about that clinic, in a moment so the people know more about it. But first of all, tell us your story.

You know, you dealt with thyroid disorders and things, and you have very different experience of helping people with either. So first, if you don't mind sharing your story with thyroid, and then we will get into the details about your approach to thyroid disease, right?

Yeah, I have lots of stories.

Personal Thyroid Story and Treatment Journey

I've actually never been asked to share my thyroid story before, and I don't know that it's that an interesting one, but I, you know, growing up had all the thyroid symptoms.

I was overweight, I was depressed, I had headaches, I was constipated, muscle pain, like, you know, and those are just some of the big ones. And so I don't think it was ever even discussed.

I mean, I got on this natural healing journey young I was, I was probably 21 when I started learning about natural

medicine and then went through medical school in my late 20s.

And so I've been practicing since 2001. So a long time I, I don't know about you. I went through medical school and we didn't even have computers. Right.

That's right. There was no internet. It was quite a different time. But I just as I started working with patients, I'm a big believer in physician heal myself.

And I started seeing all these women who had thyroid issues, and I was like, oh, nice big giant mirror. I take a look and so when I tried to support my thyroid, it was really hard to tolerate, the medicine.

And, you know, I went straight to compounding and T3, T4 and what I learned and what's important for all of you listening is that it's really important to look at your adrenal glands before supporting your thyroid, because if you're adrenal glands, I kind of think of them as on a seesaw.

And if you put your thyroid up but your adrenals don't have any strength, they go further down as the thyroid goes up. And so I had to take a step back and support my adrenals, which were also quite burnt out.

After ten years, raising two kids and putting myself through school. And so and I remember even back then when I tried to take some bioidentical cortisol, I could barely tolerate a milligram.

I just my body was so drained and stressed and depleted. And so these things are not always a quick fix. It took me a while to really nourish, replenish, get the lifestyle down, be able to start supporting my adrenals, and then be able to start taking thyroid and tolerating it.

And it just changed everything from my sleep to my energy, to my moods, to my weight, to my bowels, to my skin, to headaches. And a typical headache when you have a low thyroid is you wake up with a headache, right?

So your metabolism hasn't started going. And so that's a real clarification for me. When a patient says, oh, I wake up with a headache and they get better as the day goes on, that's often a sign of a low thyroid.

And so I don't even it's funny because when you asked me before we went live, like, do you have a thyroid story? I don't even think of myself as a thyroid patient.

Because it's just so far in the past. And yes, I do. I take, NP thyroid every morning. I take my cortisol after that. And it's just something that has been healed for so long now.

And yes, I do take the bioidentical hormones. They're they're game changers. And a lot of times patients will say, you know, do I have to take these forever?

And I think it's like this weird, mindset we have where we don't want to, like, why do I have to be on this forever? Rather than shifting it around and thinking, thank goodness I have this and I can take it forever, and I'm going to feel good, and I'm going to live long and I'm going to be healthy.

So to me, I never think about, you know, and sometimes as you're getting older, as you go through menopause, you have a stressful event. Life comes down. It's not as stressful.

You get a virus. Whatever happens, you know, sometimes your doses need to change or be shifted. But I don't really see a time where I'm not going to want to take my thyroid hormone because it does so much for me.

Absolutely. And I think that's where, you know, like the mind shift needs to happen because a lot of people think that medicines are their enemy. Right.

And being a conventional doctor, like, you know, I also feel that medicine has a place to role. You just need to find the right medicine, you know, which, you know, in your case, you are doing the compounded like, you know, or the

natural version that can be thyroid medicine, or you can just go and call the natural hormone.

But more importantly, like in your story was which was very fascinating, is that, you know, you had all of the right symptoms of thyroid, but still, you know, you never got the diagnosis of it.

So in a lot of people who are listening over here have read very similar stories, that they have all the right symptoms. But sometimes the blood work doesn't reflect those things.

So tell us about a little bit about the blood work story of what blood work they should get and why the blood work doesn't reflect the symptoms. All right, here we go.

Get ready for a sermon. So we all know. Or maybe we don't. But a lot of you listen to a lot of summits. And so we know there's six levels. Your TSH, you're free T3, your free T4, your thyroid globulin antibodies, your anti TPO and your reverse T3.

So the first thing is we need to have our physician run the right levels. They need to run all six of those levels. The next thing is they need to understand how to interpret them.

So I don't have time to go through them all, but let me first just say free T3 is free T3 and reverse T3 to me are like the two most important ones.

Thyroid Testing, Symptoms, and Autoimmunity

Of course, the antibodies are important and I know the word on the street is what is it? I see it all the time scrolling through, oh, 90% of people have thyroid issues have Hashimoto's.

It's an autoimmune disorder and I can say 23 is in practice. That is not what I see. I see easily a split, if not more of my patient population who just has a hypothyroid.

They just have a low functioning thyroid. They do not have autoimmune, an activity against their thyroid. And of course that's preferable. That's my situation. I don't have autoimmunity.

Not good. And so and if you don't have autoimmunity, you should still have your antibodies checked because we never know. You know, the body is very dynamic and fluid and things can shift.

So it's important to check. Now if you do have auto immunity that's a whole different story. So we yes we need to support the thyroid. If the autoimmunity has been destroying the thyroid and making things slow down.

But we have to say why. We have to say why is there autoimmunity. And I see this is missed so often. So we'll start with the antibodies. And then we'll go to the free T3 and the reverse T3.

And so if you it's not enough to just get some thyroid medication. If you have autoimmunity you have to ask why is the body looking at the thyroid and saying you don't belong here, we're going to destroy you.

And it can be multiple reasons. It can be from food sensitivities. Big ones are gluten. But then we have to remember when we go off gluten, there's something called molecular mimicry.

And a lot of other foods can act like gluten in the body. So you can go off gluten. And if you're going off gluten, it's got to be 3,000%, not while I go off most of the time, but I have it every once in a while.

Because when you do that, your immune system will hyper respond. So you have to like, really commit, and then you have to be a super sleuth and make sure you're not getting cross contaminated at restaurants.

So I tell my patients it's okay once in a while to tell a white lie. So if you're eating out, tell them you're celiac because if you just tell them it's a preference or a sensitivity, they're going to cross contaminate you.

And I see it all the time. I run with Zoomers on patients, or I run stool testing and they're like, no, I'm gluten free. And then negotiating is off the chart and the gluten is off the chart.

And so you're still getting affected. You have to think about also like skin care, hair care, it can come through your skin. So we just have to be thinking about our foods.

Molecular mimicry. It could be dairy. It can be corn. It could be chocolate. It could be rice. You know, that was me. I went off gluten. And then I was like, you know, well, everything gluten free is made of rice, but my body hates rice just as much as it hates gluten.

So we just have to be. I find a lot of times, especially if you're dealing with an autoimmune issue, just grain free is a real safe way to go and a real beneficial way for your body.

So there's the whole food issue. There's the whole gut permeability issue that needs to be addressed. There is the whole heavy metal issue. So metals in general are not good, but mercury specifically, we know we've seen if you put mercury in a petri dish dish with thyroid cells, boom.

It will attack them. And so where does the majority of our mercury come from. It comes from our mouth. And so we have to look at our mouth if we have amalgams in our mouth, like if a patient comes in and they have amalgams in their mouth, it's like top of the list, what we have to get handled and we have to make sure we're having our amalgams taken out by a properly trained dentist.

So biological dentists, you know, you have just like anything, just like doctors, just like any kind of profession, there are some good ones, there are some great ones and there are some not so great ones.

And so when it comes to mercury removal, though, if you go to the IEA, omt.org and you look for a doctor who's smart, a dentist who is trained in the smart removal, you're probably pretty safe.

You do not want to go to your well-meaning family dentist. He's like, sure, I'll drill them out for you. And when this happens, and I'm sure some of you listening, you're like, oh, that's what I did.

You know, hindsight's always 2020, so don't beat yourself up. But it's important whether you've had them removed improperly or you've had them removed properly.

Once they're removed, you've turned off the faucet that's dripping and the thyroid is pretty close. Gets gets affected. The, the lymph the lymph highway is right there.

But then you have to go do pre and post heavy metal testing because you've turned off the faucet. But all that dripping is stored in your body. And this is something I see missed all the time where patients have their mercury removed.

But no one then goes in to do the the body cleanup. They just say, oh good, you removed your mercury. And yes, that's a step in the right direction. But then you got to go do the body clean up.

So if you're doing heavy metal testing it needs to be pre and post heavy metal testing in the urine. You get it pre to see if you're getting any acute exposure.

You take the chelating agent. Then you do the post so you can compare and see what your body burden is. That is the gold standard way to do it. Just remembering that even the gold standard way has its limitations because there's no tests to check.

Total body burden of metals. You're just getting a snapshot. And often that snapshot is the tip of the iceberg. And so chelating is just like the adrenals.

It's not something you do on a weekend or over a week. It's something you do slowly and cautiously. You open up

the elementary organs, you get drainage going, you open up the among diaries and then you invite the body to expel the mercury.

So that's another thing we have to dive into. We have to look at viruses. We have to look at nutrient deficiencies. We have to look at iron. Low iron can be an issue.

Selenium, zinc. So there's lots of different things we have to look at when we're looking at autoimmunity. We also have to look at emotions from an energetic perspective.

When we have an autoimmune disease it's like a self-inflicted anger. And so this is not to make you feel bad. This is to get you curious to know what's going on.

Am I carrying some trauma in my carrying some limited beliefs? What's going on? You know, thyroid energetically represents male, represents our father.

A lot of us had trouble trying relationships with our fathers. Right. So we have to look at energetically what's going on. It's also our throat chakra.

So where are we not speaking up? Where are we stifling ourselves? Where are we not in full expression? And so we have to look at energetically why is this happening as well?

So there's lots of different pieces when we're looking at autoimmunity and the big take home message is if you have high antibodies, make sure you have a doctor who is sleuthing with you who's going why is there autoimmunity going on and what can we do to stop the autoimmunity?

Are there toxins we need to remove? Do you have a pesticide overload? Are there viruses or is there mold? Is there a gut? You know, there's lots of things we can choose from.

So that's a little bit about thyroid globulin antibodies. And so now we'll circle back to what I said was the most important, which is the free T3 and the reverse T3.

So free T3 the range is typically about 2 to 4.4. And I see women all the time. Like all the time they come in, they're in my office. They are the poster child for a low thyroid.

And I also want you to know that, you know, I have plenty of patients who are 93 pounds soaking wet, and they too have a low thyroid, so there's lots of different it doesn't have to just be that overweight, sluggish, depressed hair is falling out.

It can show up. There are so many different symptoms and I can run through if we have time. Some symptoms that you might not be thinking of, but I see women come in poster child.

They're like tick, tick, tick, thyroid issues. And they're like, oh yeah. But my doctor said, you know, my free T3 is perfect. It's a 3.2. It's right in the middle of the range.

And so what I would tell you is and I've been doing this a long time, most if not all, I almost want to say it all because it's been one of those, like I always said, women need to have their free T3 at the high end of the range.

They need to be at least four or higher, and I have plenty of patients who we run higher. They run a five or they run a six. We run them where they need to be, where they feel good.

So you have to remember lab ranges are just that. Their range is. And you want a doctor who obviously is proficient and understands lab work. Because yes, there are times when a lab result can tell me, okay, we're going to turn left with you instead of right, but you want someone who's looking at you and treating you and not just treating a number on a piece of paper.

And so often another thing is when you're on exogenous, when you're taking thyroid hormone. And I highly recommend taking compounded like P, I don't use armor because of the fillers.

It's got corn and it's I've never prescribed armor. But we come down, we either use n three, p or we use compounded where we just compound a t3, T4, or we just compound T3.

A lot of patients and this kind of goes to the reverse T3. We have a reverse T3 that's too high. And again it might look perfect in the range. But when we're getting and the the T3 the reverse T3 ranges because they consider it like experimental, they vary.

So I don't have an exact but it could be like 9 to 26. And I don't really want you higher than like a 13 on that kind of range. And so then you might just need T3 or you might need a little T4, but more T3.

So you just have to know that often when your thyroid is optimized and you feel good, a traditional doctor will look at your bloodwork and have a heart attack and go, oh my God, your hypothyroid, your TSH, just suppress your free T3 is 5.5.

But like, are you having a high heart rate? Are you having palpitations? Are you feeling anxious? Are you having diarrhea? No. You're like I'm feeling great.

So again, don't get over the years I've had so many patients get scared. If they go to an endocrinologist or they see a GP and I'm like, no, no, no, totally fine, totally fine.

So we just have to be thinking about these ranges just as ranges and optimizing ourself. And it's I always tell patients it's a dance right. We don't know.

Are you going to need your thyroid dose twice a day. Are you going to need more T3. Are you going to need no T4. You can. Are you good with T4? Are you going to.

So we also check temperatures because that's another way to see we do basal bodies under the arm before you get out of bed. Your I was taught by Doctor Wilson gosh, a gazillion years ago.

And you know, it's another way to see that your thyroid is working, right? So he was a real stickler, like you got to be 98.6, 98.5 is not good enough.

I mean, I have women, they come in and then the 95, 96. So why don't you take share a little bit more about this? You know, because I think a lot of people don't know that.

You know, the thyroid controls the basal body temperature. So what you're talking about, tell us a little bit more about it, that what are they checking and what ranges they should be in terms of the basal body temperature.

Yes. So we're checking your basal body. So you get a specific go to Amazon and get a basal body thermometer. And then before you get out of bed in the morning.

So before you start moving around and get your metabolism revved up, hopefully we check under the arm before you move around, before you get out of bed.

Basal Temperature, Blood Pressure, and Iodine Testing

And so we're looking because the thyroid is our master regulator of metabolism, of temperature, of movement in the body. If you want it to go. It's like if you want to stoke the furnace, you want to heat things up.

You need your thyroid to be working. So if you have a low temperature, that is a sign. I don't care if your bloodwork looks amazing. If your temperature is low, it's a sign to me that your thyroid is not optimized. Now, if you're coming in at a 95 or a 96, you know, when we get to the 98, I'm going to I'm going to do a little happy dance.

You know, optimally, we want to get you to 98.6. But again, that's like every one is a little different. And so what we do a lot is we titrate we check temperatures because I'm not sending you to get bloodwork every week.

That's not realistic or fun or any of those things. So we check temperatures and then we up the T3 and typically I give 7.5 micrograms and we increase it in some women and men because men get hypothyroidism as well.

You know, they get overlooked too, because it's thought of to be a woman's disease. And then you have men who are struggling also. So but we titrate it up and like, I said, it's a dance.

You know, T3 is a very unstable molecule. It doesn't have the best half life. So a lot of women need to take more than one dose throughout the day. And in in your perfect world, you would take it 12 hours apart.

But we don't always live in a perfect world. And not everyone needs it. So again, it's like we have to see what works for you. My goal with my patients is for you to feel amazing and how you feel amazing.

It's probably going to be different from how she feels. Amazing. And so another thing like we're talking about temperature is low blood pressure. So when I say low blood pressure I mean 90 over 60.

And so when you go to a typical doctor they're like, oh, you're so low. It's great to have kids, you know, but 90 over 60 is a little too low. And it's like, I know, you know, my patient's like, are you a wizard?

Are you psychic? How you know, but I just know. It's like I used to be a 90 over 60 girl when my thyroid was shot. When my adrenals were shot, I was dizzy, I had no energy.

And so, you know, now I'm like 113 over, you know, I'm 75. I'm like, oh, yay. And so you can do that too. I'm I'm not anything special. If I can do it, you can do it.

But it's another sign. If you have that low blood pressure that something is not, you know, same with your pulse rate. If it's super low and you're not like an Olympic athlete, there's something going on there.

So there's other ways other than blood work. We also look at iodine levels because iodine can be, you know, you're like walking around with a giant goiter.

You're probably iodine deficiency. So and iodine is a tricky molecule, right. You know, like all hormones. But you know, too little. Not good, too much. Not good.

You really gotta hit the, Goldilocks sweet spot. And so, I've been through, you know, every iteration of how we check for iodine. Now, I do pre and post iodine test and kind of like I was talking about with heavy metals, we do a pre and then we do a challenge and then we see what the body excretes with the thought process being if the body excretes most of it it means as the bolus, you know, 50mg of iodine.

Nice hefty dose is coming in. The body's like we're good, we're saturated it excretes it. And if the body doesn't that excreted the body was like yes.

Grabbing it happy. Thank you. Finally, so. We are taking the urine test you're talking about because, again, people might think it is a blood test. No, we talking about the urine test over here? Yes.

Pre and post. What about urine? So, you know, I do like blood. I mean, I'm not going to go off on a whole tangent about how to check your hormones because we're just talking about thyroid.

Now. But, you know, blood is good for thyroid. It's just not the be all end all we all. So we do a lot with symptoms. Right. And you if you look picture perfect but you are still having cold sensitivity.

Let me just you know, your hair is dry, your skin is dry, you have insomnia, you have no energy. You have migraines, you have PMS because thyroid and progesterone are so intimately related.

Infertility is a huge one. I have been so honored to help so many women have babies just by optimizing their thyroid. That's like the best part of the job, right? I get to have some babies.

Adrenal Testing and Support Strategies

You know, if you have carpal tunnel, if you have menstrual cramps, if you have urinary tract infections, fluid retention, headaches, I said, elevated cholesterol.

Right. So, before there were thyroid markers, a doctor would see elevated cholesterol and think, oh, you probably have a low thyroid. So that's another sign.

If you have very high cholesterol and you're not sure why, it could be because your thyroid is low. As my allergies. That was me growing up I had asthma.

I had allergies so bad. It's funny, I've got the grass in my background. When I was young I couldn't walk outside. So I grew up on Long Island, New York and lots of grass, you know, suburbia and I, they would be cutting the grass.

I'd be done. I just couldn't breathe. I was I mean, I used to be. I lived at my pediatrician's office who never once. But I had a thyroid issue. They just would, you know, inject me with allergy shots.

Constipation is another huge one. And so maybe magnesium citrate is going to help your constipation. But what if it's actually your thyroid that you need optimized.

And that's playing a role. You know, foggy thinking is such a big one. Brain fog right, is muscle aches. That's another huge one like fibromyalgia. I remember being taught in school.

Fibromyalgia is always a thyroid component. So it just, you know, easy bruising has it in digestion, obviously. Hair loss. That's a pretty common one.

Trouble swallowing, hoarseness. I mean, there's so many symptoms because the thyroid is like, you know, meddling, a meddling mother, you know, it's involved in everything in your body.

And so, it just really needs to be addressed. And if you think there's something off with your thyroid, then there probably is. So, like, trust your gut, trust yourself.

Because I I'm sure you see this too. But like I said, I went through med school without a computer. But it's different times now, right? And patients are very educated.

They're watching some kids. And so a lot of times patients no more than doctors out there. And so, you know, I hope you take from this and you educate an advocate for yourself.

And you you don't accept. No, this is not an issue. You go, well, I heard that this free T3, even though it looks optimal, is not really optimal. And I'd like to try and increase my levels.

Right. And so you just want someone who's going to think outside the box with you, for you, to help you. Absolutely. I also want to kind of touch on the topic, you know, where you talk about adrenals because, you know, a lot of people, you know, they start the medicine and they feel worse instead of getting better.

And that's where I think, you know, you pointed out a very important point of working on the adrenals. So what is your approach of working adrenals? You know, do you kind of use lifestyle changes?

Do you use supplements like adaptogenic herbs or like, you know, anything else. So, you know, share a little bit about that. Yeah during the level of it.

So to check your adrenals you want to use saliva. You want to do a four point saliva test. Cortisol is most

bioavailable in the saliva. And just doing a cortisol in the morning in the blood doesn't tell the story.

So even in the 24 hour wet urine testing I do for sex hormones, it also has thyroid. It gives output of your glucocorticoids, but it doesn't tell the story.

And with with the adrenals. We want to know the story. We want to know your circadian rhythm, how the HPA, the hypothalamic pituitary axis is in conversation.

And so you can have good output of cortisol. But it's all in the evening when it should be low. Right. You want your cortisol to be like a ski slope high in the morning and then go down as the day comes up.

And then while you're sleeping you're riding the ski lifts. So boom, morning comes, you're up at the top of the hill, you're ready to ski again. And so and again, you know, all tests, they're good.

They help us. They all have their limitations. Right. You're getting a snapshot. So I try and and patients do it on a typical stress day. You know do it on your work day.

Don't do it on a Sunday when you're doing nothing. So we can get an idea. And again, kind of like another fallacy, see, because again, you hear this all on online where a lot of us get our information now, right, is that you have high cortisol and high cortisol is ruining your life.

It's making your hair fall out. It's making you tired. It's making you have a belly. And again, that is not what I clinically see for the most part. For the most part, at least, by the time patients get to me, their high cortisol has crashed and most patients have some degree of a low cortisol.

Usually the morning cortisol awakening response is not really present. There's often a shift where they're low in the you know, they have the reverse ski slope.

So they're high at night interfering with sleep. They're low during the day. So it's not always, but I'd say about 85% of the time I could be like a fortune teller and look at a patient's cortisol rhythm and kind of explain to them what their day looks like, how they feel when they're reaching for a cup of caffeine, when they have a second wind and they want to scrub the kitchen floors at 8:00 at night, but they can't get off the couch at noon.

So it can be pretty accurate. It doesn't always line up, and when it doesn't line up, sometimes I have to ask the patient, you know, are you really pushing through?

Right. Because I teach and BSR, which is mindfulness based stress reduction. And it's interesting. Patients would be like I have great energy, blah blah, blah.

I feel good. We do a body scan, which is a 45 minute activity where you lie on the ground and we mindfully scan our bodies, and within 2.5 minutes, half the people are snoring.

You know, their body was able to take a break and they just passed out because a lot of us are just pushing, pushing, pushing. We're not even really connected to how our energy is.

And so I always if I'm going to put someone on thyroid, I do an adrenal test first because I want to support the adrenals and see where the adrenals are.

Do they need good support for how long before we give thyroid? And then it just depends if they're levels are not that bad. Yeah, I may just use like vitamin C to build tolerance for a good b-complex extra pantothenic acid, some good adrenal herbs, whether it be a loose throw or with mania or whatever.

You know, I think ginseng, whatever is going to work well for them and their constitution. Or if they're really low, I use bioidentical cortisol and it's a game changer.

And so it's low doses. We don't go above 20mg. And so we're not suppressing the adrenals. The way I explain it is your adrenals need to go to Hawaii. They need to go lay in a hammock.

They need to rejuvenate. And while they're doing that, we're going to support them. So we're not telling them to stop working. We're just telling them it's okay to take a vacay.

You can you can go be hammock time for a little while. And so we're not shutting down like high doses of prednisone we're actually supporting. And this is if anyone's interested, you can find great old book, The Safe Uses of Cortisol by Doctor William Jeffries.

I was fortunate enough to be exposed to that book when I was in an antibiotic medical school gazillion years ago, and it really changed the way I practice.

So I rely on bioidentical cortisol for a lot of patients. And from energy to sleep to pain to all the things to getting off harsh drugs, whether it be biologics for autoimmunity, or prednisone for asthma can really be a game changer.

And so that's kind of supplemental. I also use cell therapy to replenish the adrenal gland, you know, feeding the gland what it needs, whether it be through an oral glandular.

We actually use injection stem cell cell therapy. So it just really depends. And like you said lifestyle. Yeah. You are not going to affects the adrenal glands out of a bottle.

So yes I can give you all the things and they're important. But you have got to look at your sleep cycle. Are you burning the candle at too many. And how are you dancing with stress.

Because we're not going to get rid of stress if we're alive. I suspect when we're dead, the stress goes away. I don't know, it's my hypothesis. I hope I'm right.

But when we're alive, stress is part of the human game. So it's learning to interact with it. It's learning to be with it. It's learning how to respond rather than knee jerk react.

And so lifestyle whether it's how you're exercising, how you're eating, balancing your blood sugars because that's blood sugar is intimately tied to cortisol.

So I love using cgms with patients which is continuous glucose monitors to get a handle on what's stressing the glucose levels. So we have to look at our diet.

We have to look at our protein intake. We have to look at our sugar intake. We have to look at our caffeine intake. We have to look at our water intake.

We have to look at our sleep and prioritize our sleep. We have to look at our relationship chips. We have to look and, you know, to our job, to our partners, to our families.

So adrenals are our project. They're not here. Take my adrenal boost. And, you know, we all better. Yes. That is awesome. You know, like I think, I think, you know, connecting the thyroid and the adrenals was good.

And I think we can just keep going on and on, you know, with having discussion about so many different things. But obviously we are running out of time over here.

So thank you so much. You know, like for sharing in very details. You know, how you manage thyroid in a very unique approach. You know, that, you know, that you're using of optimizing the thyroid and how utilizing more symptoms rather than just relying on the labs.

And obviously optimal ranges are so much important to look into. And then obviously this, you know, adrenal piece, you know, because a lot of people who take the pattern medicine do not feel better.

Closing Advice and Final Remarks

So thank you for sharing that. Any parting words you have for people over here? I think I said a lot, Chaka Khan I told you I was like, I get really passionate about this topic because I see so many women suffering and it's so unnecessary.

And so my parting words are, you know, if you related to this, like, don't give up, you will find the right team to support you. Whether you have to bang on five doors or ten doors, but trust what you know.

If you were like, oh my God, that's me. Or you know, you go online and pick up a thyroid symptom and you're like, this is me, this is me, this is me, this is me.

Then it is you. And find someone who is going to listen to you, who's going to work with you, who's going to play in the sandbox with you, who's going to be okay raising your thyroid even though your free T3 is above the level, but you still don't feel good and you still have symptoms.

So there's always hope. That's the parting words I'd like to leave you all with. That's great. That's great. Parting words. And again, thank you so much for coming over here and sharing your knowledge.

It was really awesome. And thank you so much for coming over here. Well, thank you for having me. Bye, everyone. Okay. All right. That's it for today, guys. Thank you so much for joining us. Bye bye.