Working Out Without Burnout for Hashimoto's Transcript

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Introduction and Hashimoto's journey

Hi, it's Dr. Jen. We're back with the Heal Your Thyroid in Reverse Hashimoto's summit today. We're going to talk to Dr. Dr. Emily Kiberd. She has been a chiropractor and kettlebell enthusiast since 2007.

How cool is that? Hi, Dr. Emily. Thanks for being here. Can you tell us a little bit about your journey with Hashimoto's? Yeah, so I've been a chiropractor since 2007 and I was pregnant with my first born in 2015.

And all the new moms symptoms that people tell you are new mom symptoms were really Hashimoto's symptoms so fatigued, difficulty losing weight, hair loss, especially that outer third of the eyebrow brain fog.

So I would start a sentence and I couldn't remember how to finish it. And those symptoms lasted and people said, you know, new mom, well, 18 months postpartum.

I was like, this cannot be my life. This cannot be the new mom's symptoms. And so I started to kind of walk that path of GP endocrinologists, a couple of functional medicine doctors, until I met my current functional medicine doctor, Dr.

Gabrielle Lyon, and really just started to dove into changing how I was eating. I was very New York. I was eating coffee and croissant in the morning and then crashing at 2 p.m..

Surprise and also trying to lose. I gained about £50 of baby weight when I was pregnant and I was trying to lose it by doing back to back spin classes.

Or I'd go to a spin class and walk across street and go to a high intensity interval training and the weight was not coming off. I was like, This makes no sense.

I am not eating that much and I'm working out like a beast and my weight's not coming off. And so really it was kind of this pivotal moment of like, I have to do this better.

This cannot be my life. I was not present with my kid. My husband was like, Who is this woman? She's always laying on the couch, tired, and just starting to walk those steps of changing.

I was eating lifestyle changes, some route, you know, route trigger changes and then also exercise changes. That's such an amazing story. And I think it's such a common story, unfortunately, is that women, you know, you have this newborn and they're like, oh, that's just normal.

You're tired because you're a mom. How many times have your clients heard that? And I've had patients come to me crying and they're like, I knew I knew something was wrong. Thank you for looking.

So anyone out there that's a new mom and think they might have a thyroid problem and that's why you're here listing in the summit. Get tested, you know, make sure that you're listening to your body and don't let anyone tell you you're wrong.

Why muscle and protein matter for energy

So what should women with Hashimoto's focus on if they want to boost their energy and lose weight with Hashimoto's? Yeah. So I frame it around feeding your muscle tissue appropriately.

Muscle tissue has mitochondria. You know, the more muscle tissue you have, the more energy you'll have. And I think a lot of women with Hashimoto's focus on losing fat, which can feel very depriving, shaming, blaming.

And if I if you spin it off like I'm going to feed and nourish my muscle tissue, it's going to give me more energy. The more muscle tissue I have, the more calories burned at rest.

It's just it's a more like fulfilling way to look at your Hashimoto's diagnosis, especially when it comes to energy and weight loss. So I have women feed their muscle tissue through resistance training and then hitting their optimal protein targets at every meal.

That's so important, especially as I have crossed into my forties. I have been obsessed with weight lifting after I have my last son, who's three now, I'm like heavy, heavy weights.

I'm going to increase my weight resistance, I'm going to eat more protein. So I think we lose sight of this and no one's telling women to lift weights and eat protein and they should be great.

Yeah. So when women like why should they focus on resistance training, like what's the science behind that and why should they focus on resistance training and kind of let go of that hit workout and that cardio.

Yeah. So the hypothyroid component of Hashimoto's, right, every metabolic process in the body requires thyroid hormone, including our muscle tissue. And if we are hypothyroid, it is just harder to maintain our muscle tissue.

To put it simply, it's just harder to keep meat on the bones. And so if we are focusing, let's say we're only focusing on cardio. Well, cardio, especially if you do long bouts of cardio, will break down our muscle tissue.

And it's already hard for us to keep it on the bone. So why don't we focus on maintaining the muscle and maybe potentially building the muscle, which is actually very challenging.

Women worry about bulking up, but it's actually very challenging to put muscle on. And so through resistance training, we can grow the muscle, we can maintain our muscle mass.

It's going to give us more energy and it helps with the turnover of our thyroid hormones. So I think it's so important. You know, I think culturally maybe we're in this mindset of lose weight, put on our running shoes right wherever that came from or do more cardio.

And yes, cardio is important for our, you know, cardiovascular health, our heart health.

Resistance training over cardio for Hashimoto's

But what I've noticed is that when women build this foundation of strength, they feel better when they do do their cardio. So I've had women go for a walk and they're like right around the 30 minute mark, my joints hurt, my back hurts.

And you put them on a strength program, a resistance training program, three days a week, 30 minutes. You know, it's not hours at a time at the gym, 30 minutes each session, and they can walk further.

Right. Their back doesn't hurt. Their joints are more stable. They have more energy and they feel like they can even walk further than 30 minutes. So there's no detriment to building muscle, right?

It's only benefits upon benefits. It really is. And I'll see a lot of times in my Hashimoto's patients, if they're going to trendy Orangetheory or all these hit workout places that you want to keep your body in that stress like that high impact zone, sometimes it's harder to lose weight, it's harder on your adrenals.

Sometimes you need that rest. So with weightlifting, you're not you're getting good benefits and you're, you're breaking a sweat, too, but you're not putting that stress on your adrenals, which will then affect your thyroid.

So that's I really like weight training for my thyroid patients. It's so important. So it's not really talked about a lot. So that's why I love your space because you, you really hone in on this.

Yeah. I think an important differentiator between a well programed resistance training strength training program versus an high intensity interval orange theory is that there is proper rest right?

So when you go to kind of that boutique fitness class, you're not usually getting a sufficient rest until 50 minutes later. When the class is over, you're totally tanked out and with a well programed strength training program between each set, you might take a minute, sometimes up to 3 minutes rest, which a lot of women, when they're not used to that or like to do, like what am I supposed to do during this rest period?

But that is how you can lift heavier. You can build your muscle without that feeling of extreme fatigue. I know. Same experience patients who have been going to that high interval intensity, that high intensity interval training, and they're like, I feel like I can't get off the couch for three days.

It's like you are, you know, there's probably stress in other aspects of your life and you're kind of taking yourself out. You're burning the candle at both ends.

You're probably giving yourself adrenal issues. And so how can you still get that exercise and maintain your muscle, not break it down with high intensity interval training and still have that energy not feel like you can't get off the couch for three days after you exercised great.

That's definitely a red flag. If you can't get off message. And I think people have to realize, you know, we do have to look at any everyone individually. Right.

And I sometimes throw in one hit workout a week, but my Hashimoto's is in remission. So it's not like we're saying, oh my gosh, you can't ever go to your favorite hit class again.

We're not like, I'm not saying that I'm just saying you need to do weights because we need muscle. And also, where are you at in your healing? You know, where are you at in your menstrual cycle even, you know, are you in your luteal phase?

Should you chill out and maybe take a yoga class instead? So I think when we look at it, it's not a one size fits all either.

Programming strength workouts with proper rest

So Doctor, when you program differently and trainer, you were kind of getting into this with the reps and the sets and the moves. So what do you think for Hashimoto patients?

How does that look exactly? You run us through maybe like a little workout or something. That's ideal. Yeah, I like functional moves full body moves that recreate what we're doing in life.

So I call them the essential seven. It's a hinge, like a deadlift, a squat, some sort of push pull, lunge, a carry, and then some sort of anti rotation.

And with those moves a lot, you know, if you went to a traditional trainer, they might do three sets of 15 because kind of the older research was, you know, 12 and above starts to work on muscle hypertrophy.

Well, the newer research shows it doesn't matter how many reps you do, you just have to hit fatigue. This perception of, you know, if you rated it on a scale of 0 to 10, maybe it's an eight like a seven or eight by the last couple of reps.

Another way to think of it is by the last couple of reps you perceive, like I only have two more in the tank and that's it. So you want to hit that sensation, right?

And so you have to choose your weight appropriately to kind of hit that perceived exertion. And then I like to do less reps, right? So you could do a thousand reps with a lightweight.

You'll probably give yourself an overuse injury, or you could do less reps with a heavier weight and get that, you know, that perceived exertion fatigue quicker.

So I might especially for the woman who's not on the I'm doing her training five days a week they're more and they're kind of conditioned like maybe they only hit 2000 steps a day and they need to build their strength slowly.

I might do three reps of a deadlift and then take a break and then next set scheme for reps and build slowly. But you want to hit that perceived exertion.

This is the most important piece. You can call it fatigue, but people view fatigue differently of a seven or eight out of ten. So that's how I program.

And then between those sets, I like to give long rest breaks. Your heart rate goes up if you're, you know, you're more breathy. And I like to give a minute, sometimes up to 3 minutes, depending on what your goals are, how heavier lifting is.

If you're new to lift lifting journey and you fatigue easily, or maybe your Hashimoto's is, you know, the inflammatory load isn't being managed, maybe you're not in remission.

I like to play with how long you're taking a rest break based on those factors, how well you slept, what's your stress, all those things. And I find that women do really well because it's a very fine line to walk of, you know, someone some women work out and they feel those harsh you flare up symptoms or extreme fatigue, but you still want to challenge your body enough to put on the muscle.

So it's a very fine line to walk and you have to take in all those other stress factors. But I find that women feel so much better, their energy feels better, they feel more present, they don't have as much brain fog.

They have clarity of mind when they're lifting weights versus maybe the conventional recommendation, which I've noticed is almost do low impact, do some yoga, Pilates, take a walk, do some chair stretching, and that is all great for the nervous system, but it's not enough.

And it's unfortunate that that's a common recommendation. And sometimes I feel like you can look at your doctor and know if they work out or not. Right. And kind of base. Oh, their recommendation is walking.

Well, you know, that's probably what my doctor does and not much more. So. Yeah, right, exactly. Like practice what you preach, right? Like I've seen your Instagram videos.

I mean, you're strong and and I think that that's what we have to realize. We as we age and not just for Hashimoto's patients.

Kettlebells, grip strength, and functional movement

So if you've had Hashimoto's, it's in remission. I mean you're still at higher risk of getting another autoimmune disease or having those antibodies come back.

So you want to stay strong and muscle as we age is so important. I think that women have really it's been a disfavor to them, you know, going through different body types and what's beautiful and what's not.

And you can lift a lot and still have an hourglass figure. It's actually going to help with that. So I think that I love that you are talking about this and it's science based too, is also what people need to realize.

So, Doctor, I'm like, I love can you just touch on kettlebells a little bit because I recently the last couple years, I think it was like during COVID that I ordered kettlebells and they're fun.

They're so fun to work with. So can you tell us a little bit about your kettlebells? Yeah, I love kettlebells because

they are very forgiving when you are first learning form, right.

Because I think that is a fear with women picking up weights is are like I don't know how to do it like we didn't do this in high school. This wasn't a class in college.

So kettlebells are very forgiving when you're first learning form. So for example, if you think about a deadlift, if you did a dumbbell deadlift, it's kind of awkward because like the dumbbells are either too far away from your body and it's pulling on your back or they're, you know, kind of rubbing on your legs a barbell.

You have to have your form dialed in your breath, your brace. You'd want to be rounding in your back and your lower back and kettlebells are just really forgiving when you're first when in form.

The other thing is when you have a kettlebell in your hand and you can squeeze it, especially your ring in your pinky finger. You know, studies show that the more grip strength you have, the stronger your grip, not only the more shoulder stability you have, but you age better, like your longevity is optimized and kettlebells are great.

So for example, if you're carrying two kettlebells down towards your side and like a farmer's walk, the kettlebells don't bump on your legs like a dumbbells do.

So you can work on grip strength and shoulder stability. Like if you have neck pain, you can literally to a farmer's walk or heavy carry and get yourself out of neck pain because you're strengthening your shoulder.

Another thing about the kettlebell is this idea of this offset weight. So if you're holding the kettlebell and the bells on the back of your forearm, it actually activates certain you can call them like neurological centers in the body.

That creates stabilization. That doesn't necessarily happen with a dumbbell. So if you hold a kettlebell in the right position, it will turn on just by having the weight offset to the back of the arm.

It will turn on all your shoulder stabilizers. So like your spirit is interior your lat. That just doesn't happen the same way if you're holding a dumbbell and the weight is kind of centralized in the hand.

So the last thing is that, you know, a lot of women really focus on like, I got to get my cardio. You can work up to learning kettlebell swings and ballistic moves, right?

So kettlebell swings, snatches, cleans and get your heart rate up without without that extreme fatigue that can happen if you're like, you know, going for a ten mile run.

I used to do a lot of triathlons and marathon training, so I know this well. But, you know, it's a great way to get in those ballistic moves to work on coordination, proprioception, that doesn't necessarily happen.

Like it's really hard to kettlebell swing a dumbbell. And you know, if you think about a barbell barbell snatches, that is a lot of technique and can feel really intimidating for the woman who already feels intimidated picking up a weight.

So I really love them. They're great to travel with. I have literally flown to Brazil with kettlebells so I could workout and yeah, it was during the World Cup.

My husband's like, you're saying, I was like, It's necessary. And sure enough, when we were working out, he's like, Can I use your kettlebell that you flew down here?

And I was like, I guess. Well, we've done that traveling, like to my parents for Christmas. I'll just put a couple kettlebells in there because they're just they're more versatile.

I feel like them than dumbbells. So I think, you know, if anyone out there is like a camper or something or you're going somewhere, I think that that would be nice.

Now I don't I bring bands with me when I actually have to like check luggage because it's a heavy like I like I'm still I can't believe you brought kettlebells.

I think that is so fun. But, but yeah, they're very just versatile. I think they're really fun.

Hypermobility and joint stability in Hashimoto's

So in less intimidating, like you said and Kate, if you get confident, you could go to the gym and pick up a kettlebell there and show all the men your moves then.

Yeah, totally. Totally. So what do you notice looking at women with Hashimoto's from a movement and strength perspective? Yeah, and I think a lot of women with Hashimoto's don't get a workup or an analysis in this way.

Right, is typically from functional medicine, blood work, lab work. They're sitting there chatting and when I had my practice in New York City, I noticed that a lot of women that were coming to me had this element of hypermobility tissue, laxity, joints that weren't stable and it wasn't it wasn't every woman with Hashimoto's, but it was a very it was probably 80%.

And there's not research on it. You know, there's research on earlier demos and that kind of clinical diagnosis. But I just notice a lot of the autoimmune population and the women with Hashimoto's were coming in with joint laxity and there's ten points you can check in the body called a beaten score in the physical therapy land.

And it's the elbows, the knees, you know, hyper kind of back behind the ankles and the thumb touching towards the soft part of your forearm, the pinky bending back beyond 90.

And then if you stood with your feet together, knees straight, bend forward, touch the floor, you could palm the floor. And I know every yogi is like, I can do that, you know, but that's actually too much mobility.

And there's biomechanical, like if you've been training it from a yoga perspective and then there's a genetic autoimmune perspective. And so these women were coming in with hyper immobile joints, tissue laxity.

They couldn't stabilize. They kind of stand there and hang out on their knees and wonder why the back hurts. And they all wanted massage because their joints hurt and their muscles ached and they wanted to get adjusted and they wanted me to teach them stretching and formally moves.

I was like, That's the last thing you need. We need strength, we need joint integrity. We need to make you feel more stable and strong. We need more muscle tissue to protect those joints.

And usually when I would put them on a strength training program, the first ten days they'd be like, I feel really tight. And I was like, Is it tightness?

Or is it we are creating this joint integrity that you've never had before and then after that they would feel so much better. Their anxiety would come down, they would feel stronger, they had more energy, and sometimes they would go back to a yoga class to fill the soul.

Right, because it fills a soul. I mean, yoga instructor, too. And afterwards they would feel destroyed. And it was like this realization, oh, this strength training, like there's something to it.

And so that was a clinical observation and I've bounce it off of some friends who are natural passive vocal medicine docs, and they're like, I haven't noticed that.

And I was like, Yeah, but you've never, you know, watch someone walk, taken them through a full body kind of functional movement assessment. You haven't had them step up to kettlebells and have them deadlift and see what they do in their movement patterns.

So that was a clinical observation. And you know, it's unfortunate. I wish Pilates or walking could clean something up like that. But a can't like the only way is to pick up a heavyweight with amazing form, put it down and do it again.

And the hyper mobility will kind of get reined in. It's still there. But I think the bigger thing is that they have more energy. These women feel stronger.

There's this element of hypermobility that kind of takes your energy. Like it's exhausting to kind of not know where you are in time, in space all day.

So that was a clinical observation. And the women who do resistance training on top of all the benefits of, you know, building muscle and maintaining muscle, that was one piece that I noticed clinically.

But that's really cool to hear. And that almost makes me want to start checking that when when Hashimoto's patients come in, but it kind of like it, fix it sets that whole perspective of autoimmune disease.

Nervous system resilience through lifting

I mean it's all kind of tied in and you get this hypermobility piece in there so that that's really fascinating and strength training. Yeah, I mean, I agree.

You just feel better. You just feel good. So how do you help women build the resilience of their nervous system through strength training? Yeah. So there's a lot of you know, you hear a lot of people talk about managing their stress.

That dysregulation of their nervous system is such a big piece and is sometimes the last piece that is addressed, right? So sometimes they're taking all the supplements, working on their gut health and you know, there's different programs to help that dysregulation of their nervous system.

And my approach is that we do the hard things in small doses, like pick up a weight and then you use your rest break to calm your nervous system through different techniques.

So you could put your tongue on the roof of your mouth and extend your exhale through your nose. Because after you picked up a weight, your heart rate's up, your breath rate is up, and that long, slow exhale will put you back into that parasympathetic state.

I have women hum during the rest breaks between sets or sing. It's just vagal toning, right? So a lot of people do this to help when they're in that stress state.

Well, why not train it by adding a little stressor, which, you know, picking up weight and exercise is a stressor, but then training your nervous system between those sets to drop back into that like everything's okay, your, you know, your vagal tone during those rest breaks and then pick up a weight again because that's really the beauty in stress is like how quickly can we experience the stress?

It's always going to be there and then drop back into that. I'm okay. State and I can't really think of a better avenue than to micro dose some heavy weights and then use those techniques during your rest breaks to put yourself back into that calm state.

Yeah. So training your body with that resilience, that's really cool. Maybe that's why some people sing while they're at the gym. I probably not going to start doing that.

You'll see me. I'm just going to start putting on music and not listen to a podcast while I work out. I need to start singing. Yeah, but I don't know.

At the gym if people look at you like really doing, but you could just say I'm training my nervous system. Yeah, I'm holding my vagus nerve. And they would probably leave you alone after that.

I'd be like, Okay. Yeah. So this is all been so interesting. It's such a great talk. Is there anything else that you want to discuss about your your workout or like where to start?

Like, I guess that's the one question I would have is if someone's listening, there are Hashimoto's patients, no matter where they are in their diagnosis, they have never picked up a weight before.

Where should they start? Because this is a little overwhelming if if no one has picked up a kettlebell or a weight before. Yeah. So I'll give two recommendations.

How to start lifting and the Thyroid Strong program

One is to start with the breath. And I think as women we focus on like we don't when someone says in class, engage your core, we don't really know what that means, right? You're like, Am I doing it?

How about now? Am I doing it now? And so no one really teaches. How do you engage your core when you pick up a weight? So you want to breathe down and wide into your belly, you want to create a brace, and then when you exhale, you want to maintain that brace.

And, you know, one of the best ways to do it is like with an audible exhale, like a you can feel your core kind of go pew. A lot of women will pull their belly to the spine.

They'll draw up an end, kind of a Polaris cue. And you don't want to do that when you pick up a weight because you'll enjoy your back. If you look at a baby, how a baby stabilizes, you never see a baby sucked a belly to their spine, always kind of breathing down and wide.

And then during doing their move. And that actually pushes the spine out of extension and creates a rigid spine for when you do pick up the weight. So every woman I teach, the first thing I teach is to get your breath down there because a lot of women are breathing short and shallow.

So to get their breath down and wide and then to learn how to kind of keep that fullness in their belly, on their exhale. So that would be one place to start.

Another place to start that I get a lot of questions is like, what way do I pick up? And I usually have women start with, you know, if it's some sort of pressing motion and a kilo or a ten kilo and then if it's a deadlift, I usually have women start with 212 kilos, which is £50, which a lot of women are like, you're going to make me start with £50.

And yes, because you need enough resistance to have your hamstrings and your glutes turn on. If you don't have enough, you're going to be using your low back, your forearms going to be off.

So you need enough resistance to get the body to activate the muscles appropriately. So that's to two different places, two different ways to start. Those are great tips.

I'm sure everyone is just going to be all into weightlifting after listening to all the benefits. So thank you so much. I really appreciate you being on here, Dr. Emily.

So how can you tell us about what about your program? How do people find you? Yeah, so I have a program called the Thyroid Strong, and it was born out of my own journey with Hashimoto's and then treating women in person and then, you know, sharing it online.

So there's a six week program and a 12 week program and it literally takes you step by step from a beginner of how to pick up a weight. There's three workouts a week for six weeks, and the whole goal is to feed your muscle to get you stronger so that you can have that more energy to be present with the people that matter most in your life and things that are important to you and I think one thing that is maybe different than other exercise programs out there is the cueing.

You know, if one cue of you know how to do the form properly worked for everyone, it would be, you know, $1,000,000,000 business. But different women, you know, you say one thing and it happens for one woman and another woman's like, I don't get it.

So the cueing is very specific. It's how to step your feet, where to turn your toes, where your knees should go, how to set your hips back, how to breathe before you pick up a deadlift like all that happens.

And then we argue it's not just step up to the bells, sit your hips back, stand up. So the cueing, you know, from a medical, you know, person who's looked at form with their patients for the last 14 years.

That is all in the program. And it's really a place to be a portal of entry to get women into working out right, to have them feel confident such that after six weeks, they can go to the gym and feel confident picking up weights and be like, my form's on point.

I know exactly what I'm doing. And that that's the goal is to really give them that life skills so that they don't fear weights. They're they're confident around them.

That's so amazing. I love what you're doing in the Hashimoto's space. Thank you so much for being here and teaching us everything that you did today. Yeah, thanks so much for having me.