Introduction to Thyroid and Trauma

I would love for you to know how to recognize trauma in thyroid disease and how to recognize thyroid disease in your trauma symptoms. Welcome to this interview on the Biology of Trauma Summit 3.0, where we are exploring the trauma disease connection.

And in this interview specifically the thyroid trauma disease connection. The thyroid. Oh, my goodness. So this is one of the most common autoimmune conditions that mostly women develop.

Hashimoto's causing hypothyroidism. There are many other types of thyroid problems, but the Hashimoto's hypothyroidism is one of the most common autoimmune conditions that women get.

And autoimmunity is strongly associated with adverse childhood experiences. Which is fascinating because as much as people have said that Hashimoto's may be genetic, it has a stronger association with childhood stress.

And what I hope to be showing you in this summit, childhood trauma. Once we truly understand what trauma is, then genetics and adverse childhood experiences is one of those studies that came out of Pfizer in 1980 with Dr.

Vincent Poletti, where they started to see that, wait a second, events, experiences in early childhood actually caused downstream and lasting effects on one's biology that tend to surface out decades later as diseases in adulthood.

Autoimmunity is one of those things where we have experiences of trauma from being overwhelmed, and it causes lasting changes in our biology that take years to develop.

And what I'd like to show you in this interview today is how we can notice it earlier and actually stop the progression and get our bodies out of the trauma response and into a parasympathetic state where we are naturally at our best health.

Why Standard Thyroid Labs Miss the Full Picture

Because our nervous system, our autonomic nervous system is regulated and promoting health rather than continuing to have us on a pathway towards disease, sometimes without us even knowing it.

Autoimmunity is actually one of those physical health conditions that is strongly associated with the trauma response, not the stress response. Many people have mistakenly understood that autoimmunity and stress are related and know it's actually autoimmunity and trauma.

Now, once we understand the difference between stress and trauma, that becomes very clear. But as we go into this conversation today, the trauma response is so evident in the symptoms of hypothyroidism.

In fact, the symptoms of hypothyroidism are the exact ones that somebody will have when they are in a chronic trauma response. In fact, autoimmunity is one of those conditions that is so strongly associated with trauma that when a person has or has had order immunity, I know we can know that that person has had experiences of overwhelm in their life.

Now, once that autoimmune condition has established, guess what it will do, it will now continue to drive the trauma response and actually keep someone's body stuck in that programing of running off of trauma rather than being able to live in a connected, grounded, well regulated place hypothyroidism.

So the symptoms of hypothyroidism being low energy, low motivation, even depression, GI problems like

constipation, brain fog. Guess what? These are all symptoms of the trauma response, not the stress response.

So again, autoimmunity, especially the thyroid, Hashimoto's hypothyroidism is a trauma response in the body, not a stress response. Now, what I would love for you to know which labs you need to have ordered in order to wrecking nice I would problems that are coming so that we can stop its progression.

We end this talk. At the end of this interview, we ended on two specific groups of people that should do something and what they should do. Those two groups are one.

Those of you who want to love on your thyroid and either don't know your lab levels yet or know that your levels are good and want to keep them good to maximize your stress response and be able to avoid a trauma response.

Group number two that we give specific directions to are those who have thyroid levels that are off but not off enough that you have a diagnosis. Yet joining me for this important trauma thyroid disease connection conversation is my good friend Dr.

Amie Hornaman, otherwise known as the thyroid fixer. She is host of the top rated podcast in Medicine and Alternative Health, The Thyroid Fixer with listeners around the globe, she is the founder of the Institute for Thyroid and Hormone Optimization, an organization with transformational, proven approaches to address thyroid dysfunction and support people in returning to full health.

Ultimately, because of her personal experience and being misdiagnosed with thyroid problems, she is a woman on a mission to optimize thyroid patients around the world and give them their lives back.

And with that, let's jump into this interview and talk about the thyroid trauma disease connection. So when when a thyroid level comes back and according to the doctors, they're telling you that it's normal, how would a person even think, why would a person be clued into that?

Their fatigue, depression, anxiety might still be related to their thyroid, even though the levels are technically normal. Even though they're normal.

Well, first of all, we have to start with what labs were even done. So most of the time people will go to their doctor with symptoms if it's fog, anxiety, depression, weight gain, all the things, and maybe their doctor will run a thyroid panel and that will include T.

Reverse T3, Antibodies, and Hashimoto's

S age and possibly free T for now. The problem right there is that that does not give us the full picture of what the thyroid is actually doing and what that person's body is doing with their thyroid hormone.

T h is a pituitary hormone. So it's released by the pituitary in the brain. The hypothalamus in your brain talks to or Terry pituitary talks to the thyroid and that thyroid stimulating hormone t h is kind of meant to to kind of poke the thyroid and say, hey, you know, buddy, you're not doing your job here.

You really need to wake up and do your work. And as that gets higher, it's, it's it's screaming at the thyroid. It's like, hey, come on, buddy, you are not doing your job at all.

So if that's h is really, really high and it's above normal limits, so you're actually getting that little H next to it. Maybe it's in red. When you look at your lab results, then your doc will stop and say, Hey, you know what?

There might be a thyroid problem here, but what if that test isn't screaming? What if it's not above the standard lab value range? You don't get that little h next to it.

Well, then we have to move on. And the problem with stopping with the test age is that many people go undiagnosed because they're not looking at the other labs that you really need to get that full picture.

So the other labs will be free. T4 And I mentioned free T4 that you might actually get that tested and that's fine, all good. But T4 is the inactive thyroid hormone.

So while we're looking at the free version of the inactive thyroid hormone that T4 still has to convert over and kind of go through a transformation of sorts to become the active thyroid hormone.

T3, then that's what your body needs. So every single cell in your body, every single cell has a little receptor site on it for T3, the active thyroid hormone, not T4.

That T4 has to convert over to be. It's like a lock and key, right? You have to find the right key to go into the lock. Same thing T4 has to become T3 to get to the receptor site.

So we want to test it. But again, we can't stop there, not by any means. We have to keep going. So now let's look at free T3. Let's look at your active thyroid hormone, the unbound and active thyroid hormone that is ready to fit right into that receptor site.

That's the perfect key. The perfect key. And it works. And when it goes in and it turns, now you have a metabolism. Now your brain's working. Now your anxiety and depression go down.

Now you get to poop every day, and that's a win. And you feel so much better. We have to look at free T3 to get the full picture. Next up in the testing is reverse T3.

Reverse T3 is the anti thyroid hormone. And reverse T3 really ties into this discussion because it will increase in response to elevated cortisol, more stress, PTSD, trauma, reverse T3 is beautifully built into our body as a survival mechanism.

So if you're a little if you're in an injury, if you're if you're in an accident, you're in a state of trauma, you're in the ICU, the air reverse T3 is going to be elevated because our body says, listen, you don't need to use your brain.

You don't need to burn body fat. You don't need to grow your hair. You don't even really need to feel good. You just need to lay here and survive and heal.

The problem is what if reverse T3 is high where you're trying to walk around live life and you're doing your job and you're being a a mom or a dad or a good friend or a good worker.

You're just trying to do things from day to day, but you don't have the energy to you don't have the brain function to. You don't have the power in your mind to do anything.

Well, that's reverse T3 being elevated, blocking T3 from getting to the receptor site on the cell. So that's another another test that we have to do. And finally there's the TPO and TGA antibodies.

Now that's testing for Hashimoto's because 95% of all hypothyroidism is an autoimmune condition, it is Hashimoto's. We like to test the TPO and TJ antibodies just to see.

Now with that test I always say an antibody is an antibody.

Early Support: Nutrients and Gluten-Free Changes

So you might be sitting there looking at your labs going, Well, I see this TPO and TJ on here, but no one told me that I had Hashimoto's because I have five antibodies and the reference range is less than nine.

Well, my argument is, are we going to wait until you're clinically depressed? You can't get out of bed. You're £50 heavier until we say, Oh, look, there's an autoimmune condition, there's Hashimoto's. No, we have to pay attention to it.

I want to see what level of antibodies you have. And are you in those beginning stages of Hashimoto's where your body is slowly beating up and destroying your thyroid?

Without all of those tests you do not know. You cannot accept normal. Everything is fine. You cannot accept that answer unless you have every single one of those tests and then those tests have to be in the optimal ranges, not just normal.

One of the symptoms of being in a trauma response, a chronic trauma response, is everything that you just described about hypothyroidism, the fatigue, the depression, the brain fog, even the constipation, the low metabolism.

And so it seems that whether it's a trauma response or whether the thyroid is off and that's causing the body to kind of go into this survival mode, it seems that hypothyroidism is my goodness, is part of that trauma response, and many people are probably struggling with what to do next.

So if their test is high, but yet not so high that it's not screaming at them, is that something that they can do something about in order to start to move the dial towards, like feeling feeling better even before it would be something that would be diagnosed?

Definitely. Definitely. So when you have those symptoms and let's say you suspect that there could be a thyroid problem, maybe you look at your family history and you say, well, you know what, my mom, my sister, my aunts all had this thyroid problem that they took medication for.

Chances are it's very genetic. So chances are that is Hashimoto's and that you're not wrong when you have that gut feeling that, hey, maybe there's something going on with my thyroid because I have all of those symptoms.

So what can you do? Well, number one, we want to support the body's immune system. Even though we call Hashimoto's autoimmune, we don't want to take the immune system.

We don't want to say, hey, immune system, you're bad. Just go sit down there in the corner and don't do anything. No, we want to support it and love on it.

So doing things like vitamin D, proper levels of vitamin D, selenium, iodine, that's a big one for the immune system. Magnesium, zinc, all of those basic core nutrients that you hear so much about really are key.

There's a reason why they're called key nutrients. They are key for the functioning of your thyroid gland so that you can do on your own. And many people see an improvement just by implementing some key nutrients, minerals, vitamins into their life.

The next step is, and this is going to sound so cliche, so don't turn this off. When I say this gluten free, it's not a fad. We know that gluten is molecularly similar in structure to the thyroid gland.

So if you're walking around with an autoimmune condition, specifically Hashimoto's and you are eating gluten on a regular basis, and these days, honest to God, it's no excuse why you can't.

Don't tell me it's too hard because there are 5 million gluten free products at the store. Not that those are the best ever, but we're just going to baby step into this, right?

So you got to go gluten free because when you eat gluten, you're actually spurring on not attack. You're causing those antibodies to go out and just beat up your thyroid gland and, you know, do what I always say is if I came to your house and I beat you up every day, you probably wouldn't work really well, right?

You would be curled up in a ball and hurting and all tired and you don't want to do any work or you don't want to go out with the same thing. So every single time you eat gluten, you're spurring on that that attack on your thyroid gland, which down regulates its function.

It's not producing the thyroid hormones that it once did or should produce. And it's all just a dietary change that's very, very simple to do. Now, the next step in that treatment process, if you are further along in the destruction of your thyroid or if your levels are really, really low, this is where I do like to implement thyroid hormone replacement.

Now we can start off by using some supplements like a thyroid glandular, or we can use thyroid supportive nutrients, but we may have to move into actually replacing hormones that are no longer being properly made.

Now, that would be working with an expert. These are prescriptions that I'm talking about, but using something like an arm or thyroid, anti thyroid or even 23 combine synthroid like irony and of now we can use these thyroid hormones to literally replace the hormones that your body just isn't making enough of anymore and it's very similar to I use the analogy of insulin because people understand that if you know any type one diabetics, they have to take insulin because their pancreas is no longer produces the proper amounts of insulin for them to really even live.

If they stop taking their insulin, they die. It's a non-negotiable, very similar to the thyroid, although it's not like you're going to die without thyroid hormone.

Well, you will eventually just long, long, slow. But we're replacing those hormones that are no longer being properly made. So just like we give a type one diabetic insulin, which is a hormone to keep him or her alive and functioning well, we can also give you thyroid hormone to replace thyroid hormone that is not being properly made to get you functioning well.

So it's kind of a step by step process is to which route will go treatment wise. But there are definite answers all along that journey. No matter where you fall in that journey, there are different answers.

And for you, what's that cut off point with bringing in that level of support versus sticking with maybe some of the essential nutrients? Are you looking at specific levels of their thyroid hormones?

And once it crosses a line, you're like, okay, we need to bring something in now. Or How do you decide when someone needs that?

When to Use Thyroid Hormone Replacement

Yeah, that's a great question. So it really brings in the person, the symptoms, the history. How long have they been dealing with this? You know, if this has been if you take a woman who has been on this standard of care synthroid for only for the last 20 years and she was diagnosed with Hashimoto's 20 years ago.

Well, that progression of destruction has been occurring for 20 plus years because who knows how long she had that had Hashimoto's prior to actually being diagnosed.

So we look at how long has this disease been present, how long has it been doing its damage, how bad are a person's symptoms? And then we go to those numbers because you're more than a lab value.

I always say that you are more than just a lab value. So symptoms first. Then we look at the labs and if I see this pattern where it really doesn't look like we're going to bring a free T3 from a 2.3 up to a four just by doing lifestyle changes or minerals or nutrients.

That's or I'll bring in the thyroid hormone replacement. It really is just the whole package, just looking at the person and their history and their numbers all together and deciding what direction to go.

Now, there might be and I've had a couple of cases where the person might be in their twenties and they just started having symptoms and they just have a couple antibodies and their thyroid number is that free T3 that breeds for the PTS age, even the reverse T3, they all look pretty good, but they just have a couple of these symptoms starting to pop up that we can we can catch it right there.

We can keep that person off of thyroid hormone replacement through doing lifestyle changes and the nutrients and

all of the things because they're they're just right there.

And so we're actually saving them from going down that 20 year path of destruction. And when you do supplement and you bring in thyroid hormone, have you seen people crashed?

Have you seen people not do it right and maybe push their system too hard or is there any danger? Are there any times in which a person might experience, oh, I went too much, too fast with bringing in thyroid hormone that they need to back up and do it more slowly?

Oh yeah, we've definitely seen that because when you have hypothyroidism, you're in that desperate state. And and you I know for myself, even when I was being misdiagnosed six times, I was just praying for a diagnosis.

I would have taken anything at that point just to have a label to explain why I felt the way I felt. Why did the £25 come on, why was I depressed for absolutely no reason.

Why was I losing my hair? Why was I so damn tired? I couldn't even get out of bed and do basic things. So I just wanted that label. And I think you're so down and frustrated and and almost to a point of hopelessness that what will happen is you start to get the treatment and you know, well, a little good more must be better.

Right. And I have had some people, some followers, some patients start to increase their dose of thyroid medication on their own. And then they kind of tend to go a little bit hyper.

So they get that what I call icky and sticky feeling. So when you kind of push yourself a little bit too far, when you push yourself into that hyper state, you'll feel kind of just anxious, on edge, jittery, agitated, sweaty.

You'll have insomnia. You just will. You'll feel like you're kind of crawling out of your skin. And that's where, you know, you've pushed it too far. It's time to reel it back.

And I think one of the big things with women, you know, we we never one, we want to be a certain size and you blame society or whatever. We want to be a certain size.

We want to feel good in our clothes. We also are multitaskers. We're normally taking care of a million different things at once, in addition to dealing with the daily stressors, taking care of sick parents, taking care of kids, you know, going to work, cooking, running a business, whatever you're doing, we're always doing so many different things that we feel if we don't get everything done, we're just simply not enough.

So what I'll see with my female patients is they will tend to kind of push it. They'll take every supplement under the sun that's been advertised to them on Instagram, promising to heal their thyroid.

And then they'll, you know, sneak in a little bit more thyroid medication, just a little bit more, a little bit more, hoping for that energy, hoping for that quick change, hoping to feel like the woman that they know is inside and it kind of backfires on them.

So this is definitely it's not necessarily a slow process. It's just methodical. When we are using thyroid hormone replacement, you got to have a guide that is going to be guiding you in the right way to do things and someone that you can bounce things off of saying, Hey, you know what?

I went up in my dose and I got that icky and sticky feeling. Okay, that's fine. Let's roll it back. We're just going to take it back. One we're going to hold there.

So there are proper ways to do it. And yes, there are definitely improper ways to do it as well. And you know it pretty quickly. And when someone has other things going on, maybe they have another micronutrient deficiency that hasn't been identified yet or they have other mitochondrial compromises.

And you rev that metabolism up by supplementing more with the thyroid hormone. I feel like that's where you would

really hit that brick wall, hit that ceiling effect where you're trying to push your body and yet it's still struggling over here with, hey, like we've got this issue going on.

We haven't addressed it yet, so we're trying our best. But we've got we've got problems over here that we haven't identified yet. Yes, definitely. So I have this whole treatment theory.

I just lump it into calling it both and meaning we have to do it all. You can't just throw thyroid medication or thyroid hormone replacement at someone and over here have a cortisol issue, gut dysfunction, loads of stress they're not dealing with.

They're not taking care of themselves. They're grabbing McDonald's. They're sitting at a computer. They're not exercising. We can't do this over here without addressing all of this over here.

It has to go together. Thyroid, lifestyle, cortisol, balance, meditation, stress response, hormones, insulin, what you're eating, the whole thing has to go together or it's not going to work.

Balancing Thyroid Treatment with the Whole Body

Well, it is one system and we've tried to separate the different systems and only look at the kidneys, only look at the brain, only look at the thyroid.

And yet that's not how the body operates. And when we try to isolate that, we just change one thing. We forget the downstream effects that it's going to have on all the other systems.

Same thing. The other systems are going to affect the system because at the end it's all one. It's all one, absolute every everything plays together in the body.

You have to remember that they're all it's one big playground we're all playing together. So you can't ignore one system and expect it to work on its own without support.

While you're focusing all your attention on this one over here and I know you and I see that so much in the the world that we're in a functional medicine that there will be I mean, I'm a thyroid specialist, but I don't just do the thyroid.

You have to do everything else you have to do. And I imagine that from your clinical experience, you've seen scenarios where people have had a lower functioning thyroid for years, for years, and the body has become familiar with that level of thyroid function.

And so everything else has adapted to that level of the thyroid functioning. And then you come in and all of a sudden you're providing support and you're maybe providing thyroid hormone.

And there can be such a dramatic change that you see big changes happening in the other systems of the body as well. Since we had gotten used to the thyroid, not really pulling its weight around here definitely.

And then add in the bandaid medications or even the Band-Aid supplements because like I said, many thyroid patients will they'll be on boatloads I mean, bags, lists of supplements that they thought or read were going to be the holy grail to them feeling better.

But yet we have to remember that even the Band-Aid medications, the people are put on antidepressants at times. I mean, some people need them. Some people don't.

Sometimes it's a band aid, statens, blood pressure medications. There are times and places for those, but unfortunately, often it comes back to a root cause when you really start treating and nurturing the thyroid.

Oh, it turns out that that depression was not a Prozac deficiency. You needed some thyroid hormone or that high.

Cholesterol. Was not a statin deficiency.

You needed to optimize your thyroid and oh, by the way, your insulin resistant too. And that was driving up the cholesterol. So let's fix both of those and hey, you don't need that statin anymore.

So it's kind of a combination. And we see a ton of Band-Aid medications. We see a ton of supplementation that is unnecessary. And if we just narrowed it down and fixed the root cause of the problem, a lot of the symptoms would just balance out, perfect themselves, come into alignment, whatever you want to say.

But yeah, absolutely. So as we wrap up, I want to give people some concrete tools that they can use. And let's take two scenarios. Someone who doesn't know their thyroid levels, hasn't checked them, doesn't think that there is a big problem, but yet doesn't really know.

And what could they do to just love love on their thyroid and then take someone who does know that, hey, some of my levels are off, but they haven't been off enough that I've been diagnosed with anything but it's got to be playing a role.

So what can I do now to not let it progress and actually get it back to proper functioning? Are they the same list of supplements and and getting off the gluten and the lifestyle things?

Or would you recommend different things for those two groups of people? Different things. So the first group, you're kind of just right on that border, right?

You're you're not really checking the boxes for all of the symptoms. You might have a couple of them, but not all for that group. I would say, number one, do all the basics.

So we are all we are all magnesium deficient and when magnesium is down, your anxiety is going to be up. You're not going to be going to the bathroom every single day.

Your muscles are going to be tense. That's going to contribute to your your stress response and how you are perceiving things because you're going to get that body stress response in addition to the mind and the heart stress response.

So things like magnesium, iodine and I am a huge fan of I know that's very controversial. That can be a whole other talk. But iodine really in low doses, the proper amount of iodine really does support thyroid function and even the use of iron.

And we've seen people get off of their thyroid medication or regularly regulate their thyroid just with that. And then things like vitamin D, which super supports the immune system, zinc super supports the immune system.

When you're loving on your immune system and you're actually helping your energy because low vitamin D will also tank your energy. When you're when you're optimizing your vitamin D and getting it to that optimal level, then all of a sudden, Oh, look, I'm feeling better.

Practical Guidance for Different Thyroid Scenarios

Some of those symptoms are lifting your brain, fog is lifting, your energy is better, your immune system is better. So just doing those simple things can make a big difference in that first group.

In the second group, it's going to be all those things that we just talked about. And, and and what I would like to see I would like to see that full panel that we talked about in the beginning.

And then I want to look at it from a functional perspective. So I mentioned the functional optimal ranges versus conventional standard lab value, quote unquote normal ranges.

When we're looking at those that lab panel that we talked about test on below a two for 83 I want in the upper quadrant of the range. I don't care so much about free T4, so just kind of set that aside.

We're going to bring in reverse C three. I want that below a 12 and TPO and t j antibodies. I want it zero if you are falling number one, if you got all those tests done, kudos.

That's a first start. Number two, if you're falling outside of those optimal functional ranges, then it's time to possibly work with somebody because we might need to go a little bit deeper.

We might need to look at what is your adrenal function like? Maybe we do bring in some thyroid hormone replacement. Let's look at your sex hormones. What about progesterone?

Estrogen, testosterone? That's a whole other topic as well. But that plays a role in how you feel in your perception of stress, how you're dealing with stress, how you're feeling every single day, your energy, your brain function, your weights.

So all of that comes into play as well. So for that second group, that's where we have to dig a little bit deeper. For both groups, though, you got to have hope that that's my blanket statement for both groups.

You have to have the hope that things can change. So our bodies, I always say, is our bodies are not meant to feel like garbage. If you have a sign or a symptom, that's your body giving you a gift.

And yes, it is a gift that your body giving you a gift, telling you that you might need to address something. Maybe there is a nutrient deficiency, maybe you're not sleeping very well, maybe you're not handling stress like you should.

Maybe you need some hormones to feel like yourself again, but you got to have that hope to just keep going and not give in to how you feel. So many nuggets in this interview, and one of the things that struck me the most was that what she's recommending for a basic supplement to start with for the thyroid are the same supplements that I actually start people with a trauma response.

And before we have labs where we know how to truly personalize and optimize their biology for getting their body out of a trauma response, this is what I start them on is magnesium.

So magnesium for me is one of the easiest and best things to start. For a person who's in stress or trauma, magnesium deficiency is real and being able to start with that magnesium can already just with that, create a quick win, bring in some energy, bring in some relaxation to tense muscles, help with anxiety, help with depression.

And so magnesium is is a good place where I start along with zinc because of its effects on the nervous system. So again, I love the synchronicity between thyroid and trauma and we're really talking about the same thing, right, to two sides of the same coin.

So with this, I hope that you will consider purchasing the summit because you will have all of these talks at your disposal so you can watch them as many times as you want, watch the ones that you missed, and be resourced with knowledge and tools.

I want you to walk away from this summit being empowered and being able to take one thing at a time and implement them in your life. For that change in transformation, I am your host, Dr. Aimie and I will see you for the next interview on this Biology of Trauma Summit 3.0.

The Trauma Disease Connection.