Thyroid's Impact on Menopausal Transition Transcript

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Introduction to Thyroid Health

Hello. Hello. Welcome back to Mastering the Menopause Transition Summit. I'm your host, doctor Sharon Stills. Excited, as always, to be here with you for another informative, amazing conversation.

And this is one that when I was thinking about what I wanted to include, there was no way I wasn't going to include a dedicated talk to the thyroid because pretty much every patient I see, there's some kind of thyroid involvement.

And as you're managing your hormones, you cannot forget about your thyroid. Sometimes we just get fixated on progesterone and estrogen and testosterone, and we forget about the very important thyroid gland.

So I invited my dear friend and colleague, doctor Amy Horniman, aka the Thyroid Fixer, who better to have this conversation with? Who is on? She is on a mission to optimize thyroid patients around the world and give them back their lives using her proprietary transformational program, the Fix Method.

She's also the founder of the Institute for Thyroid and Hormone Optimization. So welcome Doctor Amy. It is awesome. Awesome, awesome to have you here.

Hi Doctor Sharon, thank you so much for having me here. You are welcome. And like I said when I introduced you, this is a conversation that needs to be had.

And we have you know, we've touched on thyroid here and there. It comes up. But we needed a dedicated thyroid A to Z, what the ladies need to know. So I guess my first question is I believe you have a personal story.

Like how did you get obsessed with the thyroid? Yeah. So like so many of us, pain to purpose. Right? It's it's about what we go through that brings us into other people's lives to help them.

So if we rewind 20 some years ago, I was competing in NBC figure competitions. I was doing some fitness modeling. So to do that and that wasn't easy for me to do.

Amy Horniman's Thyroid Journey

I came from a background of being a fat kid. I, my friend Beth, and I would have contests in the sixth grade to see who can lose the most weight, so getting down to a smaller size was never easy.

I would always have to battle, but that was the challenge, right? That's why I did it. And I overcame. And then there's this one show that I'm getting ready for and I started gaining weight instead of losing.

My body was completely rebelling against me, and I had no idea what was going on. And like all of us to when when there's something going on with our bodies, we go to our doctor and we say, please help me, this is what's going on.

I don't know, you know, this isn't right. This isn't me or something wrong. And the first doctor looks at me and says, you're normal, everything is fine.

Go on your way. Doctor number two says you're just getting older. Three says eat less and exercise more, which was absolutely impossible based on what I was doing to get ready for the shows.

I heard it's all in your head. So basically I went to six doctors who all misdiagnosed me. The seventh Doctor finally gave me the diagnosis of Hashimoto's.

The autoimmune form of hypothyroidism, and gave me a pill. I left that office. I was like, yes, now I have an answer, right? This is what we want. We want somebody to tell us what is wrong and what to do about it.

So I had a pill and I took that pill every day, and five months later there was no way change. My energy wasn't better. My hair didn't stop falling out.

Those are the other things going on with me. But I was focused on that damn weight didn't change. I finally found kept hearing the name right. You hear her name more than three times. You go.

Maybe I should call that person. Heard this name more than three times. Went to him. He was integrative, functional. He was functional at the time before we even had the term functional integrative doctor who tested everything I needed, tested, treated me subliminally and with the proper medication and hormones, address my diet, address my sleep, looked at everything.

That's what we do with patients now. You look at everything to put those pieces together. And he changed my life, saved my life, and that brought me into the space that I'm in now.

I love that. Yeah. Pain is purpose. Yep. That's your message. Is your message. Yeah. Exactly. That that's us. And so common. I mean I can't even begin to count over the last 20 years, how many patients have come into my office being, you know, telling me, well, I know it's not my thyroid because I was told it's fine.

And meanwhile, they're like the lowering the hypothyroid poster child. And it's like, no, no, no, no, let's take a look at that. So, so let's just start from the beginning.

For someone who is new to the journey, I know some of you listening are further along, but we can never hear it enough. So let's just talk about first what why is the thyroid gland important?

What does it do and what does it have to do with mastering your hormonal journey? Right. So the thyroid gland is the master gland. It is literally controlling every single cell in your body.

So when we're talking about hormones, that's a trickle down from the thyroid. If you're a thyroid is off, chances are pretty good one or more of your sex hormones are going to be off.

Now we can talk about insulin as a hormone that gets thrown off. I see insulin resistance left and right, but as we're talking about the hormones involved in menopause, those start to get thrown off.

Why the Thyroid Matters in Hormone Balance

So very early on in a thyroid condition, we will see the reproductive system, those reproductive protective sex hormones start to change where young women can have heavy periods.

We see miscarriages left and right, infertility. We'll see low testosterone in 2030s, 4056 year old across the board. So we'll see those hormones really start to shift and get wonky at any point in time.

During that thyroid journey, you have to to really optimize the thyroid first and the hormones at the same time. But you can't do the hormones without the thyroid.

That's such a good point, because I can't even count how many women I've held. But I know we're talking about menopause, but I to speak to your infertility.

How many women I've helped get pregnant and carry the pregnancy to term and have a healthy baby just by looking at their thyroid. And because their thyroid is low, they're not creating progesterone and then they can't process, they can't carry a pregnancy.

And so it's, you know, it's to me it's like this is so easy. And yet so many women are so misdiagnosed and have

such heartbreak. Not being able to have a baby when it can often be a simple fix because the thyroid is overlooked.

The poor thyroid. It's like the most overlooked it is, but just forgotten. It controls everything, but we'll just push it aside and call you normal. Yeah, so?

So why don't you just run down? You know, we know hair loss and weight gain and constipation. Can you just rattle off for the women listening? Like, if you're struggling with think about your diet.

It is such a laundry list of symptoms because the thyroid controls everything. Like we said the big ones. Let's start with the big ones. We gain an inability to lose just that weight loss resistance.

It's the women. It's you who are saying, no matter what I do, you know, I got a trainer, I went on a diet, I went on this diet. I took these supplements that told me I would lose weight.

Nothing is working. Then we have to really look at that as a thyroid. We see extreme fatigue, hair loss, joint pain is one that, you know, people will go, wait a minute.

After you have started optimizing my thyroid, I was able to hold the pen again. Like all these joints started working, or I thought I had rheumatoid arthritis and I don't got improved.

Constipation is a huge one. Dry skin. The thinning of the outer corner of your eyebrows or just thinning hair altogether. We mentioned hair loss earlier, infertility, miscarriages, irregular cycles.

I mean dot dot dot, delicious keeps going. Yeah, it really does go on and on. So why do you think there's such a epidemic of thyroid issues?

Common Thyroid Symptoms and Misdiagnosis

It's almost like every patient or every other patient has some kind of thyroid involvement. Well, I think first of all, we know that 95% of all hypo low and slow thyroid ism is Hashimoto's.

So now we have the autoimmune condition Hashimoto's. And when we look at autoimmune in general, I mean it is turned on by hormonal shifts stressors. So I mean who hasn't been stressed lately.

You know we're money stress the world stress or family stress relational stress job stress health stress. So all of that is just kind of weighing on us on a daily basis.

Add in the toxic environment that we're in, the stuff that we put on our body, the stuff that's sprayed in our foods, the amount of processed foods that people are eating out of convenience.

All of those things just bombard the body. You have the natural stressors of pregnancy, puberty, perimenopause, menopause. Then you have all these other stressors over here that I believe, as we have moved through our time on this earth, has become exponentially greater.

If you look at food in the 50s versus now, if you look at stress in the 50s, it was different. But I believe it's much higher now. Social media alone brings more stress to every single person on this planet, so I think that is just bombarding the body to a point where that autoimmune switch turns on and it's like, hello, here's your symptoms.

Yeah. Not to mention the the environmental stress of Wi-Fi, all the invisible toxins. Yeah. We don't have be and the heavy metals and the glyphosate and it is it is it is a theme.

And I know you listeners are going, wow, here comes that word stress again. And it's just it's involved in everything and it's just a matter of kind of, you know, pie charting it out.

What's your emotional stress? What's your spiritual stress. What's your structural stress. What's your toxic stress.

What's. Yeah, there's just so many different in your food stress.

And and it's really just about like lowering the stress and giving the body a break. So. So how does someone know? Because there's, there's such a huge there are certain things where like natural medicine and conventional medicine are, are so far apart and thyroid is I often and I don't mean this facetiously or but I just think like what did endocrinologists do when they were in med school?

Well, like like how did you study the thyroid and just think TSH would handle it. So I just it just blows my mind, you know, that. I love how you said that to you because it's right on point.

Like, how did this happen? It's at least cardiologists like you. They're good diagnostician. You know, I might not agree with all the meds they dole out, but I feel confident sending a patient and saying, you know what, go get a workup.

They'll get a stress test, go get an EKG, let them listen to your heart, blah, blah, blah. But when it comes tend to chronology. It's like we've really I mean, I've just become a natural Pathak endocrinologist because we've had no choice.

So why don't you break it down so the women listening can kind of just hear, like, what do they need to have run so they can I'm sure there are a bunch of women listening going, oh my God, this is so me.

Like, finally, I want someone to listen to me. So what do they need to ask for?

Why Thyroid Problems Are So Common

So first you start with testing because that's the really the big starting point difference between conventional medicine and functional medicine or integrative naturopathy, is that the lab value range and all the labs to order.

So first you have to ask your doctor to order all of the labs. And we'll go through those. So, you know, order all the labs. Rule is if your doctor says no to ordering labs, it's time to get a new doctor.

Because if he or she does not want to see that full picture of your health, of of what is going on with you when you express your symptoms and you run down that list, it's time to get a new doctor.

Because if they won't even do the labs, then you're not even going to get the part B and that's called treatment. And actually looking at the labs from a functional point of view instead of a instead of a conventional standard lab value range, which is wide and vast and huge point of view.

So you had to start with getting all the labs first. Then we have to look at the labs from a functional lens. Then we have to actually apply the proper treatment, not the treatment that they learned in med school to which was everybody gets a synthroid.

I gave a talk one time at a with a group of integrative wellness physicians, and I asked the question, I said, why are you guys in the sentry box? That's all the prescribe.

And then when doc raises, hand goes. That's all we've learned. So here we are. Right. So you have to start with the testing. Now the testing you have to go into the testing.

Yeah. Yeah okay. Let's do that. Get a pen and paper. You got to write these down because you have to get them all. You're going to get the TSH when you ask for labs.

That's a given. That's the standard of care. That's thyroid stimulating hormone. It is a pituitary hormone. It is not a thyroid hormone. And the way to think about this test is high means low.

So as that goes up, your thyroid is getting lower and slower and not working as well. But the TSH does not tell the

whole story. You have to keep going.

You can't stop there because your TSH could be in the normal. It could be in the optimal functional lab value range, and you could still be told your normal, you're fine, everything's good.

So then beyond that you get a free T4. That is the inactive thyroid hormone. T4 is totally inactive in your body. It has to convert to T3, which is the active thyroid hormone, in order to get to your cell receptor site to do its job.

So you have to get free T4 tested. But more importantly than that, you have to get free T3 tested T3 Active free. We want to know what's unbound, ready to be picked up by that cell.

Then we get reverse T3. Reverse T3 is your anti thyroid hormone. Do not let your doctor tell you you don't need it, you need it. We have to see if you are converting T4 to T3 properly.

So like I said T4 is inactive, T3 is active, T4 has to make a journey and convert over to T3 and it's a tough journey to make. It's like doing five Tough Mudders.

You have to have great estrogen, no insulin resistance, great iron. Don't be anemic. Don't be deficient in magnesium, zinc, selenium, iodine or vitamin D.

You don't have a genetic sniff that makes you not convert. Don't have Epstein-Barr virus. Don't have underlying co-infections. Don't be inflamed. All of those things interfere with conversion of T4 to T3.

So as your reverse T3 goes up, I use the analogy of a bouncer at the club.

How to Test Thyroid Function Properly

The bouncer stands outside the door like T3, you're not getting in and you're not getting in either. It won't let T3 into the cell to get to the receptor site, so you don't want elevated to reverse T3.

You also want TPO and TGA antibodies thyroid peroxidase. Since there are globulin, those two tell us whether or not it's high meadows. So can you speak to the optimal ranges.

Yeah. Listeners can understand a little bit about that. Absolutely. So we'll we'll kind of do it by, by countries too. Well I'll tell you which countries are universal.

So with TSH it's almost universal. You might have slight deviations but pretty much across the board short of a lab I have haven't seen yet. You want TSA below a two.

Now that lab value range will go all the way up to a 4 or 4.5, depending on the lab. Anything above two, that is a red flag waving at me that we need to look further.

And quite frankly, even if it's below two, when you have symptoms, we need to look further. So then we go into free T4. Like I said, that's not as important.

That starts to get into different scenarios like what are you on, what are you doing? What are what are your other lab values. But in general, we want the free T4 to be about midline.

It's usually a 1.2 to 1.5 or above, although you don't want it too high because then the question of conversion comes up. So let's go to free T3. Here's your most important one.

I want that in the upper quadrant of the range and sometimes even over the range, because that might be where you're optimal. That might be where you feel the best.

Now that is that is with 24 hour 18 to 24 hours of no medication. So if you are on medication, any kind of T3

medication and or just you're taking side of life irony, you want to go 24 hours without those meds in your system, because then the bloodwork is going to show high because it's picking up on your meds.

And this has been an moment for a lot of women out there that that come to me, they go, you know, I heard you say that one thing about not taking my medication before.

No wonder I always had perfect values. I was popping my med and then go into the lab. Well, the labs picking up on your medication. So that's why we can't adjust you in the optimal, because you look optimal.

So there's free T3 upper quadrant or above. So that spans countries. Just go with the quadrant and then reverse T3 universally below A12. Almost every reverse T3 test goes up to a 24.

You want that reverse T3 below it 12. Now I'll accept below a 15. If your free T3 is really great and you tell me listen, I'm good, I have no symptoms whatsoever.

Okay, then we'll even accept a reverse T3 of like a 1314 because you're good. And then we want the TPO and the TGA antibodies to be at zero. And this is a big argument two because in conventional medicine I'll hear women say, oh, I was told I don't have Alzheimer's or you got you got TPO hair of a 20.

Well yeah but the range is less than 34 like, so we're just going to wait until you get a little bit worse and you build 14 more antibodies. Then we'll call it Hashimoto's.

Or can we call it now and just start the process of maybe reversing this. So you want those antibodies at zero kind of like diabetes. You know, wait till you, your hemoglobin A1, C is high enough and then we'll diagnose you.

And yeah I'd like to reiterate because it really is such an art form of looking at the person and their symptoms and looking at the lab values. And I always say I'm having a good doctor day when the person in the lab matches.

And that's awesome, you know, like bingo, bullseye. And, you know, sometimes the patient feel is great. And the labs are a little off. That's a better scenario than your labs looking great.

And the patient still doesn't feel good, right? When that scenario I see it all the time. Patients I have a whole bunch of patients who need to have their T three above the range, and that's just where they feel good.

And you have to remember, ranges are just ranges. And, you know, even within the optimal ranges that we look at, there are people who have different needs.

And so it's okay. And and you probably see this all the time too. If a traditional doctor gets a look at their, at their bloodwork, they, they think they're in hypothyroid.

If they're just low because they're taken then. So you have to remember, if you're if you're working with someone who looks at the thyroid like Doctor Amy does or I do, and then you take it to a regular doctor, like, don't let them freak you out because they will.

And then again, it's it's that whole what did you learn in med school that biology is lost because a lot will happen even if you're on T4 only. Even if you're on that medication.

That didn't work for me for five months. Synthroid even that can drop your PSA and it can become suppressed just because TSH is a pituitary hormone important to do.

Remember. So. So you mentioned just to reiterate GSR h three, free T4, reverse T3 and type TPO which is the peroxidase and thyroid globulin antibodies. Yep.

Do you ever run or see a need for total T3 or total T4? And just a caveat for those listening. If you're going to go to your doctor and ask them to run free T3, you have to stand over their shoulder and make sure they actually write

free T3, because I can't tell you how many times I've had patients ask if they weren't going to have me run their bloodwork, and it always comes back total T3.

It's like a rare miracle if the doctor actually wrote for free. T3. That's so true. That is so true. The total on the free, I mean their bonuses. If they're there, I'll look at it just more as a confirmation where I go to the free T3, first I go that's low, and then I go over to total T3 and go, oh yeah, that makes sense because that's lower too.

So yeah, it's a bonus if it's on there. But like you said, care. And it's most importantly you want to make sure they write the free because the total alone not enough info exactly. So let's talk about you mentioned Hashimoto's.

And so let's talk about that little you mentioned because that is a very different mediated pathology. It's it's it's an autoimmune reaction. So what are some of the things you see causing that.

And what are some of the things you do about it or that you can suggest to the listeners. So the biggest thing with Hashimoto's, because it's an autoimmune condition, so like we said earlier, any kind of stressor can flip that switch.

Epstein-Barr virus is a big underlying cause.

Understanding Optimal Thyroid Lab Ranges

So you have your stressors like we say, pregnancy, perimenopause, menopause, any kind of hormonal shifts, any kind of big kind of stressor. And then you have those things that you don't really think of as stressors, but they are so co-infections, underlying viruses, Epstein-Barr virus, I even tested it on myself.

Finally, after telling all my patients to do it and I went up. Look, there it is. Epstein-Barr virus is so prevalent to be dormant, meaning at some point in your life you had mono.

I don't remember ever having mono. It was probably just a bad cold, but that left a mark. And now you have that dormant EBV virus that just really likes to spur on Hashimoto's.

So that's a big underlying cause condition. In addition to the stressors that flip the switch. The other big one is gluten. I know people are going to roll their eyes and say, I did that whole gluten free thing, and it really didn't make a difference.

I'll say, but let's think about what really happens. Like chemically, biochemically, the gluten comes in. Now let me back up and say when you have Hashimoto's again, I love using analogies for people to understand.

Hashimoto's is like having soldiers and those soldiers go out and they attack your thyroid. So think about the amount of antibodies that you have as the amount of soldiers that like to go on and attack.

Less is better. Zero is best. So as you are kind of dealing with your soldiers every time you eat gluten, your soldiers think that it is your thyroid gland because there's something called molecular mimicry where that protein structure looks exactly like the thyroid gland.

So your soldiers go out, think, oh my gosh, invader, there's a bad guy coming in. They go out on attack. So they're attacking the gluten that you just eat, and then they're moving over and they're attacking your thyroid more.

In addition, it is said that that gluten molecule helps to build your camp. So you're going to see an increase in your soldiers, an increase in your antibodies.

The more and longer you eat food. Now, have I seen some gluten free patients with Hashimoto's antibodies and a thousand? And then I have other patients that have been shoving their face with the moon for years, and they have 43 antibodies.

Yes, of course, but when we're talking about really treating you long term, helping you to feel better, helping to

prevent further destruction of your thyroid gland, which will continue to happen and prevent that that latter stage of Hashimoto's, where it starts to go into other autoimmune conditions because usually with autoimmune, where we see when we see more than one.

So that ramp at Hoshi, left untreated, nobody's doing anything about it can move into becoming, well, not becoming, but moving to other autoimmunity. RA might pop up.

We see celiac disease a lot. And then, you know, God forbid lupus. And that's all the big bad ones. So it's a lot of prevention to of of that unknown destruction that could have happened if you didn't go gluten free and eliminate that from your life.

Yeah. Molecular molecular mimicry is such a mouthful and also such a big deal because I see so many patients who even think they're gluten free and they're still getting gluten when we do detailed testing.

And so you got to be really careful about cross contamination when you eat out. Yeah. You got to be careful about where it hides. And then with the molecular mimicry, I know I had this personally when I stopped going gluten free for my asthma and but I was still I had.

So you go off gluten, what do you do? You become like a rice addict and everything's made out of rice. But rice can be a molecular mimica, as can you dairy as can potatoes, as can corn.

And so you really have to start digging. It's really worth it to do those panels to look at what you are also sensitive to. So you're not, because I had this just the other day with a patient, who has Hashimoto's and, and it's actually a younger boy and his mom was doing such a good job with all the gluten free.

And it was really difficult because he's picky, but he was still having problems because she was giving him a lot of dairy and a lot of corn and a lot of rice, and it's like, so sad.

You don't want to say, oh gosh, you're doing such a great job. But I'm like, you have to, you have to go for all these things. Like, if you're going to go to the trouble to go off the gluten, you want to really make sure you're going off all the other stuff too.

So you're not doing it for nothing and still having issues. And so it's such a huge, huge deal. And I know some people do okay with gluten. I just don't think, you know, especially with how the gluten is stored and processed and the glyphosate.

I personally I don't anyone needs to be eating glue and I think it causes because you don't even know it could be causing neuroinflammation. There's so many things it does that I always say just go off it for 60 days and really pay attention.

Oh yeah. When you when you talk to a gluten free person when they get gluten or they willingly indulge in it, they pay the price. And you're right, it's not you.

We can't just think GI tract. It's not that you're going to have diarrhea.

Hashimoto's Triggers and Autoimmunity

You're not going to have. Yeah, I mean you might have that too, but it can affect parts of the body that you're not thinking of. So you could get an increase in destruction of the thyroid.

It neuroinflammation just general inflammation. I'll hear people say, oh, like my rash came back. Now I'm itching all the time. I mean, it can be anything across the board affecting your body.

I remember the I remember the moment I said I'm going to just eat some gluten because I was at a, at a Cracker Barrel. This is gosh this has got to be like 20 years ago.

And Cracker Barrel makes those really good. Like corn muffins. Oh they're so good. It's and I was like, I'm going to have one because it's so delicious.

And I'm just going to go off it and I don't care. I like still remember how sick I felt and how horrible I felt. But now when I look at something that's clear, I'm in New York as if I like a pizza or so I don't even feel like I'm being deprived.

I just see all the distress it causes in my body. And it doesn't just cause distress for 12 hours. Then you're gone and it's fine. It's like it can linger for weeks until your immune system clears it out and the inflammation subsides, and it's just not worth it.

It's not. It's not at all. Now, cracker Barrel flashback and Cracker Barrel. So I want to add I have so many questions. So also for Hashimoto's, what's been your experience?

Because I see a lot of mercury toxicity being an underlying trigger. Have you seen that as well? Oh, definitely. Definitely. So when you look in your mouth, if you see silver, that is an amalgam filling and that is off gassing mercury every time you bite down.

So every time you chew, every time you grind your teeth, it's releasing mercury. Mercury is very, very toxic to the thyroid. I mean, in addition to crossing the blood brain barrier, which is definitely not cool for longevity and brain function, prevention of Alzheimer's.

But mercury goes right to the thyroid and starts destroying that too. It has an affinity for it. So even after you get I mean, hopefully you got your amalgams out done properly, where literally if a guy in a hazmat suit doesn't walk into the vet, it's best to take your amalgams out.

You want to go. So that's how toxic mercury is, is that the dentist has to be in a full suit to take your mercury fillings out, but they're in your mouth and you're chewing on them every day.

So that's definitely something to look at. If, I mean, just for long term prevention, even if you don't have a forehead problem. And then kind of moving down from that, let's talk about those halides, the fluoride treatments that we get as a kid, and fluoride toothpaste that is so toxic to the thyroid gland.

Your teeth are here. Your thyroid is here. I mean, it's just constant talks. And every time you brush your teeth, I did those fluoride treatments to some not pointing a finger.

I'm guilty. You know, I was little, so. And then switching your fluoride toothpaste, fluoride free chlorine in your shower and your water. That's what water treatment facilities you.

So getting some kind of filtration system for your house, even for your shower. Definitely for your drinking water. I mean, getting rid of the chlorine bromide, bromine, soaking in them hot tubs.

No change like that. Salt hot salt thing. Whatever it is, there's a natural way to do it. You don't need bromine soaking into your skin because that's toxic as well.

Exactly. Yeah I have there's ways to, to, have natural, swap spa hot tub at one of my last house and I found some guy in town who did everything naturally.

Wasn't even the salt because there's some. It's definitely the salt water is a better option, but there's even some controversy with the salt. And so it's. Yeah.

Yeah, I'm looking into and making sure and definitely your shower, your tub, your water, everything needs to be filtered. Such a huge influx that's going to affect your thyroid.

So so let's have the iodine talk because that's always a controversial one. There's the cam that says no iodine in

Hashimoto's. And so what are your thoughts on iodine.

Literally the canvas split right. We are almost divided 5050 on this one. In this space I am pro iodine. I'm looking at the breakdown. I'm looking at the science.

I'm also listening to the guru doctor Brownstein, doctor David Brownstein, practice in Michigan, which we're in the goiter belt. I'm on Lake Erie. He was over here in Michigan.

Total goiter belt, a fibroid issues. And he was in his regular medical practice seeing all these thyroid patients walk in and he says, you know, I had no problem giving him fiber medication beyond synthroid.

He would use natural desiccated and the right stuff in the right blends, just like we do. But he's like, I had no problem doing that. But I was like, why?

Why am I seeing so much hypothyroidism? So he starts testing and now there's controversy with the testing. I'm not going there, but he starts testing me.

He's like, everybody's low iodine. He starts. Here's the best part, though. I mean, testing aside, he gives them iodine. They get better. They drop their dose of thyroid medication.

They come off their thyroid medication. Breast tenderness is gone away forever. Cystic breasts. He uses it even for prevention of cancer. So. And then when you think about okay, let's go back to World War two, the soldiers carried iodine for everything because it's anti-microbial, antibacterial, antiviral, antifungal kills anything.

But it also boost your immune system and every cell in your body has a receptor site on it. For iodine, same as it does T3. Every cell has a receptor for iodine.

So how can we say to avoid it? It doesn't even make sense. So yes, I'm in the pro iodine camp. And now listen, can you go overboard. Absolutely. And I think that's really where got it bad name is.

You had a couple of those practitioners giving large doses of iron on the thyroid patients. And they went into a siren storm and he came hyper and and that's where we had issues.

So other than that really super physiological high dose the use of iodine I'm pro. So what do you think about testing for iodine. But girl I looked into this, I looked into this and I still don't know where I land.

Here's what I've ruled out. The skin test doesn't work. That's now just don't even go by that. I like blood because it's going to tell us if you're definitely low.

Right? So if that comes back low, guess what? You're low in iodine. If it comes back high, it doesn't necessarily mean you're high in iodine. So that's where that the blood kind of gets near icky.

But we can use it for that first time, especially people that are taking it. We can use that to see the low.

Gluten, Cross-Reactivity, and Inflammation

So then we move in to the the provocation urine test, meaning you take 50mg of I overall of iodine right before this test, you collect your urine for 24 hours, and then we look to see what your levels are.

That's also controversial. Does it work? Does it not work? We're not sure. There's also just the basic 24 urine patch, unprovoked. Again, the views are split.

So I'll tell you this story though. Here's where I landed on on no testing and everybody needs iodine. I interview Barton Scott who owns Upgraded Labs.

He does hair mineral analysis testing. And I said, well, do you test for iodine? He's like, no. Here's why. Just like I said earlier, every single cell in your body needs iodine.

So he goes since every cell needs it, your thyroid needs it. You need it to convert. Day 43 why don't we just take it? There's no need to test. I'm like, oh, that's it. Did it.

That's it. So do you have any information? Do you have every patient taking iodine. Yes. Yeah. Every every hypo. Hashimoto's patient. Yeah. And how can I see very few hypothyroid patients.

That's not really I get them after a doctor has radioactive iodine. They're taking the thyroid out and now they're down into the hypo. Right, I got them.

How do you dose the iodine? Are you giving us standard dose? I always start low and slow. Always low and slow. So we'll even just start at 2.5mg. Yeah.

Bring it up to five and I go by drops based on what they're using. There's levels 2%. There's about 5%. I really like Sarah Vance's Celadon iodine because it's a scalar frequency.

And she she can deep dive into how good it is with the atoms in the eye. But yeah, I really like that. So I'll dose that. Now, she likes to use high doses of that in her detox programs.

I go still low and slow. So she'll go 25 drops three times a day. I mean, like let's do ten drops twice a day. Let's just start there because I have put too much iodine in my cup before and just thought, now I'll just take it.

And I do feel a little bit hyper and jittery that day. So it can I mean, you can you can feel it day one when you take a little bit too much. Definitely. So what about the meds?

Can you maybe there's so much confusion on the meds and the natural meds and do I need meds? And can you kind of just maybe walk us through that? Oh yeah. We're gonna simplify this. So here's what we're going to okay I'm going to break this down.

There's T4 meds actually though synthroid live ox all generics. Then you have an anterior sent falls in there too. And then in tears and salt. And then you have the T3.

That's your life ironing site amount. Then you have the natural desiccated thyroid and medications that your armor, your SNP, the used to be nature thyroid.

If you were and if any of you were on that. And that is a blend of T4 and T3 together and one pill where the T4 is are alone, the T3 are alone over here, then you have the NTS and that's it's the T foreign T3 together from a porcine source.

So it's desiccated dried out thyroid gland. Now they'll call people will call the synthroid the terra sense. The irony is synthetic. I call them bio sense because I hate the term synthetic and everybody thinks it's icky.

And then everybody comes to me and it goes, well, I want to do this natural. So I only want to do and medication and I go, well, what if I need medication doesn't work for you?

So if you ask my question, what is your favorite thyroid treatment? Your favorite thyroid medication? I will answer the one that's going to work for you.

Because at right there is no favorite. We can blend those. We can throw some T3 with the armor. I mean, we can do whatever. We can change doses, change ratios.

It's about what's going to work for you as an individual with your body. And it changes as you go through menopause or you have extreme stress. And. Yeah, I have some patients just need T3 and some of it, it's really all

over the place.

Yes, I love that you said that. So permission permission listeners to to fine. Right. I heard mix that works for you and know that it's something that you have to be checking and checking your labs and following up on.

It's not just like you go on a thyroid mat and off you go and never get checked again. It really has to be followed. And and you learn to know, I mean, my patients come to me as I read off doctor stills. I can tell you.

So you learn. Do you know best, doctor? So what about we got? We can't talk about the thyroid without talking about the adrenals. Yes. So what would you say about the relationship between the thyroid and the adrenal glands?

Okay, so T3 he needs cortisol.

Mercury, Fluoride, and Environmental Toxins

Cortisol needs T3. We don't demonize cortisol because it is needed for life. We don't want you to have brought on down cortisol. We want you to have some cortisol because T3 really likes to work with it.

So T3 can come in and nudge it up a little bit. If you are a little bit low and slow in the morning, we can use T3 strategically. We kind of place in those low points to bump it up because they really work synergistically.

However, I think also people are too quick to blame the adrenals and and say, oh, I know it's my adrenals, I know I have adrenal fatigue. I'm like, do you, have you tested now? Okay.

Then we look at the test and the adrenals are totally perfect, except for one little point that's low. So we can't be quick to blame, blame, blame the adrenals.

And and I know this sounds biased because the thyroid is my thing, however, I mean. Right. So if I focus on the thyroid, they're gonna be like, well, that's what she does.

But it just to me again, it doesn't make sense for and this might drive you crazy to shame for these like integrative or naturopathic or functional practitioners come out and go, we're gonna fix your thyroid by fixing your adrenals. And I'm like, if she's low in T3 and she's got a reverse T3 problem because they're insulin's high and she's estrogen dominant, I don't care what you do to the adrenals, she's still going to be over here suffering.

So we want to kind of do the both and right. We want to look at the again just like the hormones. We want to look at the thyroid and do the adrenals. Yeah.

My my gig is like if their adrenals are totally bottomed, which I see more often than I'd like to, I just like to support the adrenals for three weeks a month until putting the thyroid on so that there's some support there, but yeah, I don't.

They're like two separate beings, so they work together. But I have not really seen an adrenal solution really take care of the thyroid. They got gotta they got to be both addressed.

And I think that's just a misnomer again. And then you're walking around as the patient not feeling good because you're not getting what you should be having addressed addressed.

Yeah. So what do you think about temperature and low body temperature? The vitals are one way that we can kind of look at and see, a lot of people, we use that as a diagnostic tool, and I think it is in the beginning.

And then once we start dosing you with medication, we can use that to see if it comes up. It's a good indicator in most people. Now if you took me I am T3 only and I take a large amount and I have for many a couple decades and that's what works for me.

And the average doctor would be like, you're going to have a heart attack. I'm like, I'm fine, I'm good. I'm actually optimized right? So we have to look at each individual person and what's going to work for them, and then really kind of lay out that plan and tailor it to them.

Kind of tying back. I totally lost my train of thought. There, but I did. I went down a rabbit hole, lost my train of thought. So I'm trying my mind back to the adrenals.

But what was your last question? I was asking about low body temperature. So body temperature. See, I, I tied it to my the adrenals in my mind. Well that's good.

I have an optimized thyroid but still have low body temperature as I do and have it maybe be the adrenals. So if you look at my adrenals and we're entrepreneurs and I'm stress and your stress and always stress and run the candle on both ends right?

Our adrenals tend to really pull down our cortisol. So then that low adrenal function starts to lower your body temp too. I come in, I come in at like a 97.1 when I test.

So I'm like, I don't need more thyroid. I just need to not work as much or take some chill time. But it's yeah, don't you can't use that as the only measure of that.

You gotta do the blood too. But that's a nice cheap at home test. Yeah. Because I studied years ago with Doctor Wilson Wilson's temperature. Yeah. Yeah. Jerome.

So are you familiar with that. And do you have thoughts on that? I'm not overly familiar. I know he's the guy. I hear the guy. But I never dove into learning that.

So he teaches that low body temperature is is the jam. And if you have low body temperature, it means you're even if your blood looks good, that your thyroid still needs love.

Iodine: Testing, Dosing, and Controversy

And he does a lot of cycling with T3, with the with the outcome supposed to be that someone will actually reset and not need type T3 anymore. Now my personal clinical experience has not been that I don't see where patients cycle and then are just like, yeah, but yeah, but I do see where they cycle.

And we kind of like you were saying about yourself, we get them to like, oh, okay, this is the good T3 dose for you. And he talks a lot about just using T3, because if you're using T4 and someone's producing a lot of reverse T3, you're just fueling the flames of that.

And and so, it's just another interesting way to look at it. And yeah, I think that there's so many different pieces you have to be looking at. And I think where I really go to that is if someone's blood looks good, but they still don't feel good.

And the bottom line is we want you to feel good. And so there's there's always a way, there's always a method, there's always a way to get you there. And sometimes you just got to be a little creative and think outside the box and work with someone.

You will think that way so you can get there. Because I remember years and years ago, my patients started feeling good when their T3 would be out of range, and I just figured out, okay, well, this is they're not dying.

They're not having heart attacks, they're not having diarrhea, they're not anxious, they're not shaking all day. They are what they need. And I think also the misconception of if you are hypothyroid, you're going to be big and fat and sluggish.

I have a ton of patients who, you know, if they're 95 pounds soaking wet, but they still have low thyroid, then yeah,

shaking your head, you must see that too.

And so we really are about just breaking down all the B. S. we've been taught about the thyroid and really looking at it with new eyes, which then gives new life and new health to all these women who are suffering.

Yeah, yeah. Now, no doubt 100%. I'm all about tailoring the therapy. And like you said, I love what he says about T3 because I love T3 are powerful. It's powerful to make someone feel better really fast and it can push down that reverse T3.

But I love that he uses that. Now, I would argue that once you get that woman on T3, you're not going to be able to pry that out of her dead cold hands because you get her on it.

So yeah, yeah. So do you have two more questions before we finish? So with dosing T3, do you find. So this what he taught was that it has to be dosed exactly 12 hours apart like to the to the minute do you what do you find with T3 dosing that can mess up people's sleep sometimes.

So I mean sure, if you can do it the 12 and 12. But a lot of people have insomnia already. I know I couldn't do it because T3 does peak at four hours and it can.

I'm not saying it does, but it can have a stimulatory effect because it's increasing your ATP, it's increasing metabolism, it's increasing thermogenesis is increasing your body temperature. It's increasing your heart rate is increasing your blood pressure, albeit slightly.

I'm not saying you're going to take in. Your heart rate's going to go to 170. If it does that's a problem. But if but it's going to increase every thing.

So you just kind of have to keep that in mind and in timing because it could affect your sleep. I like dosing it like 1 to 3 p.m. my second one. So it's kind of close to the 12 hour or 6 a.m.

and then like 1 to 3 p.m., but it's out of my system enough to kind of come down to one down for the night. Right? I find yeah, some patients, they can't take thyroid at night.

And then I find other patients, they take it and they sleep like a and they sleep. Yeah, I know that's crazy. I, I heard that too. Yeah. I'm like, who are you. Yeah.

Yeah. So could you we didn't talk about could you talk about taking your thyroid hormone. And does it need to be on. And it like all the misconceptions or truths about what you need to do to make sure if you're taking it, you're getting optimal benefits from it?

Sure. Yeah. Absolutely. I get this question all the time too. So here's the thing. Whatever is out there and whatever information there is, and I can't give you a 100% answer, but I can break it down with logic.

If we're trying to get you optimize and you take this thyroid hormone replacement therapy, it's not like popping an aspirin. We're actually replacing hormones.

So you're taking this to build those hormones and replace the hormones that are missing. And then you take it with food. We know that food. Listen, the reason why you take food with your supplements is so you don't get in a bad stomach and nasty stomach, because that food is going to slow some of the absorption and it might even hinder some of the absorption.

Thyroid Medications and Adrenal Support

So when you're taking your thyroid medication, I want whatever that dose is to do its job in your body. I don't want food getting in the mix as I'm trying to optimize you.

So I say, let's stick with that one hour. No food on any side of that medication one hour before take your man, one hour after, no food, and just let yourself get optimized with that dose.

So one hour until you eat. And now does that include your morning cup of coffee? Yes. Because coffee is known like we actually can see this, right? This is study. I'm 100% on this one.

That coffee does interfere with absorption period. And can you take your thyroid with other supplements, or are you just taking it alone? I would it I mean, people even ask me this, like with my supplement, it's called thyroid fixer.

Like, can I take this with my thyroid medication? I'm like, no, because every single supplement is in a usually unless it's a liquid, is it? You can probably take a liquid supplement with your thyroid medication, but if it's in a capsule form, that capsule is made of some kind of gel, and then there's some kind of stabilizer inside this, there's stuff that's going to get in the way of the absorption.

So again, we just come back to for best results until you're optimized and you feel like you can play a little bit more, then just take it on and do something.

Nothing. No supplements nothing. So just I often tell patients, if you wake up for that early morning pee, yeah. And then make it and you don't have to be like, I'm on my coffee and waiting an hour.

And yeah, just take you whenever you wake up in the night. Even if you took it in the middle of the night, it's not going to keep you up. You know it's not going to all of a sudden like oh I took it at two.

Now I'm wide awake now, I mean unless something else is keeping you awake but it's not going to keep you up. And so if you really follow that I would think maybe you won't need as high a dose.

And so it's an important thing for the listeners to be thinking about. Like if you are taking it like Doctor Amy says, make sure you're taking it properly so you get optimized.

Yeah. Anything else that I didn't ask you that we need to cover, did we kind of. Do we get it all? Yeah, I think we got it all. Yeah, I would say just.

And last thing is just to have hope. Listen to your body and have hope rejected. Listen to your body because it's giving you those symptoms that you have are signs and signals saying let's look deeper.

So definitely listen and tune into your body signals and then have hope. Because what if I would have stopped at doctor number four? Number five, you know, if I would have just given up and given ends have all you know, they're all telling me that I'm normal and it's fine.

It's all in my head. So if I were to believe that and stayed there would be here with you today and I would be definitely miserable. So you have to have hope and keep going.

How to Take Thyroid Medication Correctly

Yes. No, never. Never say never. I, I have worked with so many patients who were told they're they're going to die or this is it. And it's like, no, no, no, we we there's always there's only so many things to look at.

There's always options. You just got to be determined. And so if you're not getting the help you need or the hope you need, just keep looking because there's lots of people out there who will give it to you.

So, thank you, thank you, thank you so much for coming and sharing your knowledge with us and talking about the also important thyroid gland. This was, definitely an important piece of mastering your menopause transition.

You you got to have your thyroid optimized or nothing else is going to really work for you. So crucial knowledge. Thank you for sharing. Thank you for being here.

Where can the ladies learn more about you? Absolutely. So you can find me on my podcast, The Thyroid Fixer Podcast that's on all podcast platforms. And you'll listen you'll learn a lot.

And then if you want to reach me directly, Doctor Amy hormone.com is my website. If you're interested in working together, you can click on the book a call and book a free discovery call.

We'll chat through your your health and your history and get you on the right path. Thank you, thank you. All right, everyone, this was a good one.

Final Advice and Where to Learn More

So you've got lots and lots of thyroid information, and now you got to put it into action to make sure your thyroid is on the right track. So thanks for being here.

Be well and we'll see us in.