Your Thyroid Has Eight Ways to Show It's Under Attack Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Guest Welcome

Hi everyone. Welcome back to the Future of Menopause Medicine Summit. I am your host, doctor Sharon Stills here for our fifth year. Always excited, always an honor, always a privilege to be with you all.

Today I have a special guest who I have been wanting to come on the summit since the beginning, and now we've got her here. Many of you probably already know who she is.

It's Doctor Isabella Wentz, New York Times bestseller thyroid extraordinaire. Many of you probably already follow her, but we are going to have a great conversation about two of our most favorite subjects in menopause.

We're going to talk about the thyroid and we're going to talk about your gut health. So if you don't already have a pen and paper, go grab one because there's going to be lots of information she's going to be dropping.

You're going to want to jot it down. And she has a new book. So she's the New York Times bestselling author of Hashimoto's Thyroiditis Lifestyle Interventions for Finding and Treating the Root Cause, Hashimoto's Protocol.

And she wrote Adrenal Transformation Protocol. And now she wrote IBS finding and Treating the Root Cause of Irritable bowel Syndrome. I have a hard enough time finding space to write an email newsletter, so she's a fantastic woman on that.

She keeps birthing these books. She also has birth, two beautiful children. She's got a new baby girl and she's just beautiful herself inside and out.

And we're really honored and happy to have you here. Help educate the audience. So thank you so much for coming and taking time out of what I know is a very busy schedule.

Sharon. It's such a joy and delight to be here with you. I so appreciate your energy and how you show up as a healer in the world. So it's such an honor to be here, I thank you.

Well, let's dive in. So, I mean, I guess for anyone who doesn't know who you are. If you can just maybe give us a little background and your story.

Isabella Wentz's Hashimoto's Journey

And how did you become the heroine of Hashimoto's? Helping so many people. Oh, that's that's so sweet. So I first became interested in the thyroid gland.

Not during pharmacy school. It was actually because of my own diagnosis with Hashimoto's, when I was already a practicing pharmacist, and I had been having strange symptoms for almost a decade, going to different doctors, trying to get answers, and none of the answers were helpful.

I got, of course, put on proton pump and had inhibitors from my acid reflux medications for IBS. I was told that it was normal to be tired because I was just getting older in my 20s.

Of course, I was told that hair loss was normal and I just felt like my body was breaking itself apart. And finally, I had realized after being a pharmacist for a few years that not all doctors are created equally.

Wow, what a shock, right? And I thought opinions and found an allergist who tested me for thyroid antibodies and they were in the 2000 range. The TPO antibodies, thyroid globulin antibodies were in the 600 range.

Unfortunately, she said, this is probably just fine. Like you might have thyroid illness one day, but like you're fine right now. Meanwhile, my tears was already elevated but not high enough to, quote unquote, be treated.

So the following year I went and had another physical and I think my age was at an eight or something like that. And my physician at the time said, oh, yeah, this makes sense with your history of Hashimoto's, and you should probably get on thyroid meds pretty soon, because it looks like your thyroid has burned itself out.

And I was like, but last year I was told that this was fine and I didn't need to do anything about it. Now it's like, well, now you do now. And I was like, oh, well, what is going on?

I definitely was like open to taking medications, being a pharmacist, I thought they were going to be the solution for all of my problems. Spoiler alert they were not.

I took thyroid hormones and instead of sleeping 12 hours, I slept 11 hours. Improvement, but still not, you know, congruent with being human. And I still had the IBS, acid reflux, carpal tunnel, panic attacks, anxiety, hair loss, palpitations, fatigue.

You know, all of these symptoms were still there. And I was like, well, how did I develop this condition in the first place? Is there anything I can do to like, reverse it?

Or at least maybe get rid of these darn symptoms? Because this thread med shirt and cutting it right. And that's how I became the thyroid pharmacist was through trying things on myself and figuring out how to get rid of all my symptoms and how to get myself into remission.

And then I ended up writing a book about that. And since that time, I am a full time educator and thyroid pharmacist, where I help people take charge of their health when they have Hashimoto's and are trying to get themselves into remission.

I love that, I love, I love people who, like, have a problem and just go find the solution and then share it with others so that they don't have to suffer like you did.

You know what an absurd thing for your that initial doctor to say to you? So let's break down. I have something questions for you. But first for the listeners, if you can explain like the thyroid antibodies, what the difference is between the two.

And there's there's always like different schools of thought. So where do you come in. Like if you have a peroxidase of ten and normal is below 30, do you consider that Hashimoto's or.

I'd love to hear your thoughts just around the antibodies and telling the listeners what the antibodies are, because most doctors don't run them, and they certainly if they run the peroxidase like they don't run the thyroid globulin even in like functional medicine world.

So the thyroid peroxidase antibodies, and if you're writing that down, you could write TPO. And the thyroid globulin antibodies, abbreviated as TG. Antibodies, are the two most common autoantibodies that have been correlated with Hashimoto's.

Understanding Thyroid Antibodies

Essentially, what this means is that your immune system has designated the thyroid gland as a foreign invader and something to attack, so if you have them, not really the best thing in the world, because that means your body has started to recognize the thyroid gland as a foreign invader.

And the reference ranges are, generally speaking, if they're under 35, then you don't have Hashimoto's. But if you have thyroid antibodies over 35, then you do have Hashimoto's.

And the higher the thyroid antibodies are, the more aggressive the attack on the thyroid gland. So the faster you're going to progress from, hey, the thyroid gland is under attack to overt hypothyroidism because in the early stages when you just have those thyroid antibodies, your thyroid gland can actually compensate, make enough thyroid hormone.

And some of the other thyroid numbers might look normal, but you still might be symptomatic, so your body is still kind of hanging on and compensating.

But the higher the antibodies, the faster you're going to have the breakdown and destruction of the thyroid tissue. Generally speaking. There's of course some exceptions to that.

And I would say in my experience, a healthy person without thyroid dysfunction, without an autoimmune attack against the thyroid, should have a thyroid antibody level of like zero, one, maybe two.

So even if they're like at eight, ten, 15, 20, that could be an indication that you have Hashimoto's. And something that throws people off is that there are actually eight different types of thyroid antibodies that can be present in Hashimoto's, and most of them are not actually tested like other than in like, research.

So we don't really have access to a lot of these antibodies. And there's something called sterile negative Hashimoto's where you don't have thyroid antibodies, but you do have the alterations on your thyroid gland that are correlated with Hashimoto's.

So if we were able to look through your at your thyroid with an ultrasound or perform a five needle biopsy of your thyroid cells, they would show changes consistent with Hashimoto's.

So it would be like, you know, you have immune cells in your thyroid and your thyroid is under attack. So so thyroid antibodies, majority of people will have them.

But just because you don't have them doesn't mean that you don't have Hashimoto's. Right? Always important to get that ultrasound to make sure that you're not misled.

So can you. And you mentioned a little bit more. But I mean, I know I see this constantly when women come in to see me, you know, they were told they have Hashimoto's if they got that far and then they were just given thyroid medication and no one, no one did anything else.

And so what do you find are the biggest drivers for Hashimoto's that have nothing? You know, because needing thyroid medication is a symptom of your thyroid being attacked.

So why is the thyroid being attacked in the first place? And that was always my question at a very wise question to ask, I think for patients and practitioners alike.

And in my experience, I would put the causes into five different categories, and we could dive into one or more of them if you'd like, but nutrient deficiencies would be one category.

Then we have food sensitivities, then we have a impaired ability to handle toxins. Then we have a altered stress response. And then the last would be chronic infections.

And so you know, some of the things I've seen for food sensitivities, gluten and dairy and soy being the most common one, nutrient deficiencies vitamin D, B12, selenium are some of the common nutrient deficiencies too.

And so infections. Are you talking about gut infections? Because I want to tie in like you wrote a whole book about IBS. So I know someone in the audience is going, well, if she's teaching about thyroid, why is she teaching about IBS?

So if you can connect that and where that plays a role, definitely.

Root Causes of Hashimoto's

So there are various infections that have been tied to Hashimoto's. These include a lot of infections that we can have in our gut, such as H. Pylori small intestinal bacterial overgrowth blastocyst.

This hominis is a type of infection that's also been correlated with Hashimoto's. It's a tiny little protozoa. And one of the things that happens when we have a gut infection or small intestinal bacterial overgrowth is that we end up with something called intestinal permeability, which is essentially our gut immune system gets broken down and our body loses its ability to separate self from non-self.

And Doctor Alessio has found that every case of autoimmune disease, Hashimoto's being an autoimmune thyroid condition, of course, is correlated with three things.

There is a genetic predisposition, there is some kind of a trigger. And then the last thing is that intestinal permeability leaky gut component. And we need to have all three of these things present in order for the autoimmune to manifest.

The good news of that is if we can take away one of these three, then we can get the auto immunity into remission. These stay and age, we can't really change our genes.

Maybe in the future we'll be able to like edit our genes. Right? Like that probably. Yeah. We can't really always figure out the triggers. Sometimes we can.

Sometimes it's a nutrient deficiency, sometimes it's a food reaction, sometimes it is a some kind of a toxin. And that's wonderful when we can uncover these triggers.

And I do try to do that with a lot of my clients. But the one thing we always can do is we can always make the gut lining less permeable. And we could figure out how to make the gut less leaky than we can get the person to get into remission.

Yes, I know when I run blood work on patients and I run an A and A and it's positive, the first thing I do do is go, we're doing a stool test. We got to look at your permeability, right.

It's you know, if only rheumatologists would think that way instead of just reaching for these biologics, it would it would be a lot more useful. So leaky gut IBS.

Let's talk a little bit about that and how that ties into, you know, the IBS. We know leaky gut autoimmune Hashimoto's. But how did this IBS come into the whole picture for you?

Well, as you may guess, leaky gut can have some symptoms in some people. It's completely asymptomatic or they just might have autoimmunity. And that is reason to suspect they have leaky gut.

In others, they might have symptoms like abdominal pain, bloating, constipation, or diarrhea, or all of the above alternating. And of course, we do know that these kind of symptoms will generally warrant an IBS diagnosis.

So irritable bowel syndrome is a patient self-reported diagnosis. When a person experiences digestive distress for a prolonged period of time. And in my experience, many people with Hashimoto's had irritable bowel syndrome, either as a diagnosis or just they had those symptoms, right?

They were like, oh yeah, I'm constantly constipated or I have a lot of diarrhea, or I'm just always bloated, or my stomach hurts after I eat or, you know, I get so bloated after I eat.

And so big part of the work that I had done with a lot of people is getting their gut in good shape and figuring out if they had some kind of a small intestinal bacterial overgrowth or infection, dysbiosis, so on and so forth.

Gut Health, IBS, and Leaky Gut

And I ended up finding like 30 or so unique causes of irritable bowel syndrome slash leaky gut, where I feel like a lot of the information out there from conventional medicine is like, if you have IBS, just take these medications, maybe some fiber, maybe probiotics.

And the functional medicine approach was always like, it's Sibo. But in my experience, like not everybody has Sibo, and sometimes Sibo is caused because you have H.

Pylori or because you have hypothyroidism, or because you have some kind of a parasitic infection in the small intestine. And so I really wanted to, I guess, be of service and create a guide on everything that I had learned about IBS from my Hashimoto's patients and later my IBS clients, because I found if you address the gut, you can help so many conditions like anything from, yes, IBS, but also autoimmunity.

I wrote my various mental health conditions. They've all been tied to the gut. Yeah. You think you think about like if you're bloated or you're constipated, like your whole life is ruined for the day, right? You just don't feel good.

And I remember being in medical school and embryology and like, how we're formed in the womb and how it's like the gut tube is where all the organs bud off from.

And so it's like there's that embryological neurological connection. So of course, so like in medicine when we're like it's the liver and the gut, right.

Like if you fix the liver and you fix the gut, the patient's going to be happy. So I'm curious to know you said you found 30. I know we can't go through all 30, but maybe you can pick a few of the ones you find more interesting as causative factors and share with us.

Definitely. So we already talked about like Sibo. I think that is small intestinal bacterial overgrowth. That's a powerful producer of intestinal permeability.

And treating that you do want to eradicate. The CBO is going to be very, very helpful for many people's symptoms. The other causes are going to that I find very interesting are going to be infections, where sometimes people think that they maybe traveled somewhere fun and they caught a bug and it worked themselves out of their system.

And then five, ten years down the road, they actually end up with an autoimmune condition that is oftentimes an indication that that infection has stayed with you.

And so these could be parasitic infections. They can be viral infections, they can be bacterial infections. And they can flare up in times of stress where they might be lying there somewhat dormant. And then something happens.

And then you all of a sudden they're like, it's time to grow and multiply. And so infections can be a really big game changer for people. Beyond that, I have found random things like nickel sensitivity could be potential causes for IBS and intestinal permeability.

Various nutrient deficiencies, L glutamine and zinc are two of the potential nutrient deficiencies. Digestive enzymes deficiencies can also be a powerful contributor as well as a whole.

Host of different toxins can really shift the microbiome and lead to like constipation and digestive distress. When you say digestive enzymes, where do you find like stomach acid?

I find like low hydrochloric acid is such a epidemic. It's almost gotten to the point where if I see someone who has adequate stomach acid, I'm like, oh my God, you're a unicorn!

So where do you find that for you in your research and work? Well, it's very common in hypothyroidism. In fact, they say the research has shown that most people with hypothyroidism either have very little stomach acid or no

stomach acid at all.

Many of them will present with acid reflux as a symptom, as do many people with IBS. I think there's about an 80% overlap. If you have IBS, you're going to have, Aster reflects.

And so this is a very, very important thing to consider because the conventional medical approach will say, if you have acid reflux, we're going to give you acid presents where it's actually you're not breaking down the food properly.

And that's why you're having the reflux. And I love to utilize sometimes betaine with pepsin. It's a digestive enzymes that can support that pathway. Sometimes apple cider vinegar or a little bit of lemon juice in a glass of water.

Not straight up. Sometimes you find thiamin, which is a nutrient. When when we use it in a mega dosed fashion that can actually support our digestive process, supporting stomach acid production, and so uncovering why a person has low stomach acid as part of the investigative work.

In some cases, it could be that each pylori infection.

Common IBS Triggers and Low Stomach Acid

And we wanted to kind of take a look at that and not just take it at face value that you are. You're going to have ask reflux and you just need to take some antacids, right.

So solutions we love solutions around here. And what do you recommend for the listeners, whether it be supplementation or lifestyle things, things that they could easily start implementing to help with irritable bowel, to help fix the leaky gut, to help with their Hashimoto's.

You know, a lot of them are crossover. What are some like stuff? What are some things they can start doing? Definitely. So with Hashimoto's, some of the first recommendations are to focus on nutrition.

And same with IBS too. So figuring out which foods are not your friends with Hashimoto's. Gluten, dairy, and soy are the three most common reactive foods with IBS.

These three are also very important, but there's also food additives, I would say, and artificial sweeteners and non non caloric sweeteners can be really, really problematic.

So things like erythritol, Splenda, all of these Gwar gums I would be very cautious of you eating foods that are highly processed and may contain some of these.

I know. Unfortunately some of like the low sugar trends with like, you know, you might see your research hall or sorbitol in keto snacks or supplements that are no sugar, right or whatnot.

So this is something to be wary of. It's a really, really great place to start. And then with Hashimoto's and IBS supporting your digestion, a really big part of it is making sure that you are giving your body an opportunity to be in the rest and digest state is like the parasympathetic state.

So slowing down to eat, chewing your foods properly, right? Considering taking some digestive enzymes, there are some broad spectrum digestive enzymes that people can utilize or if they find, you know, that they have issues with fat malabsorption, that fatty foods trigger them.

They can utilize something like ox or pancreatic enzymes if they find like a big steak is really tough to digest, they might need some stomach acid support like betaine with pepsin.

This is oftentimes a really great place for people to start to support themselves, both with Hashimoto's and with

IBS. Like liberating some of that digestive distress can help people extract more nutrients from their foods.

Their foods are going to be less reactive for them, and it can clear some of that small intestinal bacterial overgrowth, because we're not feeding all of the bacteria in the small intestine.

I just want to say to everyone listening. So we live in a very pill orientated society and so we want to. Oh, I need digestive enzymes. Oh I need hydrochloric acid.

And you probably do. And I have patients take them all the time. But Isabella said to your food and I feel like sometimes we hear that and just goes in one out here and the out the other.

But like that's such an important thing to like, chew and be mindful and be present and be still. And to actually do that, it's a lot easier to just open up a bottle and take some digestive enzymes than to put the lifestyle practice in.

But that's such golden advice she gave. I do a lot of work over in Europe, and there's a very famous clinic called the Mar Fasting Clinics, and people travel from like all over the globe.

They're like very high end. At the end of the day, what they teach there is to chew and liquefy your food. They even say to chew your water, which I haven't quite gotten a handle on.

How do you want? But so like, don't disregard what she said about chewing. Like if, you know, parasympathetic chewing your food, if you really do that, you'll need to.

You still might need some hydrochloric acid, but you'll need less than if you are not chewing and not present. And so it's just such a great practice.

And I just wanted to highlight what you said because I think it's so important. So you also mentioned nickel. And so I'm curious what you find with metals and Hashimoto's.

Like I find a lot of mercury toxicity. I never really thought about nickel. I don't see that as commonly. So I'm curious what your research and what you've discovered around heavy metals, because we all have them, right?

Practical Steps for Thyroid and Gut Support

You know, we're at that point in life where we all have toxic loads. It's just a matter of how much and what we're doing with it. I've done a lot of different talks in testing with people with Hashimoto's, and different patterns might show up.

Some people might have heavy metals. Hopper toxicity. I've seen very frequently where people will actually have too much copper and not enough zinc, and this can manifest as skin, acne, anxiety, poor wound healing.

I've also seen people with mold toxicity. So this is another type of toxin that I see very frequently. Generally speaking, the thyroid gland is very sensitive to various toxins.

It tends to concentrate things like iodine and then also fluoride. Toxicity is another potential trigger of thyroid dysfunction. And my approach used to be with clients that I would test them for a bunch of things, and then we wait for the test results to come back, and then I'd start them on a protocol.

And this became kind of like time and cost prohibitive for a lot of people. And I would recommend different things for them where they would kind of get frustrated and they'd be spending a lot of time, resources to not get any answers for a very long time.

And I had these clients with multiple chemical sensitivity and Hashimoto's, where I was like, okay, these people, they can't take like a basic vitamin because they're sensitive to it.

They're sensitive to like everything. The elimination diet isn't really making a difference. So what can we do? And I started putting people on liver support, just like a broad spectrum liver support plan.

For two weeks. I would have them take like an cysteine. I would make sure they were taking magnesium citrate so they would move their bowels. I would utilize all of these herbs that support the liver.

I would utilize herbs that support bile production and support the gallbladder, as well as some of the cofactors for all of the the ways the liver clears toxins out of the system.

And I started to have these clients having a major turnaround within two weeks of doing that protocol. And then I was like, This is interesting. And so along the lines, I learned, well, I already knew that a lot of the conversion from 243 happens in the liver.

So clearing up that backlog of toxins and hormones actually helps deliver utilize our hormones better, including thyroid hormones. And then I started to realize that, oh my goodness, sauna and NAC and all of these different liver pathways are a way to get rid of this toxin and this toxin in this toxin and this toxin.

So these days, what I do is I actually start people on the liver support, just as a first step to kind of get a clean stay slate, to try to get rid of some of that toxic backlog.

And then we can also do some testing beforehand to see if there's or even after, just to see if there's anything else that we're working with. Because sometimes the testing can take I mean, the person gets the kid and it sits in their house for six months, right?

And I'm like, I've had one client. It was like seven years later and they're like, you know, here's the kit. Why am I getting this? I switched the platforms for where I receive lab results, and I'm like, why am I getting this?

Like lab result? I haven't used this platform for six years. I was like, oh yeah, I was a client from so long ago. So that's been my approach in the last nine years or so where I'm like, okay, let's get you a clear slate and just focus on supporting your liver, because most things can be cleared out through the liver, through sweating and through pooping on a regular basis.

Yes. You gotta love, love your liver. So we're almost at a time. What would any like tidbits? Anything else you want to share that I didn't talk about?

Do you have your book? Can you show us your book? Definitely. So my my newest book is IBS Finding and Treating the Root Cause of Irritable Bowel syndrome.

Then my most popular book is Hashimoto's Protocol. This is the one that's a 90 day plan to reverse thyroid symptoms. And I have I also have a book about adrenals.

So this one is for people with fatigue and brain fog. And this is a plan to reverse fatigue and brain fog in about four weeks. We hadn't talked about this, but the stress response is oftentimes a big system that's broken in people with chronic illness autoimmunity, Hashimoto's, fibromyalgia, IBS.

So this is just like a comprehensive plan where you don't need to do a lot of the functional testing or whatnot. You can just follow this plan to restore your circadian rhythm and your stress response.

Books, Resources, and Closing Remarks

Yeah, I always say stresses like 99.999999999% of all that ails us. So that's, you know, really important to support your adrenals while you're supporting your thyroid.

So she's like a one stop. She got it all. It's like the encyclopedia of healing. We've got adrenals, thyroid, gut. You have to write a liver book next.

I know I said I swore off writing any more books and I have these two beautiful children, so I'm like, okay, no more having children, no more writing any more books.

But now I'm like, but wait, do I just collection and write one about like, liver detoxification? So yeah, well, I see it coming down the road at some time, but I do have a whole liver protocol in the Hashimoto's protocol.

So there is a whole guide on supporting your liver in there. Well, and where other than reading your books, can people work with you? Do you run like how can the ladies listening who want to learn more?

What what do you recommend they do? Where should they follow you? What should they check out? My website Thyroid Pharmacist. Com has a lot of free articles and resources for people to take charge of their own health.

So if there's like a symptom of Hashimoto's that you're struggling with or hypothyroidism or IBS, you can search the website and there will be like a comprehensive article on how to take charge of your health if you go to Thyroid Pharmacist, I go into details about nutrient deficiencies as well as supporting digestion.

I have some free book chapters that you can receive on your end, and some gluten free, dairy free recipes. And then I do have we do have programs for coaching that are going to be coming back online once I'm fully back from maternity leave.

So in the fall, I'll start taking more clients and doing a little bit more group programs and coaching. In the meantime, I've got so many books and so many free resources that people can take advantage of.

Awesome! Well, you are just a inspiration. See ladies, you truly can do it all you can. Birth babies and birth books and be beautiful and be vibrant and just such important work you're doing.

So many women suffer so needlessly because the solutions really exist for your thyroid, for autoimmunity, for your gut, for your liver, for your adrenals.

And so, you know, we talked about a lot of things here. And go read her books. Check out the website. Sounds amazing. Go check out, say the website name again.

I word pharmacists, thyroid pharmacists. So thank you. Thank you for being here and taking time out of your totally busy and your maternity leave. And we really appreciate you coming and sharing and just, you know, all the help you're helping so many women get the, you know, get the help that you didn't originally get.

So what a blessing. So thank you everyone for being here and coming and learning at the summit with me and my amazing guests. I know you have a lot of options for where you get your information, so I take it to heart that you're choosing to be here and that you're learning along with us.

So we'll be back till then, we'll see you.