EPISODE 220

Lose Stubborn Fat and Heal Your Thyroid Function with The Hashimoto's Protocol – with Dr. Izabella Wentz

---

Shawn Stevenson: Welcome to The Model Health Show. This is fitness and nutrition expert, Shawn Stevenson, here with my amazing, troublesome co-host and producer of The Model Health Show.

Jade Harrell: Nobody's going to believe that.

Shawn Stevenson: Jade Harrell. What's up, Jade?

Jade Harrell: What's going on, Shawn?

Shawn Stevenson: Oh they'd better believe it. They'd better believe it.

Jade Harrell: No, they know I bring the light and joy that keeps you sane.

Shawn Stevenson: Mischief.

Jade Harrell: That's what I would call it.

Shawn Stevenson: So how are you doing today?

Jade Harrell: I am spectaculodius.

Shawn Stevenson: Spectacalodius.

Jade Harrell: Spectaculodius.

Shawn Stevenson: Alright I'm not even going to touch that one. What does that mean?

Jade Harrell: I am so melodiously spectacular today.

Shawn Stevenson: Oh wow, come on now.

Jade Harrell: Oh yeah.

Shawn Stevenson: I like that. You're going to get poetic on us?

Jade Harrell: I did.

Shawn Stevenson: Poetic Justice?

Jade Harrell: I did.

Shawn Stevenson: Okay.

Jade Harrell: I need my braids back.

Shawn Stevenson: Shout-out to the doogie braids.

Jade Harrell: Janet Jackson. That's right, on her way back.

Shawn Stevenson: I love that. I just saw one of her Instagram videos.

Jade Harrell: I watched it, too.

Shawn Stevenson: And you know, she's kind of just putting herself out there and letting people know- you know she's going back on tour but she's just, "You guys can see I've picked up some of this baby weight, and it's very difficult to get off." And then you know, you hear a voice come in, "More than a little."

Jade Harrell: That was her brother.

Shawn Stevenson: She's like, "Shut up, Randy." You know what? Everybody blames Randy and Tito, right? They're like the butt of all the jokes. "In the car, Tito." Yeah. So anyways, Janet Jackson is just a legend icon.

Jade Harrell: Oh man, and what a survivor.

Shawn Stevenson: 'Let's Wait Awhile.'

Jade Harrell: Yeah.

Shawn Stevenson: Huh? What you know about that? If you don't know about 'Let's Wait Awhile.'

Jade Harrell: It's called don't play nothing else, but put it on repeat on- yeah.

Shawn Stevenson: You played yourself.

Jade Harrell: I mean for like three hours.

Shawn Stevenson: Janet Jackson- when 'Control' came out, she took over the whole world.

Jade Harrell: Oh yeah, I knew the whole routine, that's right.

Shawn Stevenson: I bet you did. I don't even want to picture-

Jade Harrell: I jumped out the chair, too.

Shawn Stevenson: Oh no you didn't!

Jade Harrell: I did. Pleasure Principle, that was me.

Shawn Stevenson: We need to have like a perimeter put up around you at all times. Set up a perimeter.

Jade Harrell: That's right.

Shawn Stevenson: A perimeter around Jade.

Jade Harrell: Unleash her. Unleash her.

Shawn Stevenson: Alright, everybody thank you so much for tuning into the show today. We've got an incredible show lined up for you and a very, very special guest, and we're talking about a subject matter that is on the minds and hearts of millions and millions of Americans, and also people worldwide because this is like the biggest autoimmune epidemic going.

And so but what's so crazy is that you still are not hearing in popular media how important this is, and also the options that we have available to us.

It's kind of treated one specific way whereas there's a plethora of different options out there, and this individual has put together a #1 New York Times bestselling book, and the definitive guide on this subject matter.

Jade Harrell: What's the subject?!

Shawn Stevenson: Hashimoto's.

Jade Harrell: Oh wow.

Shawn Stevenson: Hashimoto's thyroiditis.

Jade Harrell: Oh yeah.

Shawn Stevenson: But also, this is going to tie into a lot of other autoimmune conditions, and to give you some real solutions and profound insights, and she's going to share some things that we haven't talked about in this show yet.

But before we get to our special guest, I'd like to give a quick shout-out to our show sponsor, Four Sigmatic.

Jade Harrell: Okay.

Shawn Stevenson: Four Sigmatic. Today I had my Lion's Mane tea. I knew that I was going to need my brain power, right? I need to do some of those brain sit-ups, brain curls, to get in here and rock the house for The Model Health Show and provide a lot of value for you guys.

So the reason that Lion's Mane is one of my go-to's, especially when the mental game needs to be on point, is that this is clinically proven to be- this is a substance that's neuro- it creates a process called neurogenesis.

So we're talking about literally the creation of new brain cells that are- this is a catalyst for that, right? There are very, very few things that are in our nature, and in our lexicon that we know about that can do that.

You know there's processes, you know learning, reading for example, doing some mental work-

Jade Harrell: Sleeping.

Shawn Stevenson: Exercise. Sleep. But certain foods substances, and why I love this is that this has been used for thousands of years, this wasn't created last week by Cousin Vinny in the laboratory, right? Or the so-called laboratory in the back of a truck somewhere.

Jade Harrell: Right.

Shawn Stevenson: This has been used for thousands of years. And plus, Four Sigmatic, they use the dual extraction method. So they do a hot water extract and an alcohol extract to actually be able to pull all the good stuff out of the mushrooms.

And whereas if you're buying this from different supplement companies out there, it's generally going to be one extraction method. So you're going to be missing out on a lot of the valuable compounds.

Also they have the Cordyceps, which I use the pre-workout. They have the Chaga, the Rishi, so many amazing mushroom elixirs to choose from, and of course the mushroom coffee.

Jade Harrell: Oh yeah.

Shawn Stevenson: Which- yeah, so it's my wife's jam.

Jade Harrell: Yeah.

Shawn Stevenson: It's her peanut butter and jam.

Jade Harrell: That's us both.

Shawn Stevenson: And you can get access to these for 15% off. Just go to www.FourSigmatic.com/model and you're going to get 15% off all of their superfood mushroom elixirs. So head over there, check that out.

Jade Harrell: Good stuff.

Shawn Stevenson: Also of course I added to it though MCT oil. Alright?

Jade Harrell: Yeah.

Shawn Stevenson: Emulsified MCT oil from Onnit.

Jade Harrell: What flavor did you use?

Shawn Stevenson: Strawberry.

Jade Harrell: Oh yeah.

Shawn Stevenson: That's my thing. So those two things go together like spaghetti and meatballs.

Jade Harrell: Like Shawn and Jade.

Shawn Stevenson: Spaghetti and tuna sandwich?

Jade Harrell: Yes.

Shawn Stevenson: Spaghetti and lamb sandwich? They go together so wonderfully. And MCT oil, this is critical for the function of your brain and nervous system, these medium chain triglycerides.

Again, something that's radically deficient in our world today, in our diet, our modernized diet, so this is a great way to supplement that.

Also you look at the fat burning aspect. This can help your body to kick into that utilizing ketones for fuel a lot faster. So MCT oils, emulsified MCT oils; strawberry, coconut, vanilla, and they have the original as well, that's just the plain MCT oil.

Plus the protein, the hemp force protein, recovery protein; Onnit is my jam.

Jade Harrell: I was going to say, is that where we can get them? From the people who-

Shawn Stevenson: Oh I've got the shirt! They've got the gear! The Onnit gear is fantastic. So head over, check them out, www.Onnit.com/model for 10% off all of your health and human performance supplements.

Jade Harrell: Yes.

Shawn Stevenson: Now let's get to the iTunes review of the week.

Jade Harrell: Oh you'll love this one. 'Wowza' is the review. Five stars. 'Shawn and Jade, you two. Shazam, my mentor from upcoming fit and healthy podcast recommended an episode of The Model Health Show, and bam! I am hooked for life.

Such an awe-inspiring blend of humor, science, and language being down to earth so us simple people can understand. Thank you so much. You have impacted my family's life forever for the better.' From Bridget.

Shawn Stevenson: Bridget, thank you. That's so awesome.

Jade Harrell: Bam!

Shawn Stevenson: That's so awesome. We appreciate that so much, and everybody thank you so much for leaving these reviews over in iTunes. It truly means the world to us, and keep them coming! Keep them coming, everybody.

If you haven't left a review, you're just like, "You know what? I keep meaning to leave a review," just do it! Pause this show, I promise we will be here when you get back.

And on that note let's go ahead and get to our special guest and our topic of the day. Our guest today is Izabella Wentz, and she is an internationally acclaimed thyroid specialist and licensed pharmacist who has dedicated her career to addressing the root causes of autoimmune thyroid disease after being diagnosed with Hashimoto's thyroiditis herself in 2009.

Dr. Wentz is the author of the New York Times bestselling patient guide 'Hashimoto's Thyroiditis: Lifestyle Interventions for Finding and Treating the Root Cause.'

And the new protocol base, this has the details outlined for you. #1 New York Times bestseller, 'Hashimoto's Protocol'- she should be smiling right now, this is so amazing. 'A 90-Day Plan for Reversing Thyroid Symptoms and Getting Your Life Back.'

As a patient advocate, researcher, clinician, and educator, Dr. Wentz is committed to raising awareness on how to overcome autoimmune thyroid disease through the thyroid secret documentary series, which just came out recently, the Hashimoto's Institute Practitioner Training, and her international consulting and speaking services offered to both patients and healthcare professionals.

You can find out more about her at www.ThyroidPharmacist.com and I'd like to welcome to The Model Health Show, Dr. Izabella Wentz. How are you doing today, Izabella?

Dr. Izabella Wentz: I'm doing great. Thank you so much for having me, Shawn and Jade, I think it's going to be a lot of fun.

Shawn Stevenson: I would hope so if we can keep Jade tamed over here. Jumping around. People didn't see you before the show. People didn't see you before the show.

Jade Harrell: The point is was not seen, thank you very much.

Shawn Stevenson: So I'm really excited to talk with you, and of course we got to meet and hang out at an event last year, it's been about a year now, and I'm very happy to bring you on the show.

But I'd love if you shared your origin story for us. You know, what got you interested in health and medicine in the first place?

Dr. Izabella Wentz: Wow so I actually grew up inside of a clinic. Believe it or not, I grew up in Poland, that's where I was born and raised, and my mom was a town doctor. And at the time where we lived, there was really no separation between where you lived and where you worked.

So my home, my apartment was connected to a medical clinic, and I was oftentimes going into the clinic after hours with my mom, or sometimes during hours when we didn't have proper babysitters and I would be in the patient rooms, and I would be helping out with dressing wounds, or whatnot.

The laws were a little bit different in the old country, right?

And I just always knew that I wanted to help people with their health, that was always a part of me, always a big passion of mine.

I wasn't quite sure what type of medicine I was going to go into, and then I came across pharmacology during high school. At that point I was so fascinated how one tiny pill could drop an entire big person's blood pressure, right? I was like, "How? How does this work?"

And at that point I knew I wanted to become a pharmacist, I knew I wanted to work with medications, and I wanted to find a cure for a disease, and I thought the best way to do this was going to be through the pharmaceutical route.

It wasn't until I was done with pharmacy school when I became interested in the thyroid gland. And as you could guess, the thyroid gland became an interest of mine because of my personal health journey.

When I was eighteen, nineteen, I started having really bad fatigue and I was sleeping for twelve, thirteen hours, I was missing college classes. This was really tough.

My parents were immigrants, they sent me to college in a foreign country, we didn't have a lot of money, and this was so stressful for me because I was not going to class, not showing up, my brain wasn't working as well.

I ended up doing some compensating, and when other kids were out and about I was studying or sleeping, just to make sure that I got through my studies.

And about three years after I got my degree in pharmacy is when I discovered I had a thyroid problem. Prior to that I had almost a decade of fatigue, of brain fog, panic attacks, anxiety, hair loss, weight gain; you name the symptom, I had it.

Shawn Stevenson: Wow that is crazy. To go through that-

Jade Harrell: In college.

Shawn Stevenson: Right, right. And this is like because I'm thinking about you, and friends, fellow classmates going out kicking it hard, and you're like straight up napping. You're taking a nap and trying to just catch up.

And luckily though you were able to kind of power your way through, which just is a testament to your work ethic, and to graduate, and to get into your field.

But when you finally got this diagnosis, you went through a lot to even get there, and when you're trying to figure this out, and to kind of figure out your own condition, you would receive some pretty dismissive feedback from your doctors at the time.

Can you talk a little bit about that? Because I think it's important and other people have probably heard something similar.

Dr. Izabella Wentz: Sure, and I kind of laugh about it now but at the time it was so frustrating. So I would go get a physical every year, and I would go get lab tests and whatever else. You know, I was a good girl. I was a pharmacy student and I was like, "I'm going to the doctor. I'm going to do everything right."

And I would say, "I'm tired. I'm having irritable bowel syndrome. I'm having acid reflux." And most of the time it was, "Well are you depressed? Maybe we could put you on some antidepressants." And I was like, "Well I'm not depressed, I'm just sort of tired a lot."

Then they would say, "Okay we did all of your lab tests and everything came back normal, so it's probably in your head. We're going to either send you to a psychiatrist, give you an antidepressant, or maybe you just need to let it go."

Shawn Stevenson: Let it go! Get your Elsa on!

Dr. Izabella Wentz: Yeah, it's just how it is. And then my favorite one was, "Well you know, this is what happens as you get older. Your memory is not as great, and you're not going to be as energetic as you used to, and you're going to put on weight."

And I was like, "Oh okay," but I was 25 at the time.

Shawn Stevenson: Right! Unbelievable. You know and the things that- these are well meaning people, and they've dedicated their lives to serving others and to healing people, but I think that this is just a call to- and I just want to give a quick sidebar to learning about interaction and communication.

That's not a big part of doctor training, and telling people that something is all in your head, like that's really irresponsible when you have somebody who is as educated, and as- like you're literally in the field with them, and they have the audacity to tell you this is in your head. You know, this isn't real.

And you know again, meaning well and helping to- but also because of the busyness of the field, and kind of kicking you off to somebody else, "let somebody else deal with you, right? Because I don't have the answer."

And that's really what it is when somebody is diagnosed with something that's so-called incurable, is that it just means, "I don't know how to help."

But again, fortunately you kept moving forward, and you ultimately get this diagnosis of Hashimoto's. So when you get the diagnosis I would imagine that was this like relieving to a degree, but also / like depressing at the same time?

Dr. Izabella Wentz: Absolutely. When I got the diagnosis I was like, "Yes finally! It's not all in my head!" But then I was like, "But wait a minute. Now I actually am really sick." Right?

And so I knew that medications could help, and I was super excited about that. I was a pharmacist and I was like, "Yes, more medications, awesome."

But the medications didn't really do much for me, so I went from sleeping for twelve hours a night to eleven hours a night, and by golly that was awesome. But at the same time I was like, "But there's still this thing happening."

So in Hashimoto's, what's happening is the thyroid gland becomes an enemy of the immune system, and the immune system starts attacking the thyroid gland. And then this results in not having enough thyroid hormone.

So the solution that I was given is, "Okay well let's just give you more thyroid hormone." But I'm like, "But wait, isn't my thyroid gland still under attack?"

And so there was this big disconnect between simple cause and effect and logic. And between the conventional medical treatment it was like, "Well sure your thyroid gland is under attack, but there's nothing really we can do. It's going to keep- your body is going to keep attacking it and then eventually it will probably attack other things."

And so that was the point when I decided I was going to do everything in my power to figure it out, to become the healthiest person with Hashimoto's, and that perhaps I could help other people do the same if I was able to overcome, reverse, address my condition through whatever ways were out there.

I had been working as a consultant pharmacist for some time during that diagnosis and I kind of came to learn that not all doctors were created equally, and that not everything was the way that it seemed to be, and it wasn't just what I learned in pharmacy school, or what doctors learned in medical school. There was this whole deeper world of clinical research where things were happening and people were getting results and outcomes, but yet it wasn't in a day-to-day practice.

And so I did a deep dive and started investigating all of these different elements of what was causing my condition with the goal of reversing it, and that's- I joke that's how I became a Hashimoto's expert / human guinea pig.

Shawn Stevenson: Yes, definitely. Some of the best people in this field have experimented on themselves to a degree. She's doing the- you're doing the Blake Shelton on 'The Voice' finger at me. Yeah, that was this guy as well for sure. For sure.

So I'm curious. If you could share with everybody, and I mentioned at this at the top of the show, in how much of an epidemic really this is. Some of the numbers as far as how many people are being impacted by Hashimoto's, and also share some of the symptoms.

So some people might not realize that their symptoms can be classified and categorized right here with Hashimoto's as well.

Dr. Izabella Wentz: So whenever people say, "What do you do?" I say, "I'm a pharmacist, and they're like, "Which drug store do you work at?" And I'm like, "Well no, not that kind of a pharmacist." And then I say, "I specialize in Hashimoto's," and they say, "Oh wow that's great that somebody's specializing in something so rare," or they say, "Is that like a Japanese sword fighter? Or Quasimodo," or something like that.

The name sounds very, very exotic, and the condition was named after a Japanese physician who discovered the condition about 100 years ago.

It's actually very, very common. 27% of the population in the United States has Hashimoto's. That's more than 80 million people in the United States.

Shawn Stevenson: Wow, crazy.

Dr. Izabella Wentz: And I'll tell you what, the majority of them don't know that they have this condition because a lot of times the diagnostic tests that are used are not the best ones.

So the diagnostic tests miss it in I would say 89% of people. The more common symptoms- and this is going to sound- if you guys have a pen if you're listening to this, or you're driving just kind of go through a checklist in your head.

But you're going to have very nonspecific symptoms. Thyroid hormones impact every system in the body so we're going to see things like brain fog, we're going to see hair loss, a loss of the eyebrows. We may see some changes in the eyeballs, there may be some swelling or protrusion, or there may be sunken in eyes.

We're going to see potentially swelling in the face. We may have a person that has a hoarse voice, or they're losing their voice. We may have a person having palpitations.

And then we're also going to see most commonly fatigue. The majority of people with this condition are going to be more tired than the average person. They're going to be also having trouble regulating their metabolism overall, so what this means is they're going to be either more cold than the average person- so if you're the woman with two sweaters and everybody else is wearing a tee-shirt, that's a sign that you have it.

We're also going to be looking at people who have struggles with their weight, so weight gain is a very, very common symptom of thyroid disease.

And then we're looking at pains throughout the body, any kind of mental health issues like depression, panic attacks, anxiety; these could also be caused by thyroid issues.

And another thing that not many people are aware of is actually fertility issues. So miscarriages, infertility, having children that were born prematurely, or having children born with disabilities; all of these things can be related to Hashimoto's or inadequate thyroid hormone in the body.

Shawn Stevenson: This is really- to hear that list of symptoms, that's one of the things where people are doing the Google search trying to figure out what's wrong with them. They're like, "I have all of this!" And they start to self-diagnose.

This is important to get the proper testing done, which we'll talk about throughout the show. But more importantly, we want to understand that these things are not like a death sentence, and she was able to completely put this condition into remission, and she's such a beautiful, vibrant, healthy person who's out helping other people now.

And this was something that definitely was devastating, but I'm sure this was one of her greatest gifts as well. So if you're struggling with any of these issues, please know that there are solutions and this is a great opportunity for you to really put your focus more on the self-care, and we're going to talk about some of those things and what that entails as well today.

But I just was- it's so interesting because I didn't know that one of the particular symptoms was like a hoarse voice. I was like DMX for sure! DMX for sure has Hashimoto's. Like, 'Dog, something's wrong with my thyroid. This is going to be crazy!'

Alright so these-

Dr. Izabella Wentz: We'll have to get him tested.

Shawn Stevenson: I know! He's got to get this battle done. So now we also talked about how this is an autoimmune condition, and how your body is literally attacking itself, right?

How in the world can this confusion get started? You know? So we've talked about this before, but I'd love to hear your take and your insights on why would my own body be attacking my thyroid?

Dr. Izabella Wentz: Right and so what's happening in Hashimoto's, is the end stage of it is like at the very end when most people get diagnosed with it, is they have an under-active thyroid and they're told that their thyroid is sluggish, that their thyroid is just not putting out enough hormone, and this isn't necessarily true.

It's actually their thyroid gland is working really hard, it's trying to put out that thyroid hormone, but it's actually been destroyed.

So 80% to 90% of the thyroid gland will be destroyed by the time a person- the average person gets diagnosed. And this is an autoimmune process where the immune system starts to recognize the thyroid gland as a foreign invader.

Generally speaking it's going to be because of an infection or a trigger like a toxin that may be present inside of the thyroid gland, or there may be something within the body that sets the immune system off.

There's a mechanism known as molecular mimicry where our body is trying to attack a toxin, and then ends up attacking anything that the toxin looks like.

And so I like to think of the immune system, the way that it works is it takes little snapshots- if you had like a little iPhone and you took a snapshot of an infectious organism, and then you showed this picture around to the rest of the immune system saying like, "Hey this is the enemy, this is who we're attacking," and only you got like maybe a toe of the infectious pathogen, right?

You just got like a little small thing, and so the immune system is looking for that little toe. And anything that has that kind of similar looking toe, it ends up being attacked.

So it's actually a protein sequence where the immune system remembers a small sequence and then goes after anything else that looks like it.

And in some cases there's different infections, there's different foods and toxins that may cross-react with the thyroid glands.

So this is oftentimes related, and where you have this trigger you also have a genetic predisposition where a person will be genetically predisposed to get the condition based on some studies done in Chernobyl after the radioactive fallout.

I'm led to believe that majority of us actually have this genetic predisposition. 80% of children in Chernobyl that were exposed to triggers within a certain age ended up with Hashimoto's.

And so we have the genetic predisposition, we have the triggers, and then a third piece of it is actually gut health or intestinal permeability, and this is present in every single case of autoimmune disease.

The exciting thing here is that all three of these things- so the genes, the triggers, and then the gut health imbalance need to be present for the condition to manifest. And if you can reverse or address one of these things, you can actually reverse the condition or get it into remission.

So we can't really change our genes right now, we can't always go after the triggers- we definitely can try, but one thing we can always, always do is we can improve the health of the gut, and in many cases this can result in a remission of the condition.

Shawn Stevenson: Perfect. So let's talk about that. You know what's going on with the gut? You know these gut cells are similar to thyroid cells in a way. So talk about that, and also what can kick off this domino effect in the gut that leads to Hashimoto's?

Dr. Izabella Wentz: So gut cells and thyroid cells actually have the same origin- like same fetal origin, so they're the same cells, and whatever we do to help our gut is also going to help our thyroid, and vice versa.

And so what scientists have found is that there's intestinal permeability or the gut doesn't hold its contents the way that it's supposed to whenever a person has Hashimoto's and any other kind of autoimmune disease.

And then this results in a person having multiple reactions to whatever they're eating, and we oftentimes will see people with Hashimoto's, they'll have food sensitivities, they're going to have nutrient deficiencies, they're going to have impaired ability to get rid of toxins, and impaired stress response.

Oftentimes they may also have chronic infections which often will live in the gut.

And so the gut, where that comes into play, is we want to make sure that we're doing everything to support the gut's integrity to make sure that we help it become less leaky, and help it to keep its contents within the gut canal, not outside of us.

And so the few things that I always recommend doing are going to be figuring out which foods that you're sensitive to, getting off of those foods, making sure you have enough digestive enzymes and nutrients on board to help the gut process food properly and seal up. And then look after any kind of infections you may have in the gut.

A lot of times these are going to be silent infections like small intestinal bacterial overgrowth, or H. Pylori. Very a lot of interesting studies connecting these two. Thyroid disease we've seen whenever we uncover one of these low grade chronic infections, then we can get rid of it.

In many cases we see that the person goes into remission and so they're no longer testing positive for thyroid disease and their symptoms greatly improve.

Shawn Stevenson: Awesome. So I really like to give the example of your gut lining being- if you interlace your fingers together, when you clasp your hands and interlace your fingers, and open your hands up, and you can carry some water in here, right? And it won't leak out.

But as soon as you start to pull your hands apart a little bit, it can leak through your fingers. And so there are certain compounds that start to open up these channels in your gut lining allowing particles that shouldn't be getting into your body itself, get into your system, get into your bloodstream.

And so it's like isn't it in my body already? Well kind of not because your gastrointestinal tract is like- it's a tube from like your mouth to your anus, it's like a tube, and your body is kind of around this tube in a way.

And so this gastrointestinal tract is determining what's going to actually become you to a significant degree.

And so one of those things as she mentioned, finding which ones are going to be the trigger for you. But we've talked about this multiple times, but conventional wheat.

We look at lectins which there was a study that was done, 100% of people tested had the secretion of something called zonulins. Alright so zonulin is this compound that opens up your gut, alright? It creates this 'leaky gut,' and 100% of the people who consumed wheat had this happen.

Now the question is what is your genetic disposition, and that's what she talked about earlier. So it might be for you, you might be good. Like you can have wheat until the cows come home.

What's up with this 'cows come home' thing anyways? But never mind, as I digress.

Jade Harrell: Cows are eating wheat now, you know.

Shawn Stevenson: As I digress. But you can eat wheat until the end of days, and you live 100 years, and it's all good. But then for the majority of people though, they're going to have some kind of symptoms. Mostly we're going to see Hashimoto's, but then there's other issues.

This could be rheumatoid arthritis, this could be heart disease. There's an autoimmune component there now that researchers are looking at. This could be issues with your lungs, this could be an asthma / allergy flare-up kind of thing. It just depends on you and your genetic disposition.

So just keep that in mind when we're looking at so how is this happening with the gut opening up? And so I'm so glad she focused on this because this is really at the heart of it, she said these are the same cells, right? Same cells.

So let's talk about some of these environmental triggers, you know? We talked about the gut connection, and some of the things we want to probably avoid or pull out, but

environmental triggers are necessary for Hashimoto's to occur, it's in those three things that she talked about.

And one of the most overlooked environmental triggers are some of the modern day widespread compounds that are toxic to humans.

So let's talk about some of those. BPA is one you mentioned in the book. Let's talk about that.

Dr. Izabella Wentz: Yeah so BPA, for people that don't know, this is something that's added to our plastics, and this is something that actually has been found to- it can be in baby formula cans, and they can be found in the coating of store register receipts.

It's been linked to cancers as well as reproductive disorders and developmental disorders. What it can also do is it can antagonize certain thyroid receptors, essentially shutting them down.

So it essentially gets into the thyroid gland, and then the thyroid receptors. There's multiple studies that have connected BPA to higher levels of thyroid antibodies, and so we see that not just with rats but also with humans, and there seems to be a cross-reactivity between BPA and thyroid antibodies.

So the way that the immune system mounts a response against the thyroid gland is through creating antibodies, and whenever we have these antibodies, they basically send a signal to the immune system to attack the thyroid gland. And the immune system can create antibodies to anything that it feels is a threat.

So BPA antibodies and BPA can cross-react with that, so that means whenever the immune system sees BPA, then they actually get the message to attack they thyroid gland.

Shawn Stevenson: So interesting.

Jade Harrell: Did I hear you say grocery store receipts?

Dr. Izabella Wentz: Yes, unfortunately.

Jade Harrell: Wow.

Dr. Izabella Wentz: One of the things I recommend is going paperless whenever possible and just asking them to email your receipts.

Shawn Stevenson: How weird is that? But this is the thing, is that it's not just- the total toxic load is like the compound times exposure equals your toxic load, right?

And so we're exposed to it so much in so many different ways that it's probably contributing to a potential issue for you. So you know one of the things we talk about too is that water is a universal solvent, so when we're drinking water that's bottled in plastic that features BPA-

And by the way, so now we're looking at okay, some manufacturers-

Jade Harrell: BPA-free.

Shawn Stevenson: Right they're pulling out BPA, but there are other compounds in the substance. There's fossil fuel used to make plastics that are potentially these endocrine disregulators as well. So we just need to find better options.

Now we're at a transition place in our society- again we didn't know 100 years ago, we didn't know that plastic would be a problem for our thyroid specifically, but now we do. We do understand and we need to move to a more advantageous way.

So what would that look like, Izabella? What would be an example? Like we want to avoid the plastics with our- you mentioned like going paperless, what are some of the other ways?

Dr. Izabella Wentz: So definitely avoiding any kind of plastic cups, so using mason jars as an alternative if you ever wanted to have a drink of water. Use these for drinking.

So for storing your food, those are probably the most important places it's going to be with food storage because anything that you drink or eat, you're going to be absorbing that plastic, and especially if you're putting anything in the microwave.

You never want to microwave anything in a plastic container. So I recommend buying the lovely glass containers to store your food as well as mason jars. And you can actually even just have a whole bunch of jars and get in the habit of carrying those to and from work with your food, and it becomes nice. It becomes a nice little habit, and you feel a little bit more fancy rather than eating from plastic containers.

Shawn Stevenson: No more Tupperware parties!

Dr. Izabella Wentz: Yeah, unfortunately.

Shawn Stevenson: My mom, she used to do that. Used to have these 'Tupperware' parties. I don't know if that was like one of those other kinds of parties though.

Jade Harrell: Well she probably kicked it up a notch.

Shawn Stevenson: Yeah I don't know. It just all sounds suspicious. Like plastic containers get you guys this excited?

Jade Harrell: Yes.

Shawn Stevenson: Anyways.

Jade Harrell: Yes, storage.

Shawn Stevenson: So there's some great tips there, and now what are some other things? So we talked about BPA, what are some other potential toxins that can affect our thyroid?

Dr. Izabella Wentz: One of the biggest ones is fluoride, and it's kind of- it's kind of bittersweet because fluoride was added to our water supply to reduce dental cavities, and it's also added to our toothpaste, it's present naturally in teas, there are certain medications that will actually add- that will have added fluoride in them.

What's really interesting is a dose of two to five milligrams of fluoride per day can be an effective thyroid suppressor if you have an overactive thyroid.

Now if you're drinking fluoridated water and if you're drinking your eight cups of water each day like a good girl, chances are that you're going to be taking enough fluoride to suppress your thyroid function if you're living in a typical American fluoridated community.

Many westernized countries have already rejected fluoridation, and this has by the way had no consequences on tooth decay. So really the big connection there is going to be how much sugar we consume and our dental habits, and the flora within our mouth and if we're getting enough probiotics.

But a research study was done in 2015 in the UK. So the UK adds fluoride in some parts of the community, and other parts they do not add fluoride to the water supply, and they found in the parts of the UK where fluoride was indeed added to the water supplies, they saw higher levels of thyroid disease in that population, and lower levels of thyroid disease in the population that didn't have fluoride in their water supply.

And they were also able to make correlations based on the levels of fluoride within each community.

So this is one of those things that can be very much toxic to the thyroid gland, it could suppress thyroid function, it could potentially damage thyroid cells creating that autoimmune response, or triggering that autoimmune response.

And I generally will recommend that people use fluoride-free toothpaste for that reason, and that they also drink fluoride-free water or reduced fluoride water. You can get this through either a reverse osmosis filter, and then there are certain brands

of water like Fiji or some of the water delivery systems in the communities that will have- that won't have any added fluoride to them.

Shawn Stevenson: This is why I'm so excited and grateful to talk to you, because a lot of these things, again they're hiding in plain sight. And what's so disturbing is that you go to the store and you actually see that there's- this is kid's water and they put pictures of little kids on the water, that are added fluoride to this water for kids, right? And it's incredibly disturbing.

If you look at the research, yes it does- it can of course make your teeth harder, but it's different from calcium. It's similar in how it assimilates, but this leads to people who have this kind of fluoride integrated teeth, they chip easier. You know so- and it's not the same thing.

And it had potentially a good intention in the beginning, but today with all this research, and so this is one of the examples that I got from you, is this was a study in 2014.

That it was found that fluoride contributes to the death of thyroid cells, and also fluoride caused a decrease in the production of T4 and T3 thyroid hormones.

Alright, it's right here in black and white. So this is just one of the many, many studies. And plus I'm so glad you mentioned the toothpaste thing because again, it was like, 'We've got to get the fluoride toothpaste.'

And even on the box it says, 'Do not swallow. Use a pea-sized amount because of fluoride poisoning.' Alright use a pea-sized amount, but on the commercial they show it's like whipped cream. It's like this big old like wave of toothpaste, and that's how you know you grow up doing that.

And it's just waking up to this fact, because for myself, for my son, we find fluoride-free toothpaste and his teeth look pretty good. I think mine are pretty good, too.

Jade Harrell: They look very good.

Shawn Stevenson: So this is just something that we're indoctrinated with that we need to pay more attention to.

Jade Harrell: Well it's key that you brought this up as it pertains to children, because one of the things that really struck me was how young you were when the symptoms arose for you.

And so imagine the children that all they know is the fluoridated water, and like Shawn said it's hidden in plain sight, and those things can progress so early and cause a series of events that can just be so detrimental to our children and in their lives as they start to become young adults.

Dr. Izabella Wentz: It's so sad. I've seen quite a few children who develop thyroid disease, or people who were adults that had thyroid disease that started in childhood, and having any kind of invisible mystery illness is devastating, but for children they're going to be made fun of by their peers because they're overweight, or they're sluggish, or they're not doing as well in school, or they're called lazy.

And it's just very heartbreaking to watch that when there are simple solutions on how people can get better.

We interviewed one gentleman who was in his twenties, and he's now an entrepreneur for 'The Thyroid Secret' documentary series, and he said most of his childhood he thought he was depressed, and he didn't have any friends, and he was overweight, and had all these struggles when he just had undiagnosed thyroid disease.

And it was quite amazing to watch his transformation, and at the same time very devastating to think of the millions of children out there who are suffering, and little teenagers, little twelve, thirteen year olds, life is hard as is without having an illness, right?

Shawn Stevenson: Right, and you know what's different today, again we're growing up- our kids are growing up with these different conditions than our ancestors did. And even us, even us as well.

And so again it's becoming more aware of these things, making smarter choices where we can, and I think the thing with the water too- I just want to go back really, really quickly, can be a little bit scary.

Because basically you're getting twice the amount that's used as a medicine to suppress thyroid function just by getting your eight ounces of water- I mean eight glasses of eight ounces a day, and doing the right thing to be- as she said, a good little girl, good little boy.

But then we're taking it two, three times as much fluoride. So what do we do? Reverse osmosis system in your home. We can shift over and start to buy spring water bottled in glass. And for a lot of people listening to this, you're able to do that and get that ordered and brought right to your house.

But the reverse osmosis- and we did an entire water master class, one of our most popular episodes, breaking down how to acquire the best water. And truly like even how does water actually hydrate your cells?

We talk about some geeked out stuff, we talk about aquaporins and all this other cool stuff, so make sure to check out that episode. We'll put that in the show notes if you've still got some questions on this.

So now I want to shift gears and talk about another one of my- how could I say this is a favorite organ? I love all of them. Thank you organs of my body. But the liver. The liver.

So let's talk about the connection between the liver and thyroid function.

Dr. Izabella Wentz: This is such an important connection and it's oftentimes overlooked. The liver helps us- it's our detoxification organ, and it helps us stay alive, and it helps us tolerate our environment more.

So we're constantly bombarded by various toxins, and our own internal chemicals and hormones need to get broken down by the liver to get properly excreted.

Another important part of the liver is actually thyroid function. So the liver plays a very important role in activating thyroid hormone to the more active version known as T3.

Most of produce this on our own just fine when we're not ill. When we have challenges with our health, and when we have to take external thyroid hormones, they actually depend on the body to properly turn them on or activate them.

So the external thyroid hormones- and I mentioned I started taking thyroid hormones, and I was like, "Wait a minute, why do I not feel significantly better?" And this is because synthetic thyroid hormones like Synthroid contain T4 which needs to be activated by the liver.

We find in Hashimoto's, and in thyroid disease, and pretty much every case of autoimmune disease there is going to be a problem with the liver becoming overburdened.

I like to think of the liver in autoimmune disease as sort of this office worker- a government office worker that has stacks and stacks of paper on her desk, and she can't get through them fast enough, and then people are just giving her more and more papers, and more and more papers, and so she ends up with this backlog. And you know, an application that maybe should have taken her five to ten minutes ends up on a three to six month waiting list.

And so this is something that's happening with thyroid disease. We have all of this- basically all these toxins that rather than getting out of the body, they get recirculated, and so they stick around for longer than they should be.

There are circulating immune complexes that are made against the thyroid gland that get lodged into the liver. People with thyroid disease are also not sweating properly, so that elimination pathway sort of gets- again, shunted to the liver. And they're also going to have issues with leaky gut or intestinal permeability. And again, that means

the liver is overworked, and overburdened, and we're just not efficient at getting rid of toxins.

And so I've found this in quite a few people with thyroid disease and autoimmune disease, they end up having issues and they're very sensitive to everything in their environment.

So they have multiple food sensitivities, they have a lot of allergies, they have multiple chemical sensitivities where they can't walk into the mall because all the perfumes start really frustrating them, and start setting them off, and giving them breathing problems and asthma attacks.

And so one other really important things that we need to do when we have a person with all of this going on with thyroid disease, is we actually need to support the liver.

So we need to help the liver process out some of these toxins, and make it more efficient.

Shawn Stevenson: I know that this is why this is a #1 New York Times bestselling book, is- you know and when I saw this I was like, "Yes! She put this in here!"

There's a liver support protocol in here and I was like- you know what, this is something that people overlook so often because again, if there's a thyroid dysfunction they just focus on the thyroid. You've got to do some- T3, T4, we're just going to take some synthetic medication.

But what about your liver who has to do the conversion process? You know, your amazing liver, and it's also responsible for drug metabolism period. So if it's not working, your liver is just getting overburdened trying to deal with some drug interactions.

Jade Harrell: That's a great analogy about the government worker.

Shawn Stevenson: Right, right.

Jade Harrell: And you know, she is at the point where she's had it.

Dr. Izabella Wentz: She's had it.

Jade Harrell: Yeah, and she's overlooking stuff too, like 'whatever already.'

Shawn Stevenson: Another one of these protocols, there's an adrenal recovery protocol, and you talk about- and this was so fascinating. I'm so glad- oh so good.

But you talk about something called adaptive physiology in the book. Can you share what that is and why it's such a huge player in Hashimoto's symptoms?

Dr. Izabella Wentz: Right so adaptive physiology, this is sort of a theory of why we develop certain conditions, right? And so when we think about our body, and how we evolved, and how we developed, or how we were designed, whatever you want to think, is basically our body is always trying to help us survive.

Our body is always watching out for us, and with Hashimoto's, a big part of this is why is the thyroid becoming underactive, right?

Why did the immune system start attacking the thyroid glands? And when we really think back of how that can play an adaptive or beneficial role, we have to think about caveman and cavewoman times.

Generally if a body was threatened, if a body was under attack, if we had a famine, if we didn't have enough food it would actually be beneficial for us to slow down the metabolism.

So in times of a famine there's actually some studies suggesting that people who survived famines usually have higher rates of thyroid disorders.

Why would that be? Because when you have a thyroid disorder, that means that you don't need as many calories to survive.

Now in modern day this is like, "I'm overweight. I'm not eating anything and I'm overweight." In cavewoman days it's a good thing. It's like, "Oh wow there's no food around, and I'm still alive," right?

And so we think about all of this from an adaptive physiology standpoint, and it really helps us to understand that the thyroid gland and our immune system in our body is not really fighting us. We're not the enemy here, it's actually trying to help us to survive.

And so there are things that can set off this- I call it my safety theory of autoimmune disease. Why we develop autoimmune disease is because the body, the thyroid gland, the immune system senses a threat in our environment, and it does everything in its power to help us overcome that threat.

And so what I always like to talk about to my clients and my readers is, "What are you doing in your life that is making you feel like you're unsafe? Are you not eating enough? Are you eating processed foods? Are you eating inflammatory foods," right?

These three things would send a message to our inner cavewoman that there wasn't enough food left. If you are a person that has an inflammatory reaction to wheat, and you're maybe disconnected with it because you just take medications for it; take acid suppressing medications, or diarrhea medications, or bloating medications.

The cavewoman, she would only eat inflammatory foods if there was no other foods left. And we can go through this with toxins in our environment where if there's a lot of toxicity in our environment, that sends a message to us that we're not safe and we need to slow down our metabolism to help us survive.

Shawn Stevenson: Yes. And of course coupled with that would be to seek shelter, and to just huddle up, be lethargic, be tired, and just spend some time asleep so you can wait out the problem, right?

Dr. Izabella Wentz: And you just described the most common thyroid symptoms, and again this adaptive physiology, it sort of puts us- when we look at the animal kingdom, it sort of puts us in a semi-hibernation state.

Bears actually when they're hibernating, and you know they get nice and chubby for the winter, and they just sleep in a cave, and they're just out for the winter, and that helps them survive the winter. They don't have to hunt for food.

Actually their thyroid hormones slow down during hibernation so it's a part of adaptive protective mechanism.

Shawn Stevenson: Wow. 'Hey hey Boo Boo, it's bulking season. That's why there's no picnic baskets.' That's it, oh my goodness.

Jade Harrell: That's right. You know that really helps bring- drive home the conversation of food is information, and that information that the inflammatory foods, and the toxic foods send that we may be in a threatened state is very eye-opening in that-

Okay part of this is because our body is thinking, 'This is dangerous. We need to not respond with a vibrant active response right now. We need to kind of curl in here.'

Shawn Stevenson: Yes. And so also that brings to mind- I mentioned you have the adrenal protocol. So how does stress play into this whole equation? Because I think this is often overlooked when we're talking about Hashimoto's.

And of course today there's more information out there about the relationship to the gut, which I'm so glad you highlighted and you really hammered in here, but this is not part of the conversation usually. So let's talk a little bit about that.

Dr. Izabella Wentz: Wow yeah, stress is one of those things that doesn't make anything better, right? And thyroid disease is intimately connected to stress.

So when speaking with over- working with over 1,000 people with thyroid disease and speaking to thousands more, I always ask the question, "What was going on in your life before you got sick?"

And a period of significant stress precedes their illness in 70% to 80% of the time. And we know that stress changes our immune system, it makes us hypervigilant, it makes our immune system want to attack everything.

And one of the fastest ways to get into a stressful state is actually through sleep deprivation. Again, if you were sleep deprived, what message is that sending to your body?

If you're a cavewoman and you're sleeping for three to four hours, and you're running around perhaps on a treadmill, that's going to tell you that you're under stress and that you're under danger, and your body tries to protect you so your body tries to slow things down for you.

And so this is a very, very common thing, very common exacerbating factor for people with thyroid disease, can be a causative factor, and a very key thing to address.

I have a whole adrenal protocol in the book, 'Hashimoto's Protocol' that I've piloted with my clients, and I like to call it Spa Month.

It's a month where you just take time for yourself to really nourish yourself and love yourself back to health.

So we're sleeping more, we're cutting out the caffeine, we're cutting out the things that stress us, we focus on mindfulness meditations, we take adaptogenic herbs which actually don't just help you become nicer, they actually make everybody else in your environment seem nicer so you're not as irritated by everybody else.

And we really work on filling out our own cups so that we can give from our overflow.

A lot of times our society has this sort of mentality that we just need to give more, and that we just need to work really hard, and that sleep is for the dead, right?

And so this is kind of going against that, and giving yourself an opportunity to care for yourself, and to take care of yourself, and nurture yourself back to health.

Shawn Stevenson: Wow.

Jade Harrell: Incredible.

Shawn Stevenson: So this is going- this is very counter-culture healing the thyroid condition. But this is- again she mentioned this. Your body is actually trying to protect you.

When we have these conditions arise, our body- when the body is attacking its own tissue, is in some form or fashion trying to help you. We've got to really understand that.

It's a call to action to change. And today's high-stressed world- and we're stressing ourselves in different ways. This doesn't mean that you're just out there working yourself to the bone. Is that a thing?

Jade Harrell: Yeah.

Shawn Stevenson: Working yourself to the bone?

Jade Harrell: Actually it is, it's a sad story.

Shawn Stevenson: To the fingertip bone?

Jade Harrell: Yeah it's a sad story.

Shawn Stevenson: But you're working yourself to the bone, or there's another way, you can lethargy yourself to the bone I guess. Eating a lot of bones maybe, chicken bones, fried chicken. I don't know.

But so we need real life, we need natural movement, we need natural foods, we need natural water, clean air to breathe; these basic human needs that we're not getting.

We're just thinking- you know even today like we might think, 'Oh we get plenty of fresh air. We don't see any smog outside.'

How much time do you spend indoors though? You know with artificial air really, processed air. Let me put it like that, processed air that you're breathing.

So it's getting back in touch with these simple things, but it's also how do you put it together in a specific strategy? And that's one of the things she highlights in the book.

And so I wanted to ask you about some of the key supplements that you talk about. Some of the key supplements, some of the key nutrients that are going to be essential for optimal thyroid function.

Let's cover maybe three of them.

Dr. Izabella Wentz: Sure, so some of the most helpful ones are going to be selenium, 200 micrograms of selenium and thiamine has shown tremendous improvements in just about every type of thyroid condition.

So we see less of an attack on the thyroid gland, we see improved conversion of T4 to T3, we see a lot less anxiety, we see people having better hair, they tend to lose

weight a little bit easier, and they tend to have a little bit more energy just with utilizing this supplement on a day-to-day basis whether or not- whether they're taking thyroid medications or not.

Another one that's really, really helpful is going to be thiamine. So thiamine is known as B-1, this is a nutrient that I learned about in pharmacy school that if somebody was an alcoholic, this was going to be something to look out for, a thiamine deficiency.

Now most people actually do not have to be alcoholics to have a thiamine deficiency, you can have a low-grade sub-clinical thiamine deficiency whenever you have an autoimmune condition.

And we see people who have had fatigue for years, they've had brain fog, they had issues with their blood sugar. We see with about three to five days of starting a thiamine supplement, that these things begin to resolve and it's 600 milligrams of thiamine a day.

I like Benfotiamine as a type of nutrient. This is one of those things that I wrote a blog post about it maybe three to four years ago and I still get hugs from readers at random conferences just come up to me and say, "You know that thiamine post? That really changed my life."

And this is something that we've seen people who have gone- who were unemployed because of their fatigue, and started actually working part-time and then full-time because the thiamine deficiency was such a big deal.

The other thing that- nutrient that is key is going to be magnesium. Magnesium can be deficient in the majority of our population, and especially in thyroid disease.

When you have thyroid disease, it seems to be in my experience that people get depleted of magnesium at a more rapid rate. And so we see people with cramps, carpal tunnel, menstrual cramps, menstrual irregularities, and headaches, and migraines, and insomnia, and anxiety, and taking a magnesium supplement can actually resolve all of those.

I like magnesium citrate for most people. Some people might have trouble with it actually causing some more looser stools, which can be of benefit for most people with thyroid disease because most of them tend to be constipated.

And other interesting thing about it is it can actually normalize the appearance of a thyroid gland in an ultrasound, meaning that over long-term use it could actually start to heal up some of the thyroid tissue.

Shawn Stevenson: Oh that's fantastic and powerful. You know we're big fans of magnesium, and I've talked about this many, many different episodes, the importance.

You know there's 325 biochemical processes that we're now aware of that rely on magnesium. And so that's- I always want to put this in perspective. That means there's 325 things your body can't do, or can't do properly without magnesium being present.

And she said it, this is a big deficiency in our world today because it counters stress. We're exposed to an abnormal amount of stress today.

Again even if we think that we're not stressed at work, not talking about work stress. There's diet stress, there's mental, emotional stress, there's physical stress. Maybe you're exercising way too much or way too little. There's even spiritual stress, you know feeling like, 'I'm kind of not feeling like I'm on my purpose, like I'm disconnected.'

All of these things kind of add to this overall stress load, and magnesium is helpful in that. So and she mentioned the supplemental- the oral supplement, I recommend the same thing, the citrate for most people.

Food first of course, and then we want to eat more magnesium rich foods, but the citrate and then the topical magnesium. Huge fan of that, rubbing it into your skin, alright? Big, big fan of that.

So I wanted to make sure that we don't miss this one. I also- those are three, those are so powerful it can be game changing. And to hear some regeneration, the healing of your thyroid itself, oh my goodness.

But what about iron? What about ferritin specifically? Let's talk about ferritin. How does this play into this whole thing?

Dr. Izabella Wentz: Oh my goodness, ferritin is one of these things that's oftentimes deficient in thyroid disease, and the majority of people who struggle with hair loss, and Hashimoto's, and thyroid disease may actually have a ferritin deficiency.

So ferritin is our iron storage protein, and many times this test- people don't test for it. So doctors will test you and they'll say, "Oh you're not anemic, you're fine." But you actually have to ask for a ferritin test specifically.

This is very, very interesting, there are so many different things that can cause us to have low ferritin. I see it as a marker for potential deeper root causes or deeper issues.

The first place to start off when you have a low ferritin is to think about, 'Am I getting enough meat in my diet? Am I getting enough iron-rich food in my diet?' That would be the very place I would start.

The second place I would look at is, 'Do I have enough stomach acid?' And taking a stomach acid supporting supplement like betaine with pepsin will help you break down your protein and iron rich foods so that you could extract ferritin and iron properly from them.

When you don't have enough stomach acid, which most people with thyroid disease do not, you're going to be potentially very tired, and you're not going to be breaking down your proteins correctly, and you're not going to be able to get energy from your food. So that's another big thing I think about.

The third thing I think about with a ferritin deficiency is does the person have a gut infection? So many times small intestinal bacterial overgrowth, various types of parasites, or various types of infections like H. Pylori can actually cause you not to absorb your iron properly, or to excrete iron.

And at that point you might have low ferritin as a result of those three.

And then the other thing I think about is actually heavy metal toxicity because there are certain kinds of heavy metals that can actually deplete ferritin levels.

So this is one of those things that sort of- that's kind of one of those flags, right? You don't necessarily always need to take an iron supplement if you have low ferritin. Sometimes it's just making sure you're getting proper iron extraction from your foods, and getting enough of those rich foods.

Sometimes taking an iron supplement can definitely help you symptomatically, but there may still be a deeper root cause that you need to investigate like if you have for example really, really heavy menses. What's causing that? What's causing that iron loss?

If you're having gut infections, those could be causing prevention of absorption or excess iron loss.

So this is one of those really interesting things I could kind of nerd out about for quite some time.

Shawn Stevenson: Yeah this actually brings up for me the conversation we just had with Dr. Joseph Mercola. And if you look at what you're saying right now, and iron being a potential player in this whole equation- a big, big player, and ferritin specifically, and women having the greatest tendency towards Hashimoto's, who have a greater chance of having issues with their levels of iron, and ferritin being too low.

Versus guys, right? Who are probably going to be higher at the other end of the spectrum where he talked about a potential iron toxicity in the body, and accelerated aging, and the potential for guys- guys have more of the issue here, not always, but possibly even giving blood, that kind of thing to help to get your iron levels back on track, to bring them down.

But in this instance- this is why it's so important to know your numbers, and know what you should be bringing in, and which protocol is going to be best suited for you that's in the book.

And so can you talk about that really quickly? Like what are some of the tests that people should look to do when they think, 'I have some of these symptoms, I might have Hashimoto's.' What are some tests that people should look at taking?

Dr. Izabella Wentz: Absolutely. So the TSH test is a starting point, this is something that most doctors will do. The challenge is that TSH test is going to be normal for the first ten years that you have Hashimoto's, so you need to go deeper so that you can address your symptoms before it's too late, and then you could potentially prevent the damage to your thyroid gland and prevent the progression.

The additional test you always want to ask for are going to be thyroid antibody tests. So we're looking at TPO antibodies, and TG antibodies.

These are going to be elevated for ten, sometimes fifteen years before you see changes in other test results, and these are going to tell you if the immune system has started to attack your thyroid gland.

When you see these elevated, you're going to need to start doing all the Hashimoto's protocols, and you're going to need to start figuring out what your triggers are.

Let me tell you, if you do that you're going to prevent potentially a lifetime of symptoms and things getting worse and worse.

The other helpful tests are going to be free T3 and free T4. These tell us what your levels of thyroid hormones that are active and available to interact with your receptors, what those are going to be doing, and these can help to determine whether or not you need thyroid hormone.

I also recommend doing a thyroid ultrasound for most people. We want to look at what your thyroid gland looks like to see if there are signs of nodules, or tumors, or if it's been shrunken, or enlarged, or if there's any other kind of abnormality that would suggest that you have an attack on a thyroid gland.

Some cases, the thyroid ultrasound can find additional cases of thyroid disease that even the blood tests can miss.

Shawn Stevenson: Great, thank you so much for sharing that. You know everybody, please pay attention to that because again, just getting a conventional blood work done, or a thyroid panel, you might not get the answers that you're looking for.

And so to get a little bit more advanced data, so that you're going to your physician educated is very important. And also if you were hearing any of those things that she mentioned in the beginning, very dismissive from her physician, please know that you can find another physician, alright?

They are not like you guys took like an oath, and you did like a blood brother thing and pricked your finger. It's not that serious, okay?

There are people out there that are on that level, and who are looking at solutions instead of just giving you this lifetime sentence of having problems and things getting progressively worse.

You know we need to be working with people who believe in you, who believe in the process, and who believe that you can get well.

And a lot of things before we even get to medication, which medication should be something that's an option for us, but there are a lot of things we need to do with our lifestyle.

And so final question- well actually I've got two more for you. But I would love for you to share what's so important about this book? You know it's called 'Hashimoto's Protocol,' so it's kind of right there in what I said, but why would people really need to get their hands on this book? What's going to be something that they're going to take away from this book that they're not going to get anywhere else?

Dr. Izabella Wentz: My big hope for the book, and this has been something that I've been working with people over the last four years, is helping them restore their health when they have Hashimoto's, is to give them an opportunity to get into communication with their own bodies, so that they understand the body's subtle messages.

And part of the way that we do this, is we do it though the liver support protocol, the adrenal protocol, and then the gut protocols. These three protocols are meant to reset the body, and we oftentimes will see- and actually more than 70% of people will feel significantly better within just one week of doing the liver support protocol.

These are people that have been sick for ten, fifteen, twenty years, and they've tried just about everything I've seen in my practice over the last few years.

And we start seeing- when people's symptoms start shedding, and they start going away, this really allows for the person to manifest their true self, and to really show up in the world how they want to show up.

That means they can follow their dreams, they can have children, they can write books, they can start businesses, they can go back to school, and we see all of this open up for people when they're no longer bound and trapped by all of these thyroid symptoms.

That's really my biggest hope for people, and the book is meant to be a guide so that people can take charge of their own health. And we have the fundamental protocols that focus on what every single person with Hashimoto's will benefit from, and then I also have the advanced protocols that are meant to kind of help you dial in.

So one person may have thyroid disease that was triggered by mold, or perhaps by breast implants, or some other kind of rare kind of thing.

I've pretty much seen it all over the last few years, so I have specific protocols for whatever your unique situation may be.

Shawn Stevenson: I love it, and you actually just answered my last question which would be the model that you're here to set with your work and with this book. And that's- man to be able to step into your own life, fully you, and to be your best self, if that's not something to strive towards, I don't know what is.

And I love that because you said it, you have the actual protocols, you have the things that people can follow step-by-step, you have the different questionnaires in here to kind of pinpoint what direction that you need to take.

And I think that's so important today. For a lot of people who have more of a mind of like 'the how.' Like, 'Just tell me how to do this. Like give me the steps.' You know? Whereas other people just need to know like 'what.' Like tell them these things and then they'll go figure it out themselves.

And so I'm so grateful that you took action to put this together, and I know that this was an incredibly arduous process to put something like this together, but I'm just very grateful for who you are, and the work that you're doing. So thank you so much.

So Izabella, can you please let everybody know where they can pick up your #1 New York Times bestselling book, and also where they can connect with you online?

Dr. Izabella Wentz: Of course. So the book is available on Amazon, Barnes and Noble, wherever books are sold. And if people come to www.ThyroidPharmacist.com they can connect with me, that's www.ThyroidPharmacist.com.

And I would love to see you there, we have some wonderful resources for you to get you started at www.ThyroidPharmacist.com/gift with recipes, and nutrient guides, and some quick start guides so that you don't make the same mistakes I did in trying to get your health back.

Shawn Stevenson: Perfect. Thank you so much Izabella again, thank you for coming on the show today.

Dr. Izabella Wentz: Thank you so much for having me, this has been fun.

Shawn Stevenson: Awesome! Everybody thank you so much for tuning into the show today. I hope you got a lot of value out of this. This is so, so important, and this is something that is not decreasing in popularity, this is growing in popularity when we're talking about thyroid issues.

And she gave a great example talking about the nuclear fallout situation, and seeing 80% of people manifesting thyroid problems as a result of being exposed to that.

And even if you're on the other side of the world, here's what's so crazy, is that this stuff is showing up in our food supply here. You know there was a recent fallout in Fukushima and we saw these nuclear byproducts ending up in milk in California, right? Absolutely bananas.

You know and some of these things, they don't leave our world, like it doesn't just disappear, it just gets transformed into something else. And your body, specifically your thyroid is a very electrically charged, negatively charged gland that attracts a lot of positively charged ions, you know?

Namely these 'heavy metals.' These radioactive materials. Because this is the energy power plant of your body in a way. Like your mitochondria are of the cells, but your thyroid is kind of like of your metabolism in your body.

So it's so powerful and so important, but if it's not functioning properly, if you're not taking good care of it, we can see a lot of problems, and these are things that we don't have to struggle with alone, and there are many, many solutions to be explored.

So I hope that you got some guidance here as to what action you can take to truly take control of your health and to transform your life, and of course the people you care about.

Speaking of which, if there's anybody that you know who could get some value from this episode, please make sure to share it. Share this with your friends and family out on social media. You can send them a link to the podcast and via email, whatever it takes just to get this into the hands of the people who can be served by this.

And I truly, truly appreciate you, and thank you for being a part of this community, and part of this mission.

We've got so many amazing shows coming up, some great, great guests and show topics, so make sure to stay tuned. Take care, have an amazing day, and I'll talk with you soon.

And make sure for more after the show, you head over to www.TheModelHealthShow.com, that's where you can find the show notes, and if you've got any questions or comments, make sure to let me know. And please head over to iTunes and give us a five star rating, and let everybody know that our show is awesome.

Jade Harrell: Yeah.

Shawn Stevenson: And you're loving it.

Jade Harrell: Yeah.

Shawn Stevenson: And I read all the comments, so please leave me a comment there, and take care everybody. I promise to keep giving you more powerful, empowering, great content to help transform your life. Thanks for tuning in.