

A sunburst graphic with numerous thin, light gray lines radiating from a central point behind the text.

Healthy Moms Podcast

BY **Wellness Mama**[®]
simple answers for healthier families

Episode 18: Thyroid Health & Autoimmune Disease

Katie: Hi and welcome to episode 18 of the Wellness Mama podcast where I provide simple answers for healthier families.

Did you know that the bulk of the thyroid gland is made up of follicles which contain thyroid hormones attached to a protein named thyroglobulin? The thyroid hormones work to increase the basal metabolism of the body and they tend to increase many of the body's functions and hormone processes. In short, if the thyroid isn't happy, chances are a lot of other parts of the body aren't happy either. Today's guest and I will be talking a lot about the thyroid.

Dr. Alan Christianson is a naturopathic doctor who specializes in natural endocrinology with a focus on thyroid disorders. He's always been brilliant and he read the entire set of encyclopedias before he even started kindergarten. As a child, he struggled though with health problems such as epilepsy, poor coordination and obesity. But in seventh grade, he had a turning point. He read a lot of books about nutrition, got into fitness and became the fastest runner in his class and played competitive sports.

He now, as a naturopathic doctor, helps thousands of people each year with his specialized approach to nutrition and natural medicine, including me as he's my personal doctor. He founded Integrative Health, a group of physicians whose philosophy is to provide smart, safe, primarily natural and scientific solutions for the entire family to live in good health. He also, from my understanding, is a competitive unicyclist and one of the most intelligent and interesting people I have ever met.

Welcome, Dr. Christianson. Thank you so much for your time being here.

Alan Wow, that was an amazing intro. Thank you so much for that. Thank you for having me. I'm totally glad to be here.

Katie: Awesome. And as I mentioned, you are my personal doctor and you're also the first person who was really able ever to figure out what was going on with my thyroid and my hormones. And I knew something was wrong for years. And, in my research, I was pretty sure it was thyroid, but every doctor I saw told me that my levels were, quote, "Pretty normal and nothing to worry about."

But when we met, you instantly knew that something was wrong and that it was thyroid-related. And then we were able to confirm this with more in-depth blood tests and even a thyroid ultrasound. But can you explain why so many people are having trouble finding answers for thyroid problems with the conventional system?

Alan: Yeah. And that just makes me nuts, it's such a good question. The medical model does a good job at catching, like, the most advanced versions of disease, you know, when the gland is totally shut off or totally overactive. But people can go on for decades of having immune stress, the immune system attacking their thyroid and that can make them not feel well. But it's not the blatant shut off or excess that gets picked up on. So, yeah, it can get missed for a long time.

Katie: Yeah, that's definitely what happened in my case. And, I think, that just so many people are like I was, like they know something's wrong, they just feel like something is not right but they aren't getting answers for that. And I know that you and I have talked about how thyroid disease is probably a lot more widespread than what's getting diagnosed. But can you maybe talk about some of the associated symptoms or how someone

might know that they should go get tested? And then, what they should get tested for?

Alan: For sure. Yeah, there's many possible symptoms and some that are more statistically probable than others. Because the thyroid hormones go all through your body, boy, any way you're not feeling well, it could be related. But there was a big study done in the year 2000, they tracked about 25,000 people in Colorado and they gave them questionnaires and they gave them blood tests. And they saw which symptoms most strongly predicted thyroid disease. And the big ones were resistant weight gain, dryer hair or dryer skin. Also, cold intolerance, muscle pain, muscle weakness, a hoarse voice, difficulty swallowing and unexplained fatigue and unexplained depression.

So those are the big ones. And, kind of, an interesting thing about that study was they showed that people tended to have these symptoms come on at a certain timeframe, so not so much, you know, "I've always felt in this way," but more so like, "Since last March, this has been happening." And then, the other funny thing was that, of all those symptoms, it's not common to have all of them, it's actually more common to have a small number like one or two or maybe three. So one would not expect to have every single symptom.

Katie: That's really interesting, yeah. And I'd also love for you to delve into, I think, there's so much confusion in the area of Hashimoto's. And I know I was really confused about that before I even was diagnosed with it because there's just so much conflicting information. So can you give us a primer on what is Hashimoto's and how that differs from just basic thyroid disease?

Alan: Yeah, for sure. So Hiroko Hashimoto was a physician and he discovered the main reason behind most hypothyroidism. He realized that it's an immune response. And the sad thing is that the majority of people with thyroid disease, they have Hashimoto's and most are not even aware of that. You know, most never even heard that term. But what happens is that our immune system, its job is to, you know, zap bad things that are trying to get in and hurt us, zap bad bugs and infections.

But it can go wrong, you know, we can attack things that are harmless, that come in from the outside. That's what an allergy is. We can also attack parts of our own bodies and that's an autoimmune disease. So Hashimoto's is the most common cause of thyroid disease and it's triggered by our immune system attacking proteins of the thyroid, you know, the very proteins you mentioned in the intro.

Katie: Yeah, so how should someone with Hashimoto's go about getting tested with that? Show up on a normal thyroid panel or would they need to look for a different type of testing?

Alan: Yeah, great question. So most common thyroid panels include just a TSH test, which is Thyroid Stimulating Hormone, and that's the brain asking the thyroid to work. It's a good thing to be aware of but it does miss a lot. The immune response, the autoimmune [inaudible 00:06:14] Hashimoto's that can show up by antibody tests, so there's antibodies against thyroglobulin and thyroid peroxidase.

However, as many as 40% of people with Hashimoto's will not have positive antibodies. They will not show up, even though there is an immune response. And that's why I love to also do ultrasound studies. You know, between a thorough blood panel and an ultrasound, one can know for sure whether or not the immune system is involved.

Katie: And what would be something that would show up on a thyroid ultrasound that may not show up on a

blood panel? Would that be things like nodules or like physic deformities of the thyroid?

Alan: Yeah, for sure. We can see structural changes and, yeah, nodules are one of the big ones, we can also see signs of calcification. Generalized signs of inflammation show up as well and some can also have goiters. Another reason I love to do ultrasounds on anyone that I suspect for having thyroid disease is because thyroid cancer it's the most quickly increasing type of cancer in North America today and it's more common among those that have thyroid disease. So I love to have people screened and know where they are in terms of their possible risks.

Katie: Yeah, absolutely. And I know another special consideration that I've been researching a lot on my own is for Hashimoto's patients or people with thyroid problems are often told, and there's so much information online saying, you know, "Take iodine to help your thyroid." And it turns out, from what I've read, that it's not the best case if you have Hashimoto's or not the best thing to do, and you and I have talked about that. But can you explain why something like iodine, which is thought to be good for the thyroid, might actually be harmful if you do have something like Hashimoto's?

Alan: Yeah, yeah. Great thing to bring up. And there's so many cases, you know, our body has all this internal regulation. You know, like calcium, we get some from our diet, we store it in our bones, we move it back and forth. But so many nutrients are so tightly regulated that what you would think would happen is not always how it plays out.

So with the thyroid, for example, it desperately needs iodine to function and without it, it's like a, you know, garbage disposal with no water. It just cannot work right, it has to have it. But because it needs it so badly, it has a special pump that concentrates iodine inside of itself and that pump is going on all the time. If you ever get a lot of iodine in your body, that pump is so powerful that your thyroid just shuts itself off, so it doesn't pour out dangerous amounts of hormone because of the pump pulling in all the iodine.

So because of that, there's this narrow range in which our thyroids do the best. And if we get too little or too much, either one can be a problem. And those that have autoimmune disease are even more sensitive to there being too much iodine.

Katie: That's so interesting. So for a person who maybe has a diagnosed thyroid problem but they're wondering if they have Hashimoto's or not, are there symptoms that differ with Hashimoto's or is that something that needs to be confirmed by a blood test? Or, how would they get that answer from a regular doctor?

Alan: Yeah, good one. Blood tests, the ultrasounds help. Symptoms can be different. You know, some symptoms...I just saw someone a few days ago that clarified...I have to clarify this with, you know, some things can include more symptoms of damage the body from immune cells, especially nerve symptoms. You know, some would get sensations of like burning in their arms or their legs, some get like numbness or tingling. The hair thinning, the hair loss, that can be one that can be more related to just the antibodies than it can to the levels of thyroid hormone.

So with the disease, one can have too little or too much hormone. And that's caused by the immune system attacking the gland but the immune system's attack that can cause altogether separate issues. So even before your gland has been changed in its performance, those very antibodies, those immune cells, they could hurt

your body in other ways. And, yeah, the numbness, the tingling, the hair thinning. Also, some of the pain symptoms like as far as muscle pain, joint pain, those can be more from Hashimoto's as opposed to just a lack of thyroid hormone.

Katie: Yeah. So that's a really good point. And what are some steps maybe? I love that you always address all the sides of the body, you don't just look at the thyroid hormones alone and I know we've looked at so many aspects of my health. But what would be some things people should maybe look for or watch out in their diet if they do for sure have Hashimoto's? Are there lifestyle factors or dietary factors that they need to be more careful about?

Alan: There definitely are. And what happens is that, since it's an immune disease, anything that stresses the immune system makes it worse. And the diet is a big factor, you know. In terms of where the outside world enters our body, the digestive tract is where the rubber meets the road, you know, quite literally, that's where we absorb the largest bulk of things from outside of us and that's where there's the most chance for our immune system to get triggered.

So the main thing we think about is like intolerant foods or reactive foods. And there's some that are a little different from person to person, you know. Some reactions occur dramatically and immediately and when you've got those, you pretty much know it. You think about like, you know, the tragic cases of those that cannot have the tiniest bit of peanuts in their food or else they'd become dangerously sick.

So those types you're aware of, we call those IgE or anaphylactic reactions. There's a whole another group of reactions that's just as real but not as visible and that's called the more delayed IgE or IgA reactions. You know celiac is one example of that that many are familiar with but those same things can occur to many different foods. So a good thing is just being aware from elimination reintroduction diets or by personalized food allergy testing which foods are the best fit for your body and really focusing on those.

Katie: Yeah, definitely. I know, for me, I was surprised that it was eggs because that was a food I consumed all the time and blood testing showed that I was highly reactive to eggs and it was a food I consumed so often, it was a big part of my diet. So that was a big wake-up call for me. But when it comes to hormone balance, I know that another side of the coin, and it was also an issue for me personally, was adrenal problems.

And it seems like adrenal issues have gotten a really bad rap lately and I've seen some articles circulating online about the myth of adrenal exhaustion or, kind of, belittling the idea that the adrenals play that big of a role in health. But I know that this is also a very real condition. So can you talk about the adrenals and how they play a role in the endocrine system and how they also affect the thyroid?

Alan: For sure. Boy, I'm gonna go scour for those articles and make some feedback. Yeah. I spent so much time the last couple years looking at all the studies on the relevance to the adrenal glands in health and it's so huge. The whole concept of stress, you know, a guy named Dr. Hans Selye, he coined the term almost about 100 years ago now and he showed that most disease comes from some version of stress.

And we think about stress as being, you know, often mental emotional stress. And that's real stuff, it's very powerful. But when Dr. Selye coined the term, he was thinking about a category that included mental emotional stress but was not limited to it. You know, we can also get stressed by being too hot or too cold, we can get stressed by being in a noisy environment, like out on an airport runway. We can get stressed by being

exposed to chemicals or by having things triggering our immune system. So a lot of different stressors. And then, how many there are and how severe they are and how long we're exposed to them, that's what plays out our health being good or bad.

And all these things affect us only when our stress control mechanisms can no longer keep up. And that's our adrenal glands. So when they're working well, you know, we're thriving and we're feeling good and we're on top of our game. But we may become overwhelmed by mental emotional stressors, which are so huge, chemical stressors, you know, dietary stressors like processed foods or things that throw off our circadian cycles, then the adrenal glands start to compromise. And that's when so much of illness starts to set in.

Katie: So what would be some of the symptoms of maybe someone who has an underlying adrenal issue, and maybe also just has that feeling that something's not right but they can't really pinpoint it. What might they notice?

Alan: Yeah. There's a lot of general symptoms, some of the ones that can be more specific. The adrenals also control our blood sugar. So sometimes if someone has stress on the adrenals, they may notice their blood sugar does not stay as steady as easily, you know. They may really drop off if they're late for a meal or if they miss a meal, they could feel just awful.

They also control our blood pressure. So sometimes when there's substantial adrenal fatigue or adrenal dysfunction, we cannot regulate our blood pressure as well. And some might notice that if they're sitting for quite a while and they get up quickly, they're kind of dizzy and blacking out almost for a moment. And that's a sign of it as well. So yeah, cravings for salt and sugar can show up for those same reasons and also, just those substantial symptoms of fatigue.

And a real particular sign pointing more to adrenal function is when these things are predictable throughout the day. Like, someone says, "Boy, I just know that at 2:00 o'clock. I always just tank. I just crash, like, 2:00 in the afternoon." So because the adrenals have so much to do with our circadian rhythm, their function can be seen as being off when certain times of day are always just a problem for us.

Katie: Interesting. So obviously, the whole body works in a balance, so can a thyroid problem exacerbate maybe an underlying adrenal issue or cause that or vice-versa? How do those two play together?

Alan: Yeah, they relate so much. And I draw a big distinction between them because one is primarily a disease and one is more a dysfunction. So what I mean by that, thyroid disease is a condition in which the thyroid gland is unable to make the hormones your body needs. So think about it like a factory and, you know, you've got orders coming into this factory and maybe it's making bicycles. I don't know. So the orders are coming in for 1,000 bicycles and maybe the assembly line is just broken, so the orders are not being met. So that would be a disease.

Now here's another scenario. Let's say that there's 1,000 people wanting to buy bicycles but the orders are only coming in for 100 bicycles and the shop works just fine. So now, that's a state of dysfunction. And that's what's happened to the adrenals. And many who have made comments against the reality of adrenal exhaustion, have made valid comments because...against the idea about adrenal exhaustion not being a disease. It's not an error of the adrenals, it's not really their fault. They're doing their best to make sense out of the body being in a state of stress.

So the overlap is that the adrenals main hormone cortisol is the gatekeeper to let thyroid hormones come inside the cells. So if the thyroid hormones are lacking, then cortisol levels may have to be called upon to help compensate for that. And on the other hand, if cortisol is not ideal because of other stressors in the body, that might make thyroid hormones less usable by yourselves even if they're there in the right amounts.

Katie: That's fascinating and it, yeah, really speaks to the importance of addressing their body as a whole and not just focusing on one level or one symptom. Let's get really practical for a second. I know that you're coming out with a book in December about adrenal health specifically and how to address some of these problems. So can we get really specific for a few minutes and maybe talk about some practical things that maybe we're doing wrong, that can hurt the adrenals and also some things that we could do to support our adrenals?

Alan: For sure, yeah. I mentioned about the circadian rhythms being a factor and I realized that, boy, every facet of our health, you know, we hear about things like our endorphins, our neurotransmitters, you know, serotonin helping our mood. We hear about important things like insulin for our weight being good and our energy being healthy. We hear about like leptin and ghrelin for, you know, managing visceral fat. So all those things and so much more. They are also circadian, meaning they've got a daily rhythm and the rhythm ebbs and flows. And the adrenal glands control those rhythms.

So of the many factors that help the adrenals stay in a good rhythm, I think, the most powerful one by far is morning exposure to sunlight. You know, for much of our past, we woke up when the sun came up and there's a very high amount of light intensity that our brains were exposed to them. And that's pretty wild because, you know, we can adapt to a big variety of levels of light and do just fine. You know, like, I'm in an environment right now where there's a large window that looks outside. It's a bright side. It's Scottsdale, Arizona, it's always sunny here. Even at night, I think, it's always sun shining.

But inside in the brightest environments, so you could be like...Here's an example. You could be in Seattle, you could be in a TV studio set, you could have these crazy bright lights that are making you sweat and it's like hot. And then, you could step outside of that set, you can step outside, maybe it's a rainy day in Seattle. So outside on a rainy day, the light intensity is about 50-fold what it was inside that TV studio. So there's an illusion that we have bright light indoors but it's never close to what the light intensity is outdoors. And our biggest cue for having a healthy circadian rhythm comes from having about a half an hour exposure to sunlight within an hour of waking.

And by exposure, I do not mean you've got to be in a bikini with baby oil on. No. You don't even have to have the sunlight directly on your skin, you can even be in a shaded place. But just being outdoors for half an hour within an hour of waking is a huge game-changer for regulating your body stress response and metabolism.

Katie: And that's an awesome reason just to go maybe have your morning tea outside, instead of just at the kitchen table. That's a great idea. And also, what about like the foods we're eating? I know that, obviously, that people know the connection between like the foods that they consume and their weight. But it's, also, there's a very real connection between the foods they eat and their adrenals. Can you talk about that some?

Alan: Yeah, for sure, and this is a fascinating thing I've kind of learned more about lately. You know, one part that was interesting was just how things work in terms of our food volume in times of day. You know, we think

that, in the past, we would often have fires and we would have our fire in the evening and that would protect us from a lot of predators and we'd cook our food from that. But the data is now getting stronger that there's probably a rhythm by which we are expected to have our larger meals later in the day also.

You know, at that time of day, we were kind of winding down, we were not really out hunting or gathering. It was getting dark, we were hunkering down, getting close together with those in our tribe. And that was a time in which it was just most practical to cook the biggest meal.

And the data now has shown that our body has very distinct rhythms of burning and storing. And our strongest rhythm for responding well to food comes later in the day. So the same meal, if you have it in the evening like after 4:00 p.m. roughly, a greater amount of that food can get made into glycogen and that's fuel for the muscles. The same food and lard and the same amounts earlier in the day, more of that has to be stored as fat because our bodies are in more of an active mode, more of a burning mode and less of in a good storage mode. So they can't store as effectively, they've got to just shuffle it away as fat.

So yeah, there was one big paper done - It happened in Israel and it showed that two groups of people, they were both on the same number of calories of the same foods, but one group had the bulk of the calories in the evening meal, they had some earlier in the day, too, but the bulk of it was in the evening. And the other group had the bulk of it earlier in the day. And the same amount of food, the same foods, the group having the food later in the day had more substantial weight loss by about 10 extra pounds over the course of a month on the same amount of food. It's pretty surprising.

Katie: That is surprising. And it kind of flies in the face of what we're always told with breakfast being the most important meal of the day and that you really need to have a big breakfast to get ready for your day. And especially, this drives me nuts and probably you, too, the idea that like you should have a lot of carbs at breakfast or, you know, a pastry or a bagel or juice or both of those. Can you talk about that and what role carbs can play in the morning and how that can affect your adrenals?

Alan: Yeah, great question. You couldn't wreck your day any more than by filling up with carbs for breakfast. And it seems logical. This is another case to where what seems logical is just not how the body works. You know, it seems logical that you would put a lot of fuel in your body and then go run around the day and burn that fuel. But the time gap between swallowing something and then actually burning it for fuel, that time gap is probably about 8 to 14 hours, if not a little bit more. So I am a fan of having breakfast, especially protein for breakfast, but that breakfast is doing more to stabilize the blood sugar and stabilize some hormones, it's not really providing fuel.

It's important but it's not a source of fuel. So yeah, you're right those things that are heavy and starch those things make us groggy, you know, they cause us to make serotonin and melatonin and nighttime hormones. And in the daytime, we just get groggy and chunky. They just go to storage, they're not being used effectively for fuel then.

Katie: Yeah, that's so fascinating and it really shed some light on why there's this whole like a stereotype of the 2:00 crash and all these products aimed at beating the 2:00 crash people having everyday when they're really hormonal setting themselves up for that. And, I think, another thing that we have a lot of things we could improve on in our society today is sleep and how we really miss the boat when it comes to sleep a lot. So can you talk about how sleep affects the hormone system in general and especially the thyroid and the adrenals?

Alan: Yeah, yeah. And again, it's also circadian and we've got such different things that happen. I mean, just think about when we're awake and alert versus being deeply asleep and just, obviously, from, you know, from a distance, you can see that the person is in a different state. The data's gotten so strong now about sleep and its relevance to weight and health, that it may be a bigger variable in diet or exercise. There's some scientists actually saying that. And in terms of our immune repair, it's huge.

I've seen strong data taking it as far as the fact that even our brain, that there's structural changes in our brain, you can see measurable areas to where the brain gets divots or damage if we're sleeping a little bit less than seven hours per night. There's always been a certain number of people that seem to thrive on smaller amounts of sleep but the data has gotten strong that probably most in that category are really not doing that well. They're probably just used to functioning poorly.

You know, apart from like a few people out of a million, most of us really need like seven, eight maybe sometimes nine hours. There's not that many that do well getting much less or much more than that. But getting it is critical and many do miss it.

Katie: Yeah, I think, you're so right. And one thing I've done in the past is to track my fasting blood sugar in the morning using just a blood sugar monitor. And I've been amazed how just increasing my sleep made such a difference in reducing my fasting blood glucose in the morning and how it really impacted that and also the whole day.

And another factor that I think really comes into play that we miss a lot and that I will admit is my biggest struggle, is dealing with stress and how stress really does have a physical impact on the body. And I know, it's easy to write it off as just a mental thing or like, "Oh, I'm just stressed out." But talk about how that comes into play and how stress is not just a mental state but how it really physically affects you.

Alan: Yeah, yeah. Great point. And you, kind of, bring up a concept that we have ideas on certain facets of our health being important or powerful and others perhaps being less important. You know, oftentimes we have an idea that things that come in prescription bottles are powerful, and things that we perhaps do with our minds are not powerful, even though the data is so different.

So I mentioned a bit ago about working on a book and reading all these studies about adrenal health. So here's the scenario. So I'm this person that tries to take care of myself and tries to figure out how to be healthy, short-term and long-term, and, you know, I wouldn't smoke and I try to manage my main disease risks. And so, I'm working on the book and I'm doing the studies, looking at these studies. And to be frank, at this point, I was pushing the envelope a little bit in terms of how many hours per week I was investing in all my activities. You know, I'm still making time for the family and staying active. But I was kind of scrimping on the sleep a little bit to stay up on top of some of this.

So the study that I stumbled across, in the midst of my denial, showed the rate of death among a large group of people. It was just about 5,000 civil servants in the U.K. between 2002 and 2006. And the reason that I even came across this study is because they happen to track changes in cortisol rhythm. So there's this cycle to cortisol that have, kind of, alluded to we make a spike, make a big elevation of it in the morning and we shut it off as a day goes on.

Some call it the "cortisol slope." You know, you should have a slope to where it descends as the day goes long. And if that does not descend, if it stays flat or if it's backwards, that's one of the measurable signs of your system being just really taxed or really being behind on sleep or at a high level of total cumulative stress.

So this study, they looked at a lot of things that would predict death. You know, did someone smoke or not? Were they at their good body weight or not? Did they have high cholesterol? Did they have high blood sugar? You know, a lot of common factors but they also checked cortisol slope. And the thing that hit me like a ton of bricks was the fact that you could literally be a totally non-stressed, you know, good cortisol slow person but be a smoker and have heart disease, and you would survive longer than someone else who did not smoke and did not have heart disease but had a screwed up cortisol rhythm.

Katie: Wow. That's...

Alan: Yeah, so stress is a big deal. It's a bigger deal than any other factor that threatens our health that we could think of.

Katie: That is really...Wow. Especially considering the statistics that you see about stress in the U.S. right now and the levels of stress we're all operating under and cortisol levels. That is really something we need to address then. And since you mentioned it, can you talk a little bit more about your book and tell everybody when it's gonna be coming out and what you'll be addressing in it?

Alan: For sure, I'm really excited about this. This is coming out in early December and it was really spawned by...You know, my biggest personal lifelong struggle with health has been my weight. And I've been able to maintain that pretty reasonably well. It's always taken amount of effort. But that's, kind of, why I focused on thyroid disease, too, quite a bit is that people that have that have those same struggles but they need extra assistance to correct it.

And I realized, there's this looming crisis that, so many of us, we experience it as a personal failure, as like a personal struggle. But in reality, it's a global trend, it's a global epidemic. So the stats that I just saw since even just after writing the book, by 2030, we're predicting that the majority of humans on the planet will be obese. So 50.3% of adults globally. So not Americans and not even just overweight, but global obesity of over 50% by 2030.

And the data has shown that all the old beliefs about, you know, people getting heavy because they're lazy or because they're indulgent, that is just not supported by science, you know, that's just not an explanation. And one of the reasons that you can't support those beliefs is because there's over 60 species of animals that are getting obese at the same rate that humans are. And some of them are even on calorie-controlled regimes. So it's not a problem of behavior or habit.

So I wanted to figure out what it was and so much data led me down the path of seeing that the stress response, in a big sense, of all the stressors, the emotional ones, the dietary stressors, the environmental stressors, the pollutants, that some combination of this is what's driving the trend. And I wanted to work out a way in which we can easily reverse these effects through a healthy diet and, you know, get back on track and achieve a good body weight and regain our energy levels.

Katie: Yeah, I am so excited for your book to come out and I feel like you have such a gift for taking really

complex topics and research and bringing them down to a very practical and usable level. And I think it's gonna help a whole lot of people. So we'll definitely have to have you back on when the book is released that you can talk more about it.

And I want to respect your time, so now we're gonna end with the questions I always ask podcast guests at the end. And the first one is what is a piece of advice you wish someone had given you earlier in life?

Alan: Earlier in life. I think one piece would have been just the fact that, not only can things change, but they really tend to change in a positive way. You know, so the first part of that is everything about us physically is made up of parts that are all coming and going pretty fast. You know, over the course of the year, we really have no atoms that we had the prior year. I mean, the most tangible, solid building blocks that make us up are always in the state of flux. So things are changing.

And the other piece is that, you know, life is pretty amazing. We look in the universe around us and everything we see that's not living is pretty quickly falling apart, you may call that entropy. And life is the opposite. Life is things getting better organized and staying together and even reproducing, and even, you know, making more of itself. And it's just phenomenal how that all works. So living things have this innate capacity to regain balance and regain health.

So since we're always changing and since we're prone to improve and prone to correct just because we're living, all that means is we just need the right circumstances. You know, if there's barriers to our health, you just gotta move yourself out of the way or get around them. And if there's key things we're lacking, we just got to put them back in. And once we do those two steps, good things happen very naturally.

Katie: Yeah, I love that advice. And especially that's so uplifting the idea that if you started making changes now, within a year, you would've given yourself the building blocks to really rebuild your health from the ground up. That's really fascinating. The second one is, besides your own, what would be a favorite book or a resource that you've read?

Alan: Oh, boy. So many popping to mind, so many are in various, various topics. Let's see...Could you give me a topic or a direction?

Katie: Maybe in health. I know a lot of people are really interested in thyroid and adrenal health. So maybe something in that area.

Alan: Thyroid and adrenal health. You know, I'm a big fan and I've written a couple myself, of course, you mentioned, but Mary Shomon. She's got some great books about...Actually what I like in these areas is a new one by Gena Lee Nolin. She and Mary Shomon wrote this together about thyroid function in "Beauty Inside and Out." And it's kind of Gena's story. So Gena was a Baywatch girl. She was famous on Baywatch. And her health was just wrecked by thyroid disease and she went through just a horribly long battle to figure it out.

And, you know, this is someone that's got resources and has access to the best doctors. But she almost lost a baby from her thyroid disease being undiagnosed at late stage pregnancy and the treatment that was offered to her because of that. So it was just huge and now she's become a great advocate for the cause. And her book is co-written with Mary. It's just a compelling story about how real this is and how strongly it affects people. But then, also, the flip side about the fact that, you know, there is hope and things can get better.

Katie: Yeah, I'll make sure to link to that in the show notes. And also, obviously, to your books that you've already written. But the final question is maybe if things that you've said have really resonated with them and they think they might be struggling with these issues, what is one action step they can take right away to start moving towards health and towards hormone balance?

Alan: You know, if they're concerned about having problems with their thyroid or their adrenals, there's some pretty easy quizzes that can guide people. So there's "The Thyroid Quiz," and that's actually one that I did in partnership with Gena Lee Nolin that I just mentioned. There's also "The Adrenal Quiz." And those are both sites that are not commercial sites, they just give someone advice about...You take a quiz and you get results.

And if your results suggest that this is not relevant to you, they'll tell you that. And if the results suggest that these are things that are worth pursuing, based on how far along your scores are, it gives you some easy action steps and advice on, you know, how to find local resources, what are some things you can do on your own, what are some ways you can screen for this. So yeah, "The Adrenal Quiz" and "The Thyroid Quiz" can help move someone forward.

Katie: Wonderful. Thank you so much for your time, Dr. Christianson. And like I said, we'll have to have you back on in December when your book comes out.

Alan: That would be wonderful. Thank you so much.

Katie: Thank you so much for listening to this episode of the "Wellness Mama" podcast where I provide simple answers for healthier families. If you would like to get my seven simple steps for healthier families guide for free, head on over to wellnessmama.com and enter your email and I'll send it over to you right away.

You can also stay in touch on social media, [facebook.com/endlesswellness](https://www.facebook.com/endlesswellness) or on Twitter and Instagram, @WellnessMama.

And I would also really appreciate it if you would take a second and subscribe to this podcast, so that you'll be notified in future episodes. And if you've ever benefited from something I talked about on this podcast, I would be really appreciative if you would leave a rating or review, since that's how others are able to find this podcast and so we can help spread the message.

Thanks as always for listening and for reading and for being on board with creating a future for our children that's healthier and happier. And until next time, have a healthy week.