



962: Normal Doesn't Have Side Effects:
Holistic Women's Health With Dr. Aimee Duffy

Child: Welcome to my mommy's podcast!

Katie: This podcast is brought to you by BIOptimizers and in particular, their product that holds my heart, which is their Magnesium Breakthrough. My goal this year is to continue to focus on my wellness and to create more harmony and resonance, and we all know that the foundation of health is a good night's sleep.

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And I feel much calmer when I'm regularly taking magnesium. So let's face it, even if your 2025 resolution is not all about focusing on your health like mine is, how are you going to be able to achieve your goals in any area without enough quality sleep and stress management? Check out Magnesium Breakthrough and make it part of your daily routine this year as well.

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This podcast is brought to you by Hiya for children and especially I love to talk about their new greens line for children. Now, I have tasted these vitamins and they're delicious, and

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my kids are the ones who really love them though. And I love that they're getting the nutrients they need without the sugar because most children's vitamins are basically candy in disguise with up to two teaspoons of sugar and dyes and unhealthy chemicals or gummy additives that we don't want our kids to have.

So Hiya created a superpowered children's vitamin that's chewable, without the sugar or the nasty additives and it tastes great. My little ones love it. They especially are designed to fill the most common gaps in modern children's diets to provide full body nourishment with a taste kids love. And it was formulated with the help of pediatricians and nutritional experts and pressed with a blend of 12 organic fruits and vegetables, then supercharged with 15 essential vitamins and minerals, including vitamin D, B12, C, zinc and folate among others.

It's also non-GMO, vegan, dairy free, allergy free, gelatin free, nut free, and everything else you can imagine. I love that they test every single batch with third party testing for heavy heavy metals and microbials in a qualified GMP compliant lab using scientifically validated testing methods so you can be completely at ease knowing it's safe and nutritious and it's designed for kids and sent straight to your door so you don't have to worry about ordering.

My kids really like these and I love that refills show up on schedule with no stress. Also, again, honorable mention to their new greens because if you are tired of battling your kids to eat more greens, their Daily Greens Plus Superfoods is a chocolate flavored greens powder designed specifically for kids and packed with 55+ whole food ingredients to support kids' brains, their development, their digestion, and kids actually like it. We've worked out a special deal with Hiya for the bestselling children's vitamin. Receive 50% off your first order. To claim this deal you must go to hiyahealth.com/wellnessmama . This deal is not available on their regular website. To get your kids the full body nourishment they need.

Katie: Hello and welcome to the Wellness Mama Podcast. I'm Katie from wellnessmama.com , and this episode is all about normal, doesn't have side effects, holistic women's health. And I'm here with Dr. Aimee Duffy, who, as you will hear in this episode, is an absolute wealth of knowledge, especially when it comes to this particular topic.

We dive into thyroid health, adrenal health, liver health, hormone health, so many other angles, and she gives really actionable and practical takeaways. And Dr. Aimee is a board certified physician and the founder of Carolina Integrative Medicine, specializing in functional and integrative healthcare for women with over 20 years of experience.

She also helps address root causes of complex health challenges like hormonal imbalances, chronic fatigue, weight gain, and more. As well as she is the bestselling author of *Normal Doesn't Have Side Effects*, which we talk about in this episode. I loved learning from her today. She gave some really helpful specifics, especially on thyroid.

So let's join and learn from Dr. Aimee. Dr. Aimee, welcome. Thank you so much for being here.

Aimee: Hello. How are you?

Katie: I'm doing so well. I'm excited for this conversation, and we're going to get to delve into something that I think is a really important topic, especially for women, which is the idea that normal doesn't have side effects. And I know I heard many times as a woman when I was trying to figure out thyroid stuff, like, oh, your labs are normal.

Everything is normal. This is a normal if you're a new mom. And I would love to dive into some of the nuance around that today. Before we jump into that though, I would love to hear, you've blended conventional medicine and holistic treatments to find seemingly a very effective method that you use with people.

So I would love to hear your journey. What inspired that path?

Aimee: Yeah, it started way back when I was little actually. I absolutely loved babies. I just wanted to hold every baby I could get my hands on. And when I was 11, some neighbors just down the street from us had a baby and I got to start babysitting and he was about six to eight months old at the time.

And that was sort of the start of my career, if you want to call it in baby world. And when I was a senior in high school, that family was having another baby and they invited me to be in the delivery room. So that started sort of my aha moment of, I thought I was going to be a pediatrician and then I realized, well, maybe I want to deliver babies.

And so that's what happened is I went to college, I went to medical school. Ended up in family practice because I loved the idea that I could deliver the baby and then sort of continue to take care of the baby. So I got to blend both of those things together. And shortly after I finished my residency program, I'm in a small town in Clemson, South Carolina, Seneca, South Carolina area, and the OBGYN office right next door was going through some changes, and they offered me a position to work with them in being able to deliver babies, but also kind of being primary care for their female patients. So loved that idea, loved doing that part of it.

But what I found very quickly is that in my family practice residency program, I didn't have a whole lot of training in really digging into women's health, particularly with hormones. So I found myself sort of in these appointments with patients talking a lot about hormone related things and not really having the best idea.

In traditional medicine, at least back then, it was 20 plus years ago now, I mean, it was basically like if you were still having periods, you get birth control. And if you're not having periods, you get some form of whatever type of hormone replacement we had in the sample closet is what it kind of felt like to me without a whole lot of thought process into it.

So I happened upon a lecture series on bioidentical hormones and then got to go to a live conference on natural hormone balancing back in 2008. And I felt like sort of Alice in Wonderland walking through this tiny little hole into this amazing world of what we call now integrative and functional medicine. But specifically starting in the bioidentical hormone world.

And I just had no idea that there was something out there like this where you could test hormones and really get a feel for what what was going on and what the balances are. So that's really what started my practice. And then, as we've seen with a lot of practices in the world, I think, or especially in the United States, as practices are being consumed, if you want to call it, bought up by the bigger healthcare systems, the hospital systems. And so that OBGYN practice was looking to get integrated into the hospital system, and I knew that that was not the direction I wanted to go.

I wanted to go sort of away from traditional medicine and, and supporting these women that I was seeing with all their frustration. So I opened my practice, Carolina Integrative Medicine in 2011. And really where I started was just being able to see women who were frustrated with symptoms like fatigue, weight gain, inability to sleep, irregular periods, or menopause questions, hot flashes, decreased libido, irritability, depression and anxiety. That isn't a Zoloft deficiency, but really starting to look at what are the reasons behind these symptoms and not just here's your Bandaid. So whether it was birth control pills or antidepressants, it felt like that was originally the only offering we had. And like you said, really diving into are your tests really normal?

Maybe we're not looking at the right tests. And so what I started doing is saliva testing for hormones and adrenal dysfunction. And really finding that even though the blood work may appear to be normal, when you really look at what we call optimal ranges or we look at the balance between all the hormones... many people have heard the term estrogen dominance, where your estrogen level might look normal and your progesterone level might look within range, but that range can be anywhere from like 22 to 360.

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It's a huge range. And so if your level was 35, but you were told it was normal, that's not really in a good balance with what your estrogen is. So we tend to see some imbalances going on there. So as I got into this field and really doing this more, I found myself talking to patients as I was prescribing or recommending bioidentical hormone replacement, whether it was just progesterone only or some mixture.

And adrenal support and more natural thyroid balancing and things like that, that I would say, you know, normally you get a prescription, we're going to talk about all the different side effects that you might expect with this medication. And what I'm prescribing is going to be getting you back to normal, and normal doesn't have side effects. So we shouldn't expect or see anything negative or harmful coming from this regimen that we're going to be prescribing.

So that's kind of my story and where it leads to now is, you know, not only did I start this process where I brought life into the world by delivering babies, but now I feel like I restore life back to many women who have found they just have lost their fun in their life.

They've lost living and they're really just in survival mode.

Katie: That is an incredible story and you quite literally wrote the book on this, *Normal Doesn't Have Side Effects*, and I'll link to that in the show notes. We're also going to get to do a round two episode that goes deep on midlife hormones and perimenopause, so you guys stay tuned for that if you're in that phase of life. And I'd love to really get into the nuance of all the work that's in your book and your approach today, because I feel like this is so valuable, especially to women.

And I talk often about the idea that we are each our own primary health care provider and that the best outcomes happen when we can partner with practitioners who do the right test, who understand us and who have specific knowledge to help us take ownership for that journey.

And it sounds like that is very in line with how you work with your patients. I'd love to delve into a little bit ranges because you mentioned within normal range. I've certainly been told things were within normal range and I felt like I had to sort of become a health detective to research what tests did I actually need and to then to like really advocate for myself and even getting the test and then understand that normal isn't necessarily optimal when you can understand how labs figure out normal ranges. But can you break that down for us so we can understand our own picture when we get lab results?

Aimee: Absolutely. And I love this process and why I want to be on you know, podcasts and TV and speaking as much as I can because I want to be that advocate for people who are

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frustrated and confused and being able to listen to something like this, like you said, and start to learn enough to be able to ask the right questions or to be able to put the right searches in to find a provider that speaks this type of language.

So the easiest way to describe this is actually talking about thyroid and thyroid testing. So TSH or thyroid stimulating hormone is the most common test that we would look at. So if you went to your doctor, maybe you were just doing some searching, and just to give us a brief, what in the world are we looking for is if you may have some symptoms that your thyroid isn't quite up to par and it can be a combination of things that may be that your thyroid is not producing the right amount of hormone, or it may be it's doing just fine, but that thyroid hormone is not able to get to where it needs to go, or it's not getting converted appropriately.

We can go into all that detail, that's maybe a whole other conversation, but the point is that TSH or thyroid stimulating hormone is the measure of what your brain is sensing is going on. So your thyroid makes thyroid hormone and then that goes out into the bloodstream and floating around and then the brain has a sensor and it says, is there enough or not?

And if the brain is sensing that there's not enough thyroid hormone floating around in your system, it will, increase thyroid stimulating hormone, or TSH. So it's kind of like yelling at the thyroid, you need to kick out more, you need to work harder. And so TSH in somebody whose thyroid is not working appropriately or thyroid hormones are low would be elevated.

So it's sort of the opposite of what thyroid hormone looks like. So that reference range, number wise is about 0.4 to 4.5 depending on the lab. It can vary just slightly there, but I really want to dive into where did that range come from. So the labs are receiving blood samples. They never have any information about who that person is, how old they are, what their symptoms are.

Are they male or female? Are they on medication or not? And so the lab just receives the sample and every couple of years, the lab has to go through sort of what you call quality assurance type thing. And so they just give you a range and they say, well, 95 percent of the people who came and had their TSH done in our lab, fell within this range, which is often about that 0.4 to 4.5. So that range is, you know, it will say normal, but really is that normal? Is that optimal? Like you were saying, right? That that has no idea whether the person feels good or not. Is their thyroid actually functioning? So when people started really looking at what are the levels that TSH should be or what is optimal when people feel great and they don't have symptoms, whether they're on medication or not, that number goes more between 1 and 2.

So ideally, your TSH should be between 1 and 2 and that's where you should feel your best. So you might go to the doctor with all these symptoms, I'm tired, I can't lose weight, my hair's falling out, my nails are thin and brittle, my skin is really dry. Those are some common symptoms that we might see with thyroid dysfunction.

And your test might have been 3.5 and that falls within range or normal according to the lab, but that's really too high. That's your brain starting to say, Hey, we don't have enough thyroid hormone and you should do something. So if you don't have a doctor that's paying attention from that perspective and really understanding what we're looking at, then that's what we're seeing.

And you can see that across the board, whether that's something like vitamin D, whether that's progesterone, like I was talking about earlier, that reference range can be huge. And progesterone can be different depending on where you are in your cycle. If you're still cycling that, you know, you're on a roller coaster of hormones at that point.

And so, you know, those reference ranges really have to be interpreted as what is optimal for the person, male or female, what age you are, and where you are even in your cycle, something like that.

Katie: I love that we got to use thyroid as an example. It's very close to home for me because I used to have Hashimoto's and actually like last week just got lab results and have no detectable antibodies,

Aimee: Yay!

Katie: I no longer have any thyroid things, but I'm curious now cause they were all in range. My TSH is between one and two. So that was right in the range you mentioned. I'm curious though, because often the, if you ask often test also T3, T4, free T3, are there similarly more tightened ranges that are ideal in those that you might be outside of on a normal test, but still be told you're normal.

Aimee: Yes, so if you get lucky enough to have somebody measure free T3 and free T4, again those lab ranges can vary depending on the labs, but generally for free T3 we want to see that number up in like the 3.2 to 3.5 range. So often I might see somebody at 2.6 or 2.3, and it's not even flagging as low.

So that's a very tight window there. And then T4 is usually like 1.2 to 1.5. So a little bit higher there. So if you're floating under one you may be low from that perspective. So it's really important. And then, like you said, Hashimoto's is way more common than we think. It's an autoimmune disease where, I call it sort of Dennis the Menace.

These antibodies are in there just sort of messing with your thyroid. And whether it's directly related to your thyroid or whether it's inhibiting the ability of those hormones T3 and T4 to get to where they need to go or be able to convert. So T3 is the active thyroid hormone that actually gets the job done and T4 is sort of the carrier. So you need the ability to convert to T3 and those TPO antibodies get in the way of that. So it affects the various different areas. And that is something that is not very commonly tested. So you do want to ask, especially if you have symptoms, especially if your thyroid labs are normal or even within range but you still have symptoms and you might want to look at those antibodies. Because you know your brain thinks that everything is okay but yet things aren't really happening the way that they need to be. And so our treatment is not always just dump here's your synthroid or some hormone replacement or thyroid replacement it may be we need to dig a little bit deeper into why you have Hashimoto's so that we can focus on what you've been doing and knocking out those antibodies so they're not there anymore.

Katie: And it seems like ideal range for like thyroglobulin antibodies or TPO is essentially zero or as low possible

Aimee: Zero. None.

Katie: or non existent. Yeah, that's,

Aimee: I mean sometimes those ranges are like, you know, less than 20 or less than 24 or something like that, but really, you know, you shouldn't even have 20. You shouldn't have 15. You should have none.

Katie: yeah, I'm looking at my labs and it, mine both say under one undetectable,

Aimee: Perfect.

Katie: Which I was shocked to find, because of course when you have Hashimoto's, they tell you it's lifelong, you can't get rid of it, you can only get it in remission. And I've watched my levels of those go down, but for them to come back completely undetectable was really illustrated for me the body's capacity to heal, which I just wanted to highlight as an example of showing it's possible.

I'd love to talk about ways you support the thyroid, and you said naturally balancing the thyroid, because I, for a while, did take medication, I no longer do, and I went through a whole journey of helping my body like slowly rebuild and create healthy hormones, and I feel like a lot of women are not even told to consider that this is possible.

So I'd love to hear a little bit more about your approach since it seems like it affects so many people.

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Aimee: Yeah. And there's multiple ways to do that. And just like your story, don't be afraid if you do need to be on hormone replacement for a little while, because, you know, it's going to help you feel better if your thyroid is not being able to do its job. But just I was saying is it's a combination of your thyroid releasing the right amount of thyroid hormone. And in order for it to do that, there needs to be certain nutritional things that need to be there. So, iodine is really important. We see a lot of iodine deficiency and we can see that in both Hashimoto's and Graves on the other side. So that can be super controversial because some people feel like iodine can cause those things, but that's really not the case.

We do see improvement in Hashimoto's and Graves when iodine is supplemented. And those ranges of iodine can be huge, so it's really something you need to, you know, do a little bit of research as to how much you need. Selenium is really important for that. And anything, if we're talking Hashimoto's, we're going to dig a little bit deeper into autoimmune disease reasons.

So healing the gut, reducing inflammation, are there foods that you may be reacting to that is stimulating that? And there are common, what we call inflammatory foods out there. Like gluten is a huge one, dairy for some people, eggs, things like that, but getting a test that can tell you exactly what foods you are reactive to is super helpful because sometimes it's like avocados and kale and broccoli and chicken and things that you think are super helpful. If your body is reacting to that, it's going to continue that inflammatory response. So for our patients, if we're dealing with any kind of autoimmune, but particularly with Hashimoto's.

It's not just about replacement for thyroid purposes, but it's really about digging in deeper and figuring out where the source of this inflammatory response is coming from. There are additional supplements that can help to support the thyroid, like curcumin is one of them. Vitamin D deficiency can be associated with thyroid or just inflammation in general. So we want to look at that and see if that's going on.

And then if we do end up with replacement, I tend to use things like NP thyroid, armor thyroid, naturethroid is one that used to be out there, but it's no longer available. Those have a mixture of T3 and T4 in them so we're not so dependent on your body to convert that T4. Because traditional thyroid replacement is just Synthroid or the generic of Synthroid which is Levothyroxine and that's only T4 so it's not giving you that extra T3 that could be helpful.

It's really important to realize too that toxins and liver stress affect the ability of that T4 to convert to T3. So all of my patients go through actually a gut healing phase and then a detox phase so that we're really making sure that the liver is able to do its job appropriately. So that's really important to find somebody who can help guide you through that as well.

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And then one more thing I want to add is the effect of hormones. So it's very common for women as they're going through this perimenopause as well as postmenopause to suddenly have thyroid issues when they didn't before, or maybe we see it during pregnancy when there's some significant hormone changes happening.

And so there is very much a connection between how our hormones can affect the delivery of thyroid. So it may not be that your thyroid shuts down, but it's that your hormones, which deliver the thyroid hormone where it needs to go, are declining and can play a role there as well. One more thing I want to talk about that's a connection.

Sorry, I could go on and on forever, is the the connection between adrenal dysfunction and thyroid. So those symptoms are so similar. Fatigue is huge. Inability to gain weight, or inability to lose weight more often, it is very common in both adrenal dysfunction and thyroid dysfunction, and you need cortisol to convert that T4 to T3.

And sometimes it's which came first, the chicken or the egg? Is it thyroid dysfunction that leads to adrenal dysfunction or is it adrenal dysfunction that leads to thyroid dysfunction? Sometimes we don't know, until we really get deeper and do some testing. So that's kind of in a nutshell, some things that we want to look at from a thyroid perspective.

Katie: That was so comprehensive and so helpful. And I'd love to go a little deeper on the adrenal side because I'm seeing so much on social media. Everybody's doing all these cortisol cocktails and seemingly trying to get rid of cortisol entirely, which strikes me as probably not necessarily a full understanding of what might be going on in that cortisol is there for a reason. And I feel like anytime there's a symptom or something out of balance, it's a direct message from our body. And maybe the goal is not just to directly get rid of cortisol, but to understand what's going on and why it's out of balance in the first place. Not to mention, I've seen, there can be issues from cortisol being too low.

So if we're not understanding the balance and we're just trying to drop our cortisol, that could be counterproductive as well. But I feel like the thyroid's talked about a lot, and that was such a comprehensive masterclass you just gave us. How do the adrenals come into play, and what are some ways we can all support our adrenals and hopefully keep them in the right balance, not just swing one way or the other?

Aimee: So your adrenal glands, if we want to talk about it, make cortisol, which is our stress hormone. But there is supposed to be an appropriate amount of cortisol and it's got what we call this cortisol curve. So when you wake up in the morning, your cortisol level is higher. And then over the course of the day, it goes down.

And so when we wake up, it's time to get up and do our thing. And then as, as it goes down and later into the evening, then it actually flips to melatonin and we're ready to go to sleep. So what happens is that when we have a stimulant, we have something that's stressful, our cortisol levels are raised.

So our brain senses a signal that something is stressful, and it sends adrenaline, if you want to call it, that comes from our adrenal glands and stimulates cortisol. And so what happens is that I think when I read a lot of, I don't know, articles, if you want to call it, mostly social media stuff, it talks a lot about high cortisol and so I can see what you're describing is that this goal to lower cortisol. And what I see most often when I test cortisol in my patients.

We test through saliva and we collect four samples throughout the day. So I can see that pattern and you know, sometimes you might be more normal in the morning and then you kind of crash the rest of the day or morning is low and the rest of the day is normal. So there's all kinds of different patterns that can present with adrenal dysfunction as the word for that.

And so I think there, what happens is sort of this spectrum over time. So initially we are sending signals from our brain to increase cortisol, but what happens is that we're, I call it sprinting the marathon of life uphill all the time and never getting a rest. And so the adrenals do get fatigued is the word for that.

And cortisol levels can decline and become almost flatline. And the symptoms can be very similar. So when somebody's got high cortisol, they can present with fatigue because their body's just like racing all the time. Difficulty losing weight, so weight gain is very common, things like that. Anxiety, stress, inability to handle stress, if you want to call it some irritability.

But you see the same thing when cortisol levels are really low, because again, we're fatigued. We're tired. We're not sleeping. We call it tired and wired where you're exhausted all day. But when it's time to go to bed at night, now your brain's thinking and your body literally is worried. I think about caveman days all the time.

And imagine, you know, if you don't have the ability to run, to have the fight or flight, then you're going to live in this state of like needing to be alert and aware all the time. And so that's kind of counterintuitive for what you would think. So when we talk about adrenal dysfunction, I think we need to have an awareness, but you also need to find somebody who can test because there are different supplements.

If your cortisol is really high, like you were talking about, lowering cortisol is important. And some of those supplements like L theanine, I think everybody could benefit from L theanine is an adaptogen, which means that it can help with high or low. And basically what L theanine does is it tells your brain you're safe right now, you're not being attacked by a tiger and we don't have to be overreactive to all the stressors coming into our life.

So I love L theanine for that. So there are things that can help lower cortisol, but then when our cortisol gets really low, we need some support from things that are going to be a little bit more stimulating if you want to call it or giving the ingredients like rhodiola and ashwagandha and some B5 and B6 are both B vitamins that are really supportive for the adrenals as well.

And then I think it's really important to connect your hormones. So we talked about progesterone, particularly progesterone and cortisol are right next to each other in our hormone pathway. And so what I often see is that patients will present with hormone symptoms like irregular periods and again, sort of PMS stuff, you know, right before my cycle, I get really emotional.

And I think that if somebody is presenting that way and they're like, I don't know if I'm menopausal or not, I'm only 35 or I'm only 38 and it seems like I'm having night sweats and some menopause type symptoms, I would say that the adrenal dysfunction is driving progesterone to go down because if you go back to caveman days, it's more important for us to stay alive than it is to procreate.

So it's going to sacrifice progesterone to support your cortisol so that you can stay alive. So if we see hormone changes happening early, I would look at adrenal dysfunction first. On the flip side, everything could be just fine until your hormones went away during menopause. And now you feel like you're going crazy, it's probably the hormones that affected your cortisol after.

Katie: That's so helpful, and you also mentioned vitamin D, and I would love your take on this, because this is another one that can be a normal range that might not be optimal. And I'm very pro get natural light get sunshine and make it naturally whenever possible, but I would love your take on this. What is an ideal number we're actually looking for when it comes to vitamin D. And how do you recommend getting that in range?

Aimee: Yep, so most labs, the reference range is somewhere between 30 and 100. And so, a lot of people will say, Oh, if it's 32 or 35, you're fine, you're within range. But there are plenty of studies out there that show us optimal for vitamin D is on the upper end of that range. So we're looking more 50, 60, even 70.

And vitamin D is actually a hormone in and of itself, more so than a vitamin. It's a fat soluble vitamin. So if you're going to supplement vitamin D, you want to take it with food, it will absorb a little bit better. So, yes, like you said, getting sunlight is going to be super important, but some people just absolutely need the pro hormone in order to convert it with the sunlight.

So, I would say if you're... it's a little tricky because I don't know everybody's other history and whatnot, but you can be pretty safe with supplementing at least a minimum of 2,000 IUs is what the vitamin D dosage is instead of milligrams. So 2,000 to 5,000 in my patients, if they're really low, I will prescribe higher levels, but then I'm monitoring levels to make sure that we're hanging out in that 70, 80 range.

And some people will also move it around or adjust their doses, but depending on their sunlight exposure. So in the summertime, we're going to be probably outside a little bit more getting more exposure to sun. So maybe your range will be 2,000 to 5,000. In the wintertime, you might go up to 5,000, sometimes even 10,000.

And then we'll also pulse dose for immune system support. So if you feel like you're getting sick or something for three to five days, you can take much higher doses of vitamin D for a short period of time to really help boost your immune system. So we see a ton of deficiency. I mean, it's just very common for people to be vitamin D deficient.

And that's, I think we're seeing more people testing it, but it's still really under tested.

Katie: That was super helpful and we're gonna definitely dive deep on hormones in our follow up conversation, so i'm not going to go too nuanced on that in this one. But the last topic I really want to dive into on this episode is you mentioned liver health and that you have people go through a detox and liver support phase.

And I feel like the liver doesn't get enough attention for how important it is and how we know things like there's a massive rise in non alcoholic fatty liver disease. We might not have our liver functioning nearly as optimally as it could and it seems like this affects so many other areas of the body that it might be a massive lever that we can pull if we understand it. So how do you work with people on supporting the liver?

Aimee: It's tricky. There's about a gazillion supplements out there and lots of different detox regimens that are there. Just to help people understand a little bit why we're talking about this is I use the analogy of the lint catcher in your dryer. So everybody, you know, has experience doing laundry at some point in time.

And if you do load after load after load of laundry and you never clean out that filter that's in your dryer, what you might notice is that your dryer is just less efficient initially. You feel the,

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you know, you hear the buzzer, you open the door, and you feel the heat coming out, but your clothes are still wet, and so you run it through another cycle, not really paying attention, so then you realize, oh, I need to clean that filter, and once you clean that filter out, everything's normal again.

So, you're not going to find dysfunction in labs or anything like that. I mean, that happens really once the liver is broken, and you're going to actually see some levels change. Just like you wouldn't call your repair person, unless your dryer just absolutely is not going to turn on or not work.

So it's a little bit misleading when you hear, Hey, I got liver function tests done and they were all normal, to realize that you don't need to clean your liver. But really what happens is that our liver's job is to protect us, to get rid of anything that shouldn't be there. So anything that is sort of foreign to your body, that's a chemical.

And that might be things that we can control like alcohol, food, chemicals that we're being exposed to, all these processed foods and things like that. Medications are huge for sort of stressing out the liver. And, you know, even though you may read about medications and side effects, there's very little studies that show all of the different things that everybody's exposed to that affect your liver.

And then, of course, we have environmental things that we can't control. So the air we breathe and the water we drink, although we can try to put as many filters on as we can, there's just things out there that we can't control. So if you're putting a lot of stress on your liver, when we go through a detox, this is why I wanted to talk about that just for a second, because it's not just about, oh, let me go, you know, buy a three day cleanse or a five day cleanse online.

Like, you really need to sort of do some prep work. So imagine that you're going to redo the floors in your office or in your house or something like that. Like you got to move things out of the way. So if you're going to clean the floors really well, you're going to move the furniture out of the way.

You got to move the Kleenex box that's on the table, you know, before you move the table sort of thing. So when we're going through some sort of gut healing detox type phase in my patients, if it's a brand new patient, we've never seen it takes 60 days for us to go through that. So it's a process that we go through over time. For somebody just hanging out at home, I mean, any kind of elimination where you're saying, Hey, let's eat the food that is really going to be fuel for my body, that my body is going to be able to recognize and try to avoid things, any kind of artificial sweeteners, any kind of processed food that has

chemicals that you can't pronounce. Stick to the real stuff because that's really going to keep your liver from having to do so much work.

And then there are supplements out there, like milk thistle is one of the most common things for liver. It's really just very supportive and kind of helping the liver, but there are, other supplements out there that are going to help bind to toxins as you release them. So I do a little bit of research on looking at some things that are, I would call detox kits that sort of blend several different supplements and oftentimes it comes with some meal replacement shakes that you're going to do as well. And I think you have to do at minimum like a six to seven day detox that's including kind of elimination diet. It doesn't mean you have to starve. You're not fasting necessarily, but we're really trying to give the liver a rest so it's not having to work so hard.

Katie: Got it. Yeah. It feels like very important nuance to understand and not just to like overload the body more. And I know you work one on one with people and you have a book and I will link to where to find both of those in the show notes, but if people want to find you and learn from you, where can they find you?

Aimee: carolinaintegrativemedicine.com is the website for my practice. And then if you search Carolina Integrative Medicine on any social, LinkedIn, Facebook, all kinds of stuff, you'll find our practice there as well.

Katie: Amazing. Well, that will be linked in the show notes. Thank you so much for all you shared today. This was really detailed and hopeful and probably a great starting point for a lot of people to go deeper on their health. Thank you so much for your time.

Aimee: Thank you.

Katie: And thank you for listening. And I hope you will join me again on the next episode of the Wellness Mama Podcast.