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It is estimated that up to one in five women can expect to be diagnosed with Hashimoto's thyroiditis or other thyroid disorder in their lifetime. Hashimoto is the fastest growing autoimmune disorder in the U.S. and it's becoming increasingly clear that the functional medicine approach has far more to offer patients than standard medical care alone. For Dr. Izabella Wentz, also known as a thyroid pharmacist, the diagnosis of Hashimoto's thyroiditis at the age of 27 put her on the path of research and discovery. During her efforts to respond, she noted her achievements and failures, culminating in two best-selling books, which makes her a key authority in this area. Her latest book Hashimoto Protocol has just been released and offers a 90 day plan to reverse thyroid symptoms and put people on a path of healing. Dr. Wentz joins us today to share his expertise on recognition, management and life with

Hashimoto's thyroiditis. Covered in this episode [00:55] Introducing Dr. Izabella Wentz [02:05] Dr. Wentz Background [06:24] Why there is resistance to integration approaches [0:8:38] Meet the thyroid [11:50] Hashimoto's thyroiditis in 5 stages [16:19] Hashimoto's thyroiditis: known triggers [17:20] Women are more affected than men [22:10] Toxic load and endocrine disruptors [24:10] Seasonal foods and lifestyle changes [26:34] Genetic Epigenetic factors [30:00] Questionable issue of adequate testing [37:25] Grieving diagnosis [40:02] Stages of treatment [45:37] Measuring the effectiveness of treatment [47:00] And what about iodine? [51:25] Dr. Wentz Resources [53:15] Final thanks to Dr. Wentz Andrew: This is FX Medicine. I'm Andrew Whitfield-Cook. Izabella Wentz is an internationally recognized thyroid specialist and licensed pharmacist who is dedicated her career to addressing the root causes of autoimmune thyroid disease after being diagnosed with Hashimoto thyroiditis in 2009. Dr. Wentz is the author of The New York Times best-selling patient guide, Hashimoto's Thyroiditis: Lifestyle Interventions for Finding and Treating the Cause, and a recently-released protocol-based book, Hashimoto's Protocol: A 90-Day Plan for Reversing Thyroid Symptoms and Getting Your Life Back. As a patient advocate, researcher, physician, and educator, Dr. Wentz is committed to raising awareness of how to overcome autoimmune thyroid disease through a thyroid secret documentary series, Hashimoto Institute physician training and its international counseling and speaking services offered to both patients and healthcare professionals. I warmly welcome you, Izabella, to FX Medicine. How are you? Izabella: I'm just ... Thank you so much for having me. Oh, that's my absolute pleasure. I think we're going to jump right into this because you've got a lot to cover for. This is such an in-depth theme and it's broad. You're not just talking about the thyroid I love. So, you got a little incredible view of Hashimoto as it does it ourselves, but let's first go back to your pharmacy training and your background. What first happened at the pharmacy to alert you to Hashimoto's real problems? You know, and to tell you the truth, I never cared about the thyroid gland or Hashimoto when I was training in the pharmacy. So I learned during pharmacy school that thyroid disease is something that just kind of happened, and that you should only take thyroid medication if you had an underactive thyroid and suppress thyroid function or take away active iodine if you had an overactive thyroid gland, and that was pretty much all I learned. I had one lecture on thyroid disorders in four years. Andrew: Yes. Izabella: It wasn't until I was diagnosed myself in 2009 that I really started becoming a thyroid expert/human guinea pig, and it was really taking back my own health. I really didn't understand the complexity of thyroid disease during my workout. It was, you have this condition being a pill for it, and that's pretty much it. Andrew: You were talking about an injured healer and I think it's a really important concept, those doctors who have the problem themselves and have overcome it or succeeded. It seems that those that have a real passion to help others to do so themselves as well. So, from your diagnosis, you started to take that interest out of a functional medicine approach though. So why functional medicine? What made you wonder that standard drugs don't work? Izabella: Well, it was ... I learned about lifestyle changes during pharmacy school, of course, and even though they weren't quite up to the degree of change in functional medicine at least we were doing some lip service where if someone had high blood pressure or diabetes we said, Well, you should lose weight. And when I was diagnosed with Hashimoto it was after almost a decade of some pretty debilitating fatigue, acid reflux, irritable bowel syndrome, carpal tunnel, hair loss, panic attacks, whatever you know, I had it. I thought I was doing everything right. I said, I'm not overeating. I'm jem wholegrain. I'm ate low-fat dairy products. I exercise, I don't smoke, I don't drink ... What's going on? I'm trying to be the healthiest person I know he is, right? I don't smoke and why am I developing this condition, that older women should develop and why is my body attacking itself? It didn't really make sense to me that I had this autoimmune imbalance in my body, and that all I was doing was having more hormones for it. Sure, hormones can help, but I've said, Well, my body is under attack. Don't we stop the attack, not just take hormones or more? And so that began my journey and by the time I was working as a consultant pharmacist for people who had many complex health problems. So they were usually people with disabilities, with multiple chronic medical conditions, and the team I was working on was accused of defending them. And so I was always looking outside the box for my clients to try to figure out why they didn't feel the best, and if there was something that could be done for them, and I started using the same methodology for myself. A lot of my clients had conditions that weren't traditional conditions. So we had clients with Down syndrome and there wasn't, you know, a standard of care for this condition, so I was always looking at PubMed and I was always looking at patient forms to try to see if we could research or find out any of the latest and innovative therapies that could help them, as well as anything that parents or caregivers have been reporting to be helpful. So I started using that for Hashimoto as well, and I was really happy with what caused the condition, and if I can figure out the cause then maybe I could reverse it, or at least feel better, right? Andrew: That's the thing that really interests me is given that the standard of care is either not there or it doesn't reach the acceptability of what patients want to control their illness. Isn't evidence-based medicine supposed to direct health care physicians to go down levels of evidence? If you've squandered the top echelon, you're going down to the next level. If you've squandered that, you're going down to the next level. At the end of the day, what you want is for Mrs. Jones to feel better. So that's what really stuns me about a lot of doctors who don't look any further. Like what is their paradigm, what is it? They're just stuck in a box, aren't they? Like, what do you feel when you talk to colleagues who don't believe in integrative medicine? Izabella: It's a little challenging for me to talk to people who don't believe that because they have this air of skepticism and many times the reason I talk to them is because you're having some health problems yourself, right? Andrew: Yes. Izabella: And so, they go to me and are curious, but at the same time to them, it's just ... it's almost like, Well, if food made a difference, why did I learn about it? Andrew: Yes, yes. Yes. And if dietary supplements or vitamins really worked, why didn't I find out about it during my four years of medical school, four years of pharmacy school, residency, nursing school. So on and so on and it's, you know, natural, I feel like they're skeptical because they've never been trained in it. And they often ignore it. And that comes back, you know, you only can handle what you measure, and they don't really measure these things. So many times we say ... I'll also have clients who will say or readers who say, I went to my endocrinologist and he said I don't have to change my diet. And then my question is: Well, do endocrinologists track people who have gone gluten-free with thyroid disease and see results? And my encouragement is always people just give it a try. They can always go back to what they were before. Andrew: Yes. Yes, I think that's the great thing about integrative medicine is that you have to be really, really stupid to be dangerous with it, yes. So let's dive into the thyroid gland itself. What's going on in Hashimoto and, you know, tell us about the thyroid itself. What makes it such an effective pump for metabolism? Izabella: So our thyroid is this small small gland at the bottom of the neck and is in charge of our metabolism. It's in charge of producing thyroid hormones that affect every cell in the body, and when the thyroid gland is out of balance we can feel it pretty much on each cell. So you can see a person who has a Hashimoto or an insufficiently active thyroid gland may have something from hair loss on top of the head to fainting in the lower leg, and it's one of those conditions that can be very non-specific. In thyroid disease, when we have an insufficiently active thyroid gland, basically the thyroid gland is unable to produce enough thyroid hormones to supply the body with enough hormones, and that is when the hypothyroid state develops. Andrew: Yes. Izabella: Hashimoto is the leading cause of thyroid disease in countries that add iodine to salt supply. So in developed countries, and we find that what is basically happening in Hashimoto's immune system begins to recognize the thyroid gland as a foreign invader and begins an attack on the thyroid gland ... Andrew: Right. Izabella: ... eventually destroy it. Andrew: And I've said the word pump before because the thyroid gland is a fairly effective manufacturer of thyroid hormone. It is true that not as 90% of the thyroid gland can be damaged and you can still produce enough thyroid hormone, but then there is that tipping point? Is this what happens or does it tend to vacillate while it is damaged? Izabella: It can definitely vacillate as it's damaged. What we see in general is probably for the first 10 years that a person has hashimoto's that they may still be able to compensate and produce enough thyroid hormones, but at the same time that it will be symptomatic. So the tests will say they're euthyroid, but their body won't reveal the same thing, will it? So when we talk to these clients or patients we find that they feel anxious, we find that they feel depressed, they're feeling tired, they may have weight gain problems, and some cold intolerance. So there will be a certain degree of symptoms, even if the thyroid gland is not completely destroyed, only at the stages when it is attacked by the immune system, we can still be very symptomatic. Andrew: So it's proof, you know, interleukines that cytokines that are made that cause this problem, that have systemic effects, or is there any other mechanism out there? Izabella: It could certainly be part of the mechanism. Some of the research suggests that is when the thyroid gland is under attack, when we have a breakdown of thyroid cells, the thyroid hormone gets rushed into the bloodstream, and that can produce symptoms of anxiety. So there's a variety of mechanisms from inflammation, interleukin to actual physical destruction of the thyroid gland that leads to some dumping of thyroid hormone into the bloodstream. Okay, it's okay. And you're talking about Hashimoto being in five stages. Can you take us through these phases and what defines them? Izabella: Of course. The very first stage of Hashimoto is precisely with a genetic predisposition to the condition. So if someone has a relative, mother or father who then grandma with Hashimoto's, it will potentially be the first stage because they have genes where due to the right circumstances their body can start attacking their thyroid. For all intents and purposes, the first stage is no symptoms, there is no attack on the thyroid gland. Thyroid hormones are normal. We're thinking about prevention at this stage, are we? Andrew: Yes. Izabella: Phase 2 of Hashimoto is when an autoimmune attack begins on the thyroid gland. So it starts with the infiltration of white blood cells into the thyroid gland and this is actually the stage at which we start to see thyroid antibodies, so thyroid peroxidase, thyroid globulin antibodies are most common, and then we also start to see symptoms. The most common symptoms at this stage are actually going to be anxiety related. So, oftentimes patience will be misdiagnosed with anxiety disorder or maybe depression or some other kind of mood related disorder. At this stage we are now also seeing other symptoms, abortions are actually a potential stage symptom as well. Stage ... TSH will still be normal, T3 and T4 levels will still be normal. Phase 3 is a progression of the condition where we begin to see that more and more of the thyroid gland is damaged. This is known as subclinical hypothyroidism. At this stage we will still have thyroid antibodies, T3 and T4 will still be normal, people will be generally more symptomatic, and the narrator sign will be that TSH will be increased. Generally up to 10 is considered higher, you know, over 3 to 10 can be considered subclinical hypothyroidism. Andrew: Right. Izabella: Phase 4 is when we progress to overt hypothyroidism. So at this stage the thyroid gland has been damaged to the extent, you know, maybe it's 80%, 90%, depends on the person where the thyroid gland can no longer compensate and can no longer produce enough thyroid hormones. So we'll increase THS again and then T3, T4 will be low and we'll also see thyroid antibodies again, and we'll also see a person with more and more symptoms. Andrew: Gotcha. Izabella: This is generally the stage where most patients are diagnosed and generally when thyroid hormones are prescribed. Andrew: Right. Izabella: Stage 5. Now it's when it gets scary because phase 5 is actually other types of autoimmune conditions. And so generally by the time a person gets to phase 5 they will be treated with thyroid hormone, but if you are not, again, their TSH will be increased, their T3, T4 would be low, and then we would also see thyroid antibodies, and then we would also see thyroid symptoms as well as signs of another autoimmune condition and possibly some laboratory markers of another autoimmune condition. One thing I should mention, though, is that there is something known as hashimoto's seroative ... Andrew: Right. Izabella: ... where we don't have thyroid antibodies at all ... Andrew: Ach! Izabella: ... and it is thought to be slower, less progressive. On average, with thyroid antibodies we see, it takes about 10 years to get from phase 2 to phase 4. Andrew: And so to me, this is a normal standard model of care that if you've just given thyroid hormones, you're looking down the barrel of autoimmune progression in a large number of cases. So, is it correct, or how does what percentage of patients progress to discuss autoimmune to other conditions? Izabella: I don't have statistics on how much progress, or actually how long it takes. This may vary depending on the patient. What we do know is the higher the thyroid antibody numbers, the more aggressive the attack on the thyroid gland and the more progressive the condition is thought to be. Andrew: Gotcha. Izabella: And so, these are some potential things to consider that if you have a client or patient with a really high thyroid antibody there will be someone that I would be dealing with progressing to other types of autoimmune. Andrew: Right. And just, I think, going a little further at looking at triggers, infections and things like that, and certainly stress, seems to be one of the biggest triggers for me. What is your research and experience showing? Izabella: What's interesting is Grave's disease has long been related to stress, and there was a case of a woman being pushed in a wheelchair down the stairs, or perhaps fell, and that was when Grave's disease initially developed symptoms. Andrew: Wow. Izabella: Since Hashimoto takes so long to develop, doctors had a difficult time creating a correlation or timeline ... Andrew: Yes. Izabella: ... in my research, but generally speaking, when I speak to my clients about 70% of them reported that they were under considerable stress before their autoimmune thyroid disease developed. Andrew: And the ratio of women to men? So for every man who is diagnosed, we look at five to eight women. Andrew: Wow. So obviously there's other things in it. You know, one would immediately point the finger at hormones, but there's a lot ... I think there's a lot of cultural stuff that is like, for example, how women carry a load of stress. Bear ... not only very often these days at work, but also chores as well, and family education and ... I'm a little sexist, a little stereotypical, but women are really educators and they take so much further ... You think this is at its stress expense? It's like, men really have to man up and say, Hey, listen, I'll take the load off you. And it plays a big role in the treatment? How would that help? You know, I really love this question. It's such an important question. Actually, I have a theory known as The Theory of Safety, why more women develop autoimmune thyroid disease. Andrew: Think about it. And it really goes back to adaptive physiology. When you think about the role of our body. Our bodies are always trying to make us survive, right? And so every time we have a significant amount of stress, wherever something is going on that highlights us in the modern world, I like to know about how a cave woman would react to that, right? Andrew: Yes. And so we know that the thyroid gland is an environmental snoo gland. Thyroid research shows it can actually detect damage and danger in its environment and then send signals to the rest of the body when it's sensing danger. And so, at a time when a cave woman would be stressed, it would usually be because of something serious, wouldn't it? It wouldn't be because of the tax deadline or because of traffic on the road. Usually it would be because she was chased by a bear because she was in a situation where she didn't have enough food, or maybe there were some problems in her village, or where she lived where it was a hostile situation. And so, what is interesting is ... In fact, there are several studies that have pointed to survivors of prisoners of war, survivors of sexual assault, survivors of physical abuse, and even survivors of famine, in general, will have higher rates of hypothyroidism. Andrew: Right. And what's interesting is that hypothyroidism can play a protective role where if our metabolism is fuller, correct, and we're in famine, we don't have, we don't have to eat as much, so it helps us survive famine. Andrew: Yes. Izabella: If we are in a situation where we may be physically abused, having a hypothyroid condition can actually slow our metabolism to the point that we are more likely to withdraw and hide, versus be out and about, therefore, be at risk. What's really interesting is that hibernating bears actually have lower amounts of thyroid hormones that are circulating while they are in sleep mode. And so, so all to say is basically stress can be very, very important in the development of thyroid disease. Yes, hormones can play a role, personal care products can definitely play a role because women give twice as much as men and they often have hormone-disrupting chemicals in them. Andrew: Yes. But I also think that being a woman in our modern world is more stressful or more, I think the danger of provoking where we don't feel safe compared to being a man. Just to give you and I could cite a lot of research studies and who else, but there's a dating app called Tinder that's popular among young people and what app founders ... they did a survey with their users and asked the female: What was their biggest fear when using the dating app? And the women replied that their biggest fear was that the man they met would be a psychopath and hurt them. Do you know how scared men were? Andrew: What? Izabella: That women who met in real life will not be as nice as they were in their pictures Andrew: Mm, yes. Doesn't that say volumes? Izabella: Yes. That's just how our culture is where it's just not as safe to be a woman as it is a man. I know that if I had ever walked alone at night, I would look around and make sure I was safe versus my husband wouldn't have the same kind of fear response and come back, you know, cast up, I've found that a lot of my clients that have supportive husbands are usually the ones that get better and have the best type of results for recovery of their health versus women who fight against their husbands and families to get better, right? Andrew: So, what things like you mentioned endocrine disruption chemicals. So poisonous stress loads, it certainly would be an ever-growing problem in particularly developed countries. You know absolutely and there are so many examples, but two of them that really come to mind will be fluoride in the water supply. So many communities are placing fluoride in the water supply, and it is widespread in the United States and some parts of the UK, and in the UK it has actually been found that their communities that had higher levels of fluoride in the water supply had higher levels of thyroid disease ... Andrew: Right. Izabella: ... hypothyroidism specifically. So fluoride can actually be used as a thyroid-suppressing chemical and doses that will, you know, be comparable to drinking six to eight cups of water on a daily basis. It is also added to our toothpaste. Triclosan is another chemical that is added to soaps as well as toothpaste, and it is also something that has recently been said in America by the FDA because of its thyroid destructive properties, and there is BPA, which is found in plastics and then BPS, which is another chemical that is similar to BPA, which is found in plastics can also have thyroid destructive properties. And then we have all the hormones that act on estrogen whenever we have more estrogen in the body, which means that we binding more thyroid hormone, and that means that for me to produce more thyroid hormone if we don't have enough nutrients on board and enough anti-inflammatory compounds, producing thyroid hormones can be inflammatory and can actually launch an autoimmune attack on the thyroid gland as well. So it's really a whole ... a little mess that we got ourselves into all products and all the poisons and lotions that we put on our skin, day after day. Andrew: Yes. One of the things that tweaked my interest then was when you talked about bears going into hibernation and having a lot of thyroid hormones. Is one of the problems of modern society that we have no cyclical or seasonal behavioral changes? We don't want to do less and do, you know, say more work to keep us warm in the winter and, you know, get out there and play in the summer, that kind of thing, you know? Do you think the non-cyclical pace of modern life is one of the biggest problems? Izabella: I feel like it's very contributing to where we find, you know, we have these expectations to perform, and if we're tired of a resting place to sedue after, you know, coffee ... Andrew: Yes. Izabella: ... or soda or something caffeine to keep us oppressed, where we have this lack of communication with our bodies, right? And so, instead of listening to our bodies when he says, Hey, I'm tired, I need more rest. Andrew: Yes. Izabella: Maybe it's a season where I should rest more and regenerate more, we kind of push against it. Andrew: Yes. And you know, food, I think they're there also because we want to have an apple in winter these days. So, you know, I find this huge problem that we don't eat seasonally anymore. We do not have such fruits and leafy vegetables that are available in summer, in summer. We have them all year round. Izabella: Sure, and I feel like a variety in our diet. So we find that with Hashimoto it is if you have a lot of food sensitivity that triggers will be toxins, nutrient deficiencies, impaired stress response, chronic infections, intestinal permeability, as well as food sensitivity, and when you constantly eat the same food over and over again, you can create food sensitivity to that, you know, the more you eat. So, actually, one of the things I recommend for people with advanced thyroid disease, I can even recommend alternating diets when they will rotate through food well into a 24-hour period ... Andrew: Right. Izabella: Because they ate ... Chicken is not a common sensitivity, but if all you've eaten is chicken in the last two years you may even be sensitive to chicken. Andrew: And just one thing that goes back to correlation with activity, with seasonality, and when you're talking about bears going to sleep and having a low thyroid, and in my mind I'm just thinking about it, is there any correlation with low thyroid hormones and more weight and even more weight signaling hormones? Like, for example, you know an alpha-Melanocyte-stimulating hormone, or, you know, a (ob) gene or DB gene, these kind of things that have ... that sway people to lean toward gaining weight. Is there any correlation between thyroid hormones and hormones or genes that control weight? I haven't seen any specific research on the different genes that are correlated with thyroid hormones and I honestly think I have a bit of radical thinking on this based on research that has been done with people who have been exposed to Chernobyl at some age range if they lived near Chernobyl with 80% of children having developed thyroid antibodies. Andrew: Yes. Izabella: So for me, I don't necessarily believe that only a certain amount of people have these genes I truly believe that most of us, given the right environmental trigger, will develop Hashimoto as a protective mechanism. So it's, you know, my personal theory about it ... Andrew: Yes. Izabella: and I do not know necessarily subscribe to different genes, because I feel that we constantly find new genes that are associated with Hashimoto and I actually believe that it is the basic protective mechanism that the body expresses. Andrew: Right. Izabella: And for some people, they might be more inclined to express it where others may need a stronger trigger. Okay, but you mentioned Chernobyl radioactivity, there's a big problem. What about somewhere where it's not radioactive, you know, stress or call it stressor? Radioactive isotope is released, which damages the thyroid gland, there is some other example, such as ... I don't know if anyone would go there to really dazzl, but let's just say, you know, a war-torn area like Syria or Syrian refugees. Are they more proactive to thyroid disease as well as stress-related reactions? I haven't seen any research linking it. What I've seen is that we're looking at people who have been in an industrial environment. So people who lived closer to factories that produced halogenated chemicals will have higher rates of thyroid disease. People who were exposed to more toxins in busier cities ... Andrew: Right. Izabella: ... have a higher rate of thyroid disease. So we're seeing that, and interestingly people with sleep apnea ... Andrew: Ach. Izabella: ... which I consider to be stress from the environment, will have a much higher rate of autoimmune thyroid disease as well. Ah, good. Izabella: I haven't seen specific anything in the war-torn area, but we've seen some studies with prisoners of war who actually end up with hypothyroidism ... Andrew: Gotcha. Izabella: ... and this is assumed as a safeguard mechanism. Andrew: Right. Switching to testing now because it is such an area of contention you know? An endocrinologist will only do a certain amount of tests, and that's it. They're normal. I'll see you later, goodbye. And there's a lot of doctors in Australia that have gotten into trouble, especially doctors for doing tests outside the black box, which is appropriate. You can take our listeners, especially medicos, who are still focused on TSH and, you know, maybe T3, T4. Why these additional tests, such as for antibodies and maybe doing ultrasound, looking at cytology, why are they so important? I know this is a whole seminar in itself, but what is the main, say, five factors that we really need to change? Izabella: Well, you know, and that kind of ... I get upset when people talk about TSH testing and then if only TSH is increased they will test the antibodies. But if you know enough about Hashimoto is you know that antibodies come first ... Andrew: Yes. Izabella: ... and then the change in TSH may come 1 year later ... Andrew: Well, later, yes. Izabella: ... Five years later, 10 years, 20 years later! So, it just ... for me it's so backwards and I feel like people ... every doctor should start with thyroid antibodies because we have a better opportunity to help the patient prevent 10 years of symptoms and 10 years have been told that they are crazy, and we can potentially even reverse the condition and prevent the need for thyroid hormones if we can prevent thyroid damage. So, thyroid antibodies I feel there should be standard care for men, women, children. And they're not expensive tests and can help predict so many different fertility problems, mental health problems, and if we solve antibodies and reduce them, the condition isn't as progressive, right? And symptoms oftentimes resolve, and sometimes we can go into complete remission. Now, ultrasound ... Here's the thing, though, not everyone will have Hashimoto antibodies ... Yes, yes. Izabella: ... but they'll have Hashimoto. And so, there is seroagant Hashimoto is where we see that the thyroid gland is under attack, so we are not tested positive for antibodies. There may be other types of antibodies that clinically we are not testing that may not have ... Researchers have discovered different types of antibodies, but we are not testing on them, and some of them can be positive. And there are some antibodies that you may not even know about being stressed out, but thyroid ultrasounds are a great way to see if there are changes in hashimoto's compliance with the thyroid gland. So we'll see, you know, more damage and scar tissue and more rubbery texture when a person has Hashimoto's. Andrew: Right. Izabella: And so, thyroid ultrasounds can discover another set of Hashimoto and of course they can detect thyroid nodules, thyroid cysts, and any kind of other issues that need to be carefully monitored or examined. And then with cytology, we look at discovering other cases of thyroid disease in Hashimoto's. So, based on various antibody tests, studies, we are looking at 13% of the population that has Hashimoto or so in the U.S. But looking at cytology, we are seeing 27% ... Andrew: Wow. Izabella: ... people in the U.S. with Hashimoto's. And oftentimes, it could be an earlier stage, or it can be a case of poor diagnosis, where a person is not treated appropriately because they do not know that they have status, right? Andrew: When it would be advisable to do as an additional test such as cytology or ultrasound, when it would be appropriate to be suspicious enough to say: I would recommend it. Do you just go for symptoms or do you look at other tests that would give you a clue about what's going on first? Izabella: In my opinion, I would recommend to anyone who poses at the doctor's office that they should be examined for tests for thyroid antibodies and at least once every five years, if all things are normal, have an ultrasound of the thyroid gland just to allow even a basic thyroid ultrasound to see ... Andrew: Gotcha. Izabella: ... which changes in the thyroid gland. And of course I would recommend ... We're going to talk about preventive medicine at the moment. With cytology because it is more invasive, this is something that would be recommended in general when you have nodules that are suspicious you are looking for. So I wouldn't say that everyone with a thyroid should have a needle jammed in it to see if Hashimoto's there, right? But it's definitely something that if you're already doing a nodules assessment then it may be wise to see if there are, you know, white blood cells consistent with Hashimoto's in cells as well. Andrew: Yes. And the simplest tests like temperature measurement for example, because that's my understanding and please correct me if I'm wrong, is that thyroid hormones are produced by the thyroid gland, but they don't really give you a sensitive indication of how well they work at tissue level. And that even the simplest tasks like temperature is actually looking for your basal metabolic rate, with the help that there's more sensitive and complex tests that you can do, but what about just having a regular temperature for those people that you suspect? Izabella: I think definitely having temperature is an important part of the signs and symptoms that should be evaluated. The only hesitation that I have when it comes to treating thyroid hormones, you know, like everything I recommend, and hashimoto protocol can be done based on a temperature test, but with the launch of thyroid hormones, you know, I would like to have more advanced testing done. Andrew: Sure. Izabella: The reason I hesitate is that temperature test, it can also detect adrenal problems, right? Andrew: Oh, right. Izabella: So a person with insufficiently active adrenal glands may also have a low temperature, and if we only treat their thyroid hormone and have low cortisol and we give them their thyroid hormones, then they begin to secrete cortisol to a greater extent and we can make the adrenal problem worse. Of course, Addison's is the most problematic example here, but even people with just cortisolism can come across it. That would be my only hesitation ... Andrew: Yes. Izabella: ... You know, you could use it for all the protocols, but if you are going to prescribe thyroid hormones let's get some more evidence on paper ... Andrew: Yes. Izabella: ... A let's also test the adrenal glands that would be ... my ideal is only the adrenal glands and thyroid have been tested and figuring out starting perhaps support at both ends. Andrew: Yes. So, in my mind, I'm trying to create a treatment picture here. So a low temperature would really be a guide for you to be suspicious and therefore do further testing, not as a treatment guide? Izabella: Right, absolutely. So that's what causes a low temperature that could be the thyroid gland, it could be the adrenal glands. You know, maybe there are other conditions that might be associated with it, but for sure, this is an important sign to look out for. Andrew: Yes. One of the topics that aroused my interest in your book was to mourn your diagnosis and it really affected me. I think it's pretty deep, you know, and a bit of a wake-up call for me personally when I'm dealing with every patient's new diagnosis. Each patient, if it is foreign to them, in particular: Of course, if it's very serious, we get it, but what if it's something we as a doctor deal with day after day, but for them it could be pretty devastating. How do you lead people through grieving versus logical. Oh, yes, now I have a condition, you know? What are people going through? Izabella: You know, people are going through ... It is such a struggle, because generally the doctor ... I think a lot of doctors are very proud of themselves when they get the diagnosis right, and they're excited and they're sharing that diagnosis with the patient, and for the patient that can be overwhelming and devastating. They don't know what Hashimoto is, you know, they think they're going to die in five days when you say the word Hashimoto and a lot of times because it's not a household name, and then, you know, their immune system attacks themselves and then they read on the internet about all sorts of complications, and there are all these patient forums that never change. Transport? Andrew: Yes. And so it can be pretty scary and for me it's what I do, I just urge everyone to give permission to mourn their diagnosis and just think about how they would react if it was like a dear friend or loved one, or, you know, a daughter, or even as a pet, right? Just show some compassion and it's okay. It's okay to be angry. You don't have to tighten up and ignore yourself, you know, just show yourself humanity and compassion. Andrew: Yes. I think this is one of the big wake-up call's when, you know, we're so used to dealing with these conditions, with drug names, with the names of herbs and nutrients, and they can be quite alien to some. I constantly get the reins in my family when I go off for a rant explaining it. They say, You're crazy again, come back, you know? And I think it's really important for us as doctors to realize that people, lay people don't understand that we're doing this, and that we need to reduce it to denominator about what it means to them. Be constantly wary of that and how it affects them. So, the four basic stages of treatment in your book, of course, pervading the topic here is stress. But one of the interesting things I picked up in your book as well was to look at the simplest things as well as iron. Don't forget these really simple basic things that don't necessarily drive metabolism, but will help you cope with metabolism with metabolic processes. So, how do you get resilience, or even how does a person achieve resilience if you don't have it? And I think the big question is, how resilient is resilience? What about the long-term effects of treatment or long-term successes? Izabella: So when I first started working with clients and working on my own health, it was kind of a solution of individual triggers and solutions ... go after various infections and individual root causes, and it can be useful. And so, you know, you have a stressful event and something else happens, and you know, I had a lot of clients, and some of them were very successful, and then I had some that taught me a lot because, you know, we'd still come back and, you know, we'd get into remission and then a person would get sick again and we'd treat one infection and they'd get another infection. Transport? And so, it goes back to resilience and how do you build up your body, so it's, you know, not necessarily Superman and Clark Kent, but you may be less prone to getting an intestinal infection every time you go out on vacation, and how do you do those things? And you won't be so stressed out by your environment. And the best way to do this is to support the natural defense of our own body in the field of resilience. So, how does our bodies stay resilient? So, the first way is to get rid of toxins and have a way to process them to sort of filter out what's in the body and what's not. The liver is a key organ in this, but also the skin is a key elimination organ ... Andrew: Yes. Izabella: ... as well as the intestine. Now, with Hashimoto is oftentimes we have a person with a toxic backmatch in their liver, so they are not sweating enough because hypothyroidism causes low sweating. Their intestine is always disturbed, so they are not clearing toxins in this way. They have circulating immune complexes and that form of thyroid antibodies, and everything kind of gets stuck on poor old livers, and so the way to promote that is to sweat more and try to clean up some of these toxic loads. This will make the person less sensitive to their day-to-day stressors. But the way I think about it is kind of like an overflowing bucket. When you have so much toxicity in your body, even the smallest stressors will stress you out. Andrew: Yes. So that's the first part. The second big part is adrenal hormones, so I always tell my clients that way to make other people less and more bearable is to support your adrenal glands. And you know how ... Andrew: Adrenal treatment for all women. Yes, yes. Your boss might stress you, and your children might stress you, you know different things could be stressful in your environment, and when you really support your adrenal glands and a lot of it goes back to just good old self-care, getting enough sleep, being kind to yourself, saying nice things to yourself, and I love adrenal adaptogens, of course, and targeted nutrients But you'll find that the world is becoming an easier place to tolerate, and you won't get so stressed out, and maybe, you know, maybe you won't get into that fight with your husband, or maybe you won't get angry, and that won't reduce your own immune defenses. Because we know when we are upset that it puts our bodies in this fight or flight ... Andrew: Yes. Izabella: ... and take us out of the rest and spend it, right? Andrew: Yes. Izabella: And then the third most important pathway is the intestine, so we know that the intestine plays a really important role in every piece of autoimmune disease, and the thyroid gland is no different, in fact thyroid cells and intestinal cells have the same fetal origin, but when we support the intestine properly and we make it more resilient we find that we see an improvement in thyroid function and certainly thyroid symptoms. One of my favorite things for cleaning up intestinal infections that can cause intestinal permeability and prevent new ones is the use of probiotics such as Saccharomyces Boulardii. Andrew: Yes. Izabella: This can help eliminate some pathogenic infections and it can prevent new ones. So, you know, certainly for clients whenever I have clients who travel I tell them to double down on it so that more secretory IgA is produced to protect their gut from any pathogens, and digestive enzymes can help us break down our food into smaller pieces so that it's not as antigenic to us and can kill off some potential pathogens that may be on our food. Andrew: Yes. I'm so glad you say ... I wanted to say very, but let's say deep around the gut is an important area of treatment because I remember years ago reading something about glucomannan reduction of thyroid antibodies. And ... You know, we always think about it, they're thyroid antibodies, so they're in the thyroid gland and in the blood. We don't think about getting rid of our bodies. What's more than versus treatment. As you estimate the symptoms associated with treatment, you know how to signal more than treatment to say versus normal vacillation of the progress of the disease, i.e. your treatment does nothing and the disease is just vacillating as it would be. How do you say, Oh, I'm on the right track, versus. What am I doing here? You know, this is a question I normally get, and you know, people will say, Well, thyroid antibodies go off when the thyroid gland is completely damaged, right, when the thyroid gland is gone? like thyroid antibodies as a potential measure, a marker for improvement. Andrew: Yes. Izabella: So how do we know there are changes and improvements? And we're looking at thyroid antibodies in symptoms, and we're trying to draw a correlation with that. Of course, everyone is different, but there are certain things that are essential for most people with Hashimoto's: 88% of people feel significantly better on a gluten-free diet, 80% feel better on a dairy-free diet, and we'll reduce antibodies as well. Selenium is a very useful nutrient. So, there are a few basics that we can always do to see if, to help a person improve, and again I'm looking at the symptoms and then tracking antibodies and tracking lab markers as well. Andrew: Yes. I have to cover the issue of iodine, you know, especially in Australia, where we have a marginal to moderate shortage, at least in the eastern states, to the extent that all pregnant women in Australia are advised to have a supplement, even though we have fortified foods now, bread is enriched with iodine. All pregnant women would like to say the word ordered, but there's instructions to give all pregnant women a supplement, as well as fortified foods with 150 micrograms of iodine during pregnancy. What about the question of iodine, how high can you go? As ... What stupid doses do you see used by some experts? I have some concerns with some, but ... and what are the risks with iodine when it comes to Hashimoto's? Izabella: Well, iodine is such a controversial topic when it comes to Hashimoto and, you know, the kind of origin iodine used as a treatment is, it makes a lot of sense because iodine is part of the thyroid hormone and that, you know, back as we had iodine fortifications. The main reason ... and it's actually the main reason worldwide hypothyroidism was iodine deficiency. And so, very, so if you have iodine deficiency, hypothyroidism, taking iodine will help, right? It's pretty simple. Where it gets a little more complicated is that scientists have found that in countries that have started adding iodine to salt supply, we see fewer iodine deficiencies, but we see more autoimmune thyroid disease. And so now the iodine surplus has been identified as a potential environmental trigger for Hashimoto's. Generally looking, combing through all the researches and trying to come up with an answer for my clients, generally you don't want to be more than 300 micrograms of iodine if you have Hashimoto and TPO antibodies. Andrew: Gotcha. Izabella: Now, there are some people who have taken iodine with Hashimoto and taken really high doses, and it actually helped them. However, what I've unfortunately seen is that there's a certain amount of people where milligrams are listed as 5 milligrams, 50 milligrams and note that the recommended daily dose is in micrograms, right? And I saw their TSH go up to level 100 when it was maybe, you know, 8 to 10. Yes. I've seen their thyroid antibodies go up to 1,000. Andrew: Wow. One woman had T4, which was almost zero and was bedridden, where she was previously as if she were a subclinical hypothyroid. And you know, certainly for some people iodine could be part of a story where they need to take an iodine supplement to restore their health, and taking an iodine supplement in the form of a multivitamin or prenatal vitamin, it is generally found to be safe ... Andrew: Yes. Izabella: ... for most people with Hashimoto is ... Andrew: Right. Izabella: ... and which can actually improve results. So, you know, to make a kind of long story short, I would say that the amount that is in multivitamin, the amount that is in prenatal vitamin in micrograms, up to 300 micrograms will generally be very safe and very well tolerated by most. On the other hand, when we get into milligram doses, that's when we can get ourselves into trouble with accelerating actually damaging thyroid tissue, and my colleague and good friend Dr. Datis Charranzian correlated some brain related symptoms along with the use of iodine ... Andrew: Ach. Izabella: ... where some Hashimoto antibodies can be cross-reactive with brain tissue and cause more inflammation of the brain when a high dose of iodine is utilized. Ah, good. I must say that I have always been quite cautious about the high doses of iodine that I have seen touted around some where it really concerns me. It's here ... I often refer to a very interesting, tete-a-tete, it's an argument basically between Dr Guy Abrahams and Alan Gaby in Townsend's letter to doctors regarding the doses of iodine that were in seaweed. And it's a really interesting thing for anyone to look up to. But I have to say, for everyone, every doctors out there is looking for ... who want to learn more about the research that you delved into, you need to read your first book, right? And then the second book is really how to do things, how to treat people. Is that right? Izabella: That's right. The first book is very heavily research-based and then the second book is protocol based, so I have logs and how to find triggers. So if you have a person with these symptoms, you should test them for every priority, these are the best labs to do, and these are the best treatment options that I have found to be useful and effective. So I sneaked into a little research in the second book. Andrew: I saw. Izabella: I just couldn't part with it. Andrew: But I think it's very necessary, but it's necessary. Yes, you know, people ... practitioners need to gain confidence to be able to say, Oh, I get it now. And you know ... Izabella: Exactly. Andrew: Yes. For me, it should be a seminal book. It's a seminal book. And I have to say, along with Dr. By Datis Charranzian. I think those two ... you two authors have your personal interest and Dr. Datis Charranzian with this overwhelming curiosity when something goes wrong, and he just wants to help his I think these are the best of the doctors. So, I have to congratulate you on your two books, but also on his, and I really beg the doctors to get your book. That is, Hashimoto protocol: a 90-day plan for reversing thyroid symptoms and getting your life back to Dr. Izabella, that is, I-Z-A-A-B-E-L-L-A, Wentz, W-E-N-T-N-Z. Dr. Izabella Wentz, thank you very much for transferred us through some of the key aspects, and I say some, because you really need to read the book. We could sit here for hours, and we still can't get through it. So thank you so much for taking us through some of these aspects today at FX Medicine. Izabella: Thank you so much, I really enjoyed it. It's been a pleasure. This is FX

medicine, and I'm Andrew Whitfield-Cook. Additional Resources WARNING: The information provided on FX Medicine is for educational and informational purposes only. The information provided on this site is also not intended as a substitute for professional advice or care. Please seek the advice of a qualified healthcare professional if something you have read here raises questions or concerns about your health. Save Save SaveSave

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