

Seven Supplements to Subdue Thyroid Symptoms

Presenter: Dr. Izabella Wentz



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Sean: Welcome back to The Thyroid Sessions. Today we're speaking with Dr. Izabella Wentz. The title of her presentation is Seven Supplements to Subdue Thyroid Symptoms. This is going to be a good one! Izabella Wentz is a passionate, innovative, and solution-focused clinical pharmacist. And she is the author of *Hashimoto's Thyroiditis: Lifestyle Interventions for Finding and Treating the Root Cause*. You can learn more about her at <http://www.thyroidpharmacist.com>.

Dr. Izabella, welcome to the sessions!

Dr. Izabella: Hi, Sean! Thank you so much for having me!

Sean: Thanks so much for being here! You're coming at us from really far away. Where are at right now?

Dr. Izabella: I'm in Amsterdam, Netherlands.

Sean: Oh, wow. Having a good time?

Dr. Izabella: Yes, having an awesome time!

Sean: That is real good.

Dr. Izabella: Riding bikes all around town, buying real food.

Sean: Sounds amazing! Sounds like a really good time. Sounds like I need to be there. It's just amazing how technology works, how I can be in San Diego and you're all the way there in Amsterdam. That's really cool. Very Jetsons-ish!

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But I want to talk about your story because you have this fabulous book. You have this huge following on Facebook. People love you and they love your content and what you put out there. But tell us your story and how you became interested in Hashimoto's.

Dr. Izabella: Well, in full disclosure, I was never, ever interested in the thyroid and pharmacy school. I was just never interested in it until I got diagnosed myself in 2009 with Hashimoto's. And this was after very many years of a lot of different thyroid symptoms. So I had the really cold hands all the time. I was sleeping under three blankets in southern California. I had really bad fatigue to the point where I was sleeping for twelve hours a night. I also had severe bowel problems, acid reflux, anxiety, and really, really bad hair loss. So by the time I was diagnosed, I had been a pharmacist for three years. And I was fully aware of the medication options for the condition. But I really wanted to know what more I can do as a patient to address the autoimmune aspect.

So I'm a firm believer in cause and effect. And that I just developed this autoimmune condition out of nowhere just didn't make sense to me. Here I was trying to be really healthy. I was exercising. I was eating all the right food and pretty much looking at the Food Pyramid and planning my meals according to that. And my doctor basically said that there was nothing that could be done, that I just had to wait around and wait until my thyroid burned out and get on medications.

But I didn't like that answer. So I used my background as a pharmacist to do research into my own condition. At the time, I was working as a consultant pharmacist and doing a lot of research into medical literature for really complicated patient cases with rare disorders. So I just got on the PubMed medical literature database and started looking into things that I could do to slow down the progression of my condition. And eventually I was able to figure out something to put it into remission.

Sean: Very cool. And now you share it with the world. Does it ever blow your mind how many people follow you on Facebook who have similar challenges?

Dr. Izabella: You know, it just really blows my mind that there are so many people that are going through the same exact things that I went through. So here I was thinking that I was going crazy

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because I had this terrible anxiety. And I was wearing a sweatshirt when my husband was running around the house in shorts. It just amazes me how many people are struggling with this and how many people are misdiagnosed, undertreated, and how many people are just not getting the care that they deserve.

Sean: Yeah, yeah. Talk about the symptoms that you were having because we spoke before. And I think you were kind of going back and forth, like symptoms of hyperthyroid, and symptoms of hypothyroid. Talk about those and why that was happening.

Dr. Izabella: So, yeah, one of the things that I thought was strange when I was told that I had Hashimoto's is that I remember from my pharmacy school training, we had this book, right? And it had a lady split in half. And on one side of the picture, the lady had palpitations and she had tremors and she was really thin and she was really anxious. And she was hyperthyroid. And on the other side of the picture, we had a lady who was slow and sluggish who was gaining a lot of weight, was cold intolerant.

And I thought to myself, "If I was going to check boxes, I thought I looked more like the lady on the right side that's having anxiety, that's having palpitations, that feels like she's going crazy and losing weight and losing hair." And this is because in the early stages of Hashimoto's, people will actually have symptoms of both hypothyroidism as well as hyperthyroidism.

And this is because when the immune system attacks the thyroid gland, packets of thyroid hormone are released into the bloodstream. And then you get these surges that cause a transient hyperthyroidism. And then the hormone gets excreted. And then you have low thyroid hormone. And it just feels like a roller coaster when you're going through that.

Sean: Yeah, it sounds very confusing. Like, "Am I here? Am I here?" It just depends on the day. You come in contact with a lot of people. Talk about the top issues that you see with people with thyroid problems.

Dr. Izabella: So some of the top issues—and it's usually a mixture of them—are going to be

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nutrient deficiencies, food sensitivities, adrenal dysfunction, gut infections, as well as an impaired ability to get rid of toxins. And what happens is one person might have this deficiency with this infection and this level of adrenal dysfunction. And it ends up being a vicious cycle that just gets the person stuck and in a state of an autoimmune attack. So you need to actually address all of these issues to get the person to eliminate their symptoms and go into remission.

Sean: So nutrient deficiencies, are you talking like iodine, zinc, selenium, things like that? Vitamin D? I've heard a bunch of them during these calls. Those type of nutrients?

Dr. Izabella: Yeah. So usually the selenium is a big deficiency. Vitamin D is a really big deficiency. B12, as well as a lot of the B vitamins. And then we have digestive enzyme deficiency, especially hydrochloric acid, as well as...I know I'm missing one right here. Oh, and iron. And storage form of ferritin is the one that people are often missing.

Iodine, surprisingly, despite what everybody tries to say when you test people with Hashimoto's, most of them are not going to be deficient in iodine.

Sean: So I want to go through a few of these. You mentioned selenium, vitamin D, B12, digestive enzymes, hydrochloric acid, as well as iron. I think it might help if people understood exactly what some of those nutrients do when it comes to the thyroid. So let's start with selenium. What exactly does selenium do? What's the role there?

Dr. Izabella: So one of the important roles of selenium is that it helps to neutralize the free radicals that occur as a result of thyroid hormone production. A selenium deficiency, the free radicals might actually cause some damage to the thyroid gland. The other thing that it helps with is conversion of T4 to T3.

And then vitamin D is a known immune modulator. So when people have low levels of vitamin D, their immune system's immune cells don't develop properly. And it's been found that people with autoimmune conditions—including hypothyroidism—are going to have very low levels of vitamin D. So that's something that's really, really important to test.

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Sean: So vitamin D, this has come up a few times. What's the level that people should be looking for? So they get their vitamin D tested. Is it fifty? Is it sixty? Is it seventy? I forget.

Dr. Izabella: So the current guidelines...And they might change tomorrow. But basically what's thought right now is between sixty and eighty would be the optimal levels for immune system function.

Sean: And so do you recommend people get that from food? Or do you recommend they get tons of sunlight? What's the deal?

Dr. Izabella: So it's actually really, really hard to get it from the sun unless you're working as a lifeguard in southern California, which would be an awesome job. But most people will need some sort of a supplement. Taking a D3 supplement may be helpful. Of course, you don't want to take too much. So whenever you test your level once, you want to follow up with another test.

Sean: So D3, what if someone gets a supplement and there's D2 in it? Is that a big difference? Or a big no-no?

Dr. Izabella: You know, D3 is the more active form that I would prefer.

Sean: Okay, cool. Another thing that you mentioned was vitamin B12. I hear about vitamin B12 having to do with energy and metabolism and things like that. Tell us how that interacts with the thyroid.

Dr. Izabella: So vitamin B12 deficiency can lead to very severe symptoms of fatigue, as well as trouble with digestion. So poor digestion is at the root cause of a lot of thyroid disorders. And people with Hashimoto's will often find that they have low stomach acid. That leads them to not be able to digest their food properly. So one of the underlying causes of low stomach acid could be B12 or another B vitamin deficiency, as well. So it really all ties in together. It's kind of a perfect storm that occurs to cause this to happen.

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Sean: So of your five top issues, which were nutrient deficiencies, food sensitivities, adrenal insufficiencies, gut issues, as well as inability to eliminate toxins, I think the one thing that hasn't been addressed very much in the sessions has been adrenals and how those tie in with thyroid health. Can you paint a picture for us with that one?

Dr. Izabella: So the adrenals are these tiny little glands that sit on top of our kidneys. And they're responsible for the production of our stress hormones. What happens in people that are undergoing severe stress and have adrenal issues is that the adrenals will tell the body to actually slow down the thyroid. So if somebody has poor adrenal function, instead of turning T4—the precursor hormone—into T3, the active thyroid hormone, their body will produce more reverse T3. And what reverse does is if you think of T3 as putting the gas on in the car, the reverse T3 is like the brake. So it tells the body to slow down.

A lot of times people will be started on thyroid medications. And they'll feel really great for the first couple of weeks. And all of a sudden, they'll come crashing down. And they say, "Oh, my gosh. I'm more tired than I was before I started on these medications." And you end up saying, "Wow. Okay, the person might need a dose increase in medication." And that's what a lot of people will think initially.

But the most common reason for that is actually adrenal fatigue and adrenal insufficiency. There's a complicated feedback mechanism between the thyroid hormones and the adrenal hormones. So the hormones talk to each other. And when there's not enough of one and there's too much of another, they kind of try to balance each other out. So having more thyroid hormone or board will weaken the adrenals.

So for the clients that I've consulted with, everybody that I've tested, I would say ninety percent of them have some sort of adrenal dysfunction. And other things to consider are that stress is often a precursor to autoimmune conditions. And many, many times, people will be able to connect a period of severe stress with the onset of their autoimmune condition. So they contribute in more places than one. Another thing that adrenal fatigue does is it lessens your ability to tolerate foods.

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So people develop multiple food sensitivities. And then you also have a lack of natural anti-inflammatories in the body.

Sean: Yeah. I've seen this first hand when I was working as a functional diagnostic nutrition practitioner. First off, people would get sick after some type of stressful event: death in the family, divorce, something like that. That's when it kind of kicked in and went downhill. How do you test for adrenal insufficiency? Is that a blood test? Is that a urine collection? Is it a saliva test? What's the most accurate way to do that?

Dr. Izabella: I recommend doing a saliva test. So a saliva test, it's four saliva readings throughout the day. So you take these tiny little cups and you spit inside of them. And then it measures your cortisol, as well as your DHEA levels.

There are also blood tests. Unfortunately, blood tests will not pick up adrenal insufficiency. They will pick up Addison's disease. But Addison's disease is when ninety percent of your adrenal production has been suppressed. Now, this is different than adrenal fatigue. A lot of conventional doctors will tell you, "Oh, well, we did this test. And you don't have Addison's."

And when I first was diagnosed, I was looking up all of these things. And I didn't believe in adrenal fatigue because Mayo Clinic or whoever said it didn't exist. But, sure enough, I did the test for it. And I came out with adrenal fatigue. And I took the recommended supplements at the recommended times. And lo and behold, my symptoms improved. So I'm a convert now. And I recommend it for everybody with a thyroid disorder to get their adrenal saliva test done.

Sean: Yeah, I think the saliva test is so important because you get to see the different times of day. I think what a lot of people don't realize is that cortisol starts high in the morning. And it kind of goes down at noon time. And it goes down lower. And then it goes down to its lowest at night time as your melatonin goes up. So, let's say if you just do a blood test, it might be in the afternoon. It'll be low. But it would have been a completely different score if you would have went in the morning. And I think a lot of doctors aren't aware of that for some reason.

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Dr. Izabella: Yeah, absolutely. And the blood test is not going to pick up the subtleties that occur in adrenal fatigue.

Sean: Yeah. You get a lot of information with that. Like you said, you get the cortisol. You get the DHEA. If you run the full panel, you can see like the melatonin and the testosterone and estrogens, as well, which all come into play with that. So you were saying the adrenals get tired or get fatigued. And that causes issues with the conversion. You get more reverse T3, which isn't active. If I'm correct on that, the reverse T3 isn't really active doing anything. And then you have your active T3. So you've got more T3. And you've got less active T3.

So let's say someone is on a medication that's giving them more T3. But at the same time, they're healing their adrenals because they're doing a phenomenal protocol the right way. Over time as their adrenals heal, will they be able to back off on the particular medication, of course, with the help of their doctor?

Dr. Izabella: You know, absolutely. So one of the things that happens in some people whose adrenals you address is that they will need to reduce their medication. So that's something I always recommend monitoring is if you work with a holistic practitioner and you get on an adrenal protocol, make sure that you follow up with your blood work with the doctor that prescribed the thyroid medication.

Sean: Are you doing a lot of testing like stool testing and finding parasites and H. pylori infections and things of that sort that are contributing to the immune system issues, contributing to the food sensitivity issues, contributing to the stress on the adrenal glands, on and on?

Dr. Izabella: Yeah, absolutely. There are different things that can put stress on the adrenals. And they're going to be things like, obviously, emotional stress. Lack of sleep is the quickest way to get into adrenal fatigue. Physical pain, as well as inflammation. So a lot of times, the inflammation can come from food sensitivities, as well as hidden sources like gut infections.

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So I would say just about everybody that has had more than one test or the recommended test...So, usually, it takes a few different tests to pick up the gut infections. I personally had five tests before I found a gut infection that I had. And what happens is the different bacteria or parasites might not show up in every single stool sample.

So just about everybody that I've worked with has had some sort of gut infection or just hasn't had the right tests. So, yeah, H. pylori actually has been connected with thyroid antibodies. So I've seen people who have gotten treated for H. pylori. And their thyroid antibodies went into remission. And they've said that they felt better than ever.

Sean: There hasn't been a whole lot of disagreement in these sessions. And to be honest, I was kind of hoping for more because I like—

Dr. Izabella: Controversy!

Sean: Not controversy, but just to hear different takes on things and be able to consider it and make my own judgment of what or who I believe.

That's one of the things...There was a talk where one of the presenters had mentioned H. pylori shouldn't be treated all of the time. Now, personally, with me, when I was working with my clients, when I saw H. pylori, I was thinking possible link to stomach cancer and intestinal cancer, highly transmissible through saliva and drinking off of somebody's stuff and kissing and all of these things. And now you just mentioned that H. pylori has been associated with thyroid antibodies. So H. pylori, is that something that you want to treat every single time you see it?

Dr. Izabella: In somebody with Hashimoto's, I would say yes. You may not necessarily want to do the antibiotics. So I would recommend an herbal protocol that can help with that. But, yeah, definitely, it takes the right kind of genes and the right environment and the right trigger to cause Hashimoto's. And H. pylori has been identified as a potential trigger. And just because your husband or whoever might have H. pylori and not have any symptoms doesn't...If you have Hashimoto's I would definitely treat that for everybody. H. pylori can also suppress stomach acid

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production. And I think we just mentioned a lot of people with autoimmune conditions have suppressed stomach acid.

Sean: Yeah, so just real quick for the audience, H. pylori is a bacterial infection, typically in the stomach, in the upper intestines, I want to say, that attacks the parietal cells that make the stomach acid. That's correct?

Dr. Izabella: Yeah.

Sean: Here's the thing. You mentioned earlier about B12, B12 being so important. Now, isn't stomach acid really important for B12?

Dr. Izabella: Absolutely. So this is another one of those cycles that, if you are missing one, if you're missing B12, you're not going to be producing enough stomach acid. If you're missing stomach acid, you're not going to be extracting B12 or iron from your foods. So people with H. pylori will often have iron deficiencies. They'll have B12 deficiencies. And then they'll have impaired ability to digest their foods. And that leads to more food sensitivities.

Sean: You know, the funny thing is that this is supposed to be about supplements. And we haven't talked about supplements at all yet. But we're getting to it, audience. Just give us a little time. I want to talk about your targets for intervention. Someone's out there. They just want to feel better. That's the bottom line, getting people to feel better and getting to the root cause of it, of course. So talk about those targets for intervention with people who have thyroid issues.

Dr. Izabella: So when we think about Hashimoto's, we know that there are triggers or root causes that cause the immune system imbalance. And this results in a destruction of the thyroid gland. So it can no longer make thyroid hormone. Along with this, the immune system imbalance and the root causes will lead to multiple nutrient deficiencies. So the conventional target is actually treating the hormone deficiencies. This would be once your thyroid can no longer make enough hormone. You want to get on medications to make sure that you're getting enough of this hormone that has a very important role in your body.

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This approach is kind of saying, “We know that there’s a leak somewhere. We’re not quite sure where. So let’s just keep adding more water to the bucket.” Of course, you need the water. You need the hormone. And that’s very important. But it’s not the be all, end all of thyroid care.

The next level is going to be immune modulation. So at this point, we know that there’s a leak. And we’ve found a way to make it drain slower. And there are different strategies to modulate the immune system. And then my favorite level...And this is actually you’re getting to the leaks. You’re getting to the root causes. This not only makes people feel better, but it also can result in a complete remission of the condition.

Sean: So in your experience, what would you say are the root, root causes of Hashimoto’s?

Dr. Izabella: Okay, so one of my heroes, Dr. Alessio Fasano—I came across his research when I was trying to figure out how to get myself better—has found that there are three things I need to be present for an autoimmune condition to develop. And they’re going to be the right genes, triggers, as well as intestinal permeability.

So one interesting part of that is that once you remove the intestinal permeability, you can put the condition into remission. So some of the root causes of autoimmunity that I’ve found have been gluten sensitivity. Now, this is really, really great because you will find that people who have all of these autoimmune conditions, including Hashimoto’s and rheumatoid arthritis and just feel terrible all of the time, all they need to do is remove gluten from their diet. And sometimes this results in a complete remission. So people have been able to completely get rid of their thyroid antibodies. Their anemia is corrected. They feel great. Their skin disorder has improved. They can get off of medication. And that’s just by getting off of gluten.

Sean: Can I jump in real quick? Because I want to give the audience some perspective on this. Can you talk a little bit about what intestinal permeability means? Because I feel like that might go over people’s heads.

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Dr. Izabella: So intestinal permeability. Basically our intestines are kind of like a shield between our waste system, as well as the insides of our body. In some cases, the intestinal lining may have holes in it, essentially, that allow particles of food and bacteria to get into our circulation. And this really confuses the immune system because the immune system will start attacking things that are in the circulation that are not supposed to be there. And that's kind of the quick and dirty explanation of intestinal permeability. It's also known as leaky gut. But scientists like to call it intestinal permeability.

Sean: Yeah. The way that I like to put it is I have people think of a window screen. And I say, "It's a hot day. You open up the windows. And the good air comes through to cool the place off. And it feels nice and good and what not. But it keeps all the bugs, the flies, the gnats and the mosquitos out of the house. And that's how the gut works. It's very selective about what it allows through into the bloodstream or wherever.

"But if some kid came over to your house and started poking big holes in your window screen, then what happens is you open up the window. And gnats might come in. Flies might come in. What do you do? You start grabbing a magazine and like whacking away and stuff. And that's what your immune system does, right? It says, "Wait. This isn't supposed to be here. So let's start whacking away." And now we've got a problem. We've got an overactive immune system. So is that fair to say?

Dr. Izabella: I love that explanation. I think that's the best explanation I've ever heard.

Sean: Oh, thank you very much. I appreciate that. But continue. You were talking about Alessio Fasano and gluten. Go for it.

Dr. Izabella: So then gluten is not the only thing. It was one of the things I found out about. And I thought to myself, "Okay, great. This is what I'm going to do. And it's going to be the end of it." But it's not that simple for everybody. So other people might have multiple food sensitivities. So gluten, dairy, soy are some of the really big ones. Additionally, people might be sensitive to grains.

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People might be sensitive to nightshades. People might be sensitive to nuts and seeds. So it varies per person. You really have to work at figuring out what your individual food sensitivities are.

Sean: Ah, but that's the big question. How does somebody know what their food sensitivities are?

Dr. Izabella: So you can do an elimination diet, which is where you would eat a really clean diet for three weeks, and then reintroduce one food every four days. And then watch out for any kind of reactions. Now, the reactions you're looking for are going to be things like itchiness, bowel distress, joint pain, feeling fatigued, maybe breakouts, things like that. Everybody's a little bit different. And the other way to do that is actually you can get blood testing for food sensitivities that will look at whether or not you are reacting to some foods.

Now, people will often say, "My doctor tested me for food allergies. And I'm not allergic to any foods." But food allergies are different. So food allergies are things like, have you ever seen *My Girl* where the boy gets stung by a bee? It's a very beautiful movie. And it's very, very sad. But, anyway, so food allergies are things that are going to cause you to go into anaphylactic shock where you can't breathe. You're getting hives all over. And you generally will know if you react to things like that. These are typically going to be peanuts and shellfish. And really most people don't need a blood test because they've had this reaction once. And you're pretty sure you know what's going on.

Now, food sensitivities are a different part of the immune system. So it's not the IgE immune system. It's the IgG or the IgA, and sometimes IgM. So you need to get specific lab tests that test for that.

Sean: Can't these food sensitivities be delayed? So you can eat something today, and have a reaction tomorrow?

Dr. Izabella: Absolutely. So that's one of the really tricky parts of this all is that you may not always manifest the food reaction right away. So that's why you want to introduce the food every four days because sometimes you might be eating oranges for breakfast. And you might not have the reaction until lunch time or dinner time. And maybe you just had chicken for dinner. And you're

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not really sure what's causing it. So you want to look at eating a really clean diet, and then reintroducing those problematic foods.

Sean: You said that there are three things that trigger autoimmunity. And you just went over intestinal permeability. What are the other two?

Dr. Izabella: So intestinal permeability is part of this three-legged stool. And the other parts are going to be triggers. These could be nutrient deficiencies, viruses, bacteria. And then the other thing that, unfortunately, we can't change in this day and age—maybe in the future—would be our genes. You definitely have to have the right genetic predisposition to develop autoimmunity. But just because you have the genes doesn't mean you'll have it.

Sean: Of course, of course. Let's go back to viruses real quick. I think this was only covered once during the sessions. So I want to make sure, just in case somebody didn't see that one, that they learn it here. Viruses: are you talking about like underlying viruses that haven't been addressed, causing issues with the immune system? And if so, how do you find out which viruses are there?

Dr. Izabella: So you can do testing of your antibodies to the viruses.

Sean: I'm sorry, which viruses are we talking about? Give us an example.

Dr. Izabella: Epstein-Barr is one of the biggest viruses that's been implicated as a trigger for Hashimoto's, as well as other autoimmune conditions. So that can be a trigger. And I know a lot of people will say that a lot of their symptoms started after they got mono in college or high school or later on in life. And Epstein-Barr virus is the virus that causes mono.

Sean: Herpes virus, Gillian-Barre, as well?

Dr. Izabella: Right. So any of the herpes viruses have been implicated as triggers, as well. Viruses, bacteria, parasites, yeast, they all have an ability to modulate the immune system. So it could be any of those, as well. Its presence basically sets off the immune system.

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Sean: You're a pharmacist. So you know a whole lot about medication. So talk about some really helpful medications for Hashimoto's. And then we'll get to the supplements.

Dr. Izabella: We're holding the supplements hostage, right? So not a lot of people may know this. But actually taking thyroid hormone will reduce the autoimmune attack on the thyroid. So the TSH should be between 0.5 and 2.0 for most people to feel best. And taking the thyroid hormone helps to take the burden off of the thyroid because in people with Hashimoto's, people will say, "Oh, I have a sluggish thyroid." Well, your thyroid is actually not sluggish. It's working over time. It's turning over a lot of nutrients to try to produce more and more hormone as it is continuously under attack. So basically if you take medication, that kind of lets things slow down and results in lower inflammation and not as much of the going through all of these nutrients.

Sean: What kind of medications are you talking about?

Dr. Izabella: So some of the medications that can be helpful, Levothyroxine is the most commonly-prescribed medication. It was the number one medication in the United States in 2013, believe it or not. And this contains the T4 hormone. And we talked about that being kind of like the precursor hormone to the more active hormone. So some people do really well on that.

Unfortunately, other people...And I think that most people that seem to find me are the people that don't do very well just on T4 alone. So some people actually benefit from doing a T4/T3 combination medication. And these could be naturally-derived medications like Armour or Nature-Throid. Or they could be compounded medications made by a compounding pharmacist.

There's also a medication called Cytomel that contains T3 that can be added to the T4 medication Levothyroxine. So there are a lot of different options out there. And I feel like I'm a commercial. But you really have to figure out and talk to your doctor and see which one is the best medication for each person.

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Sean: I had a couple talks with Suzy Cohen, as well as Dr. Kelly Austin about some of the fillers that are in some of these medications. Are there any that really stand out to you where it's like, "Oh, my God. I can't believe that that is in that drug for thyroid!"

Dr. Izabella: So Synthroid is not guaranteed to be gluten free, which I think is a problem because so many people have gluten issues, just about everybody with an autoimmune condition. So that's one that I'm kind of like, "Okay, not good." And then cornstarch. So that is another common ingredient in Synthroid and some of the generic medications. And that kind of makes you say, "All right. Corn is a grain that is often highly reactive in people with Hashimoto's." So I would say be careful of that.

There have been studies that have found people with lactose intolerance don't absorb their thyroid medications correctly. And some medications have lactose in them. So Tirosint does a brand of medication. It's a brand new one that does not have lactose. And that might be a better option for some people. So, yeah, there are so many different fillers in these medications. Some people react to the food dyes. A lot of times, it may just be best to work with a compounding pharmacist for people who have multiple sensitivities.

Sean: When the medications are compounded, is there any standardization? Like is it possible to make sure that person's getting the same thing every time they fill the prescription?

Dr. Izabella: So what I recommend is working with a pharmacy that uses PCCA because they standardize all of their starter materials for thyroid hormones. See, the thing is thyroid hormones are dosed in micrograms. That's one one-thousandth of a milligram. So you think about them, they're Goldilocks hormones. So even just tiny amounts can really throw things off for us.

So I know a lot of times there were concerns about compounding medications not being accurate throughout. And so I always make sure people use pharmacies that have these PCCA starting materials because what they do is they dilute them. And it gets much, much harder to mess up the dose.

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Sean: Gotcha. PCCA. Okay. Cool. I'm glad I asked that question. Let's go into supplements. This talk is called Seven Supplements to Subdue Thyroid Symptoms. So go for it.

Dr. Izabella: So one of them is actually not a supplement. It's low-dose Naltrexone. And this is a medication. It's got an off-label use to treat autoimmune diseases. So I've seen women with thyroid antibodies in the thousands range who have been able to reduce their antibodies to the range of about a hundred.

So this medication reduces the autoimmune attack on the thyroid. And a lot of times people have been able to eliminate their symptoms, reduce their dosages of medications, as well as some people have been able to get off of medications. And, again, this is something that, it's Naltrexone in a low dose. So you need to get that from a compounding pharmacist. It's not going to be the standard one that you get at the pharmacy because it doesn't work as an immune modulator in the standard dose.

Sean: Number two.

Dr. Izabella: Another one of the things that I always recommend for people with Hashimoto's is probiotics. So we know that intestinal permeability is a big factor in autoimmunity. And one of the things that can cause intestinal permeability is an imbalance of good and bad bacteria. So taking probiotics can actually really, really help with that. So a lot of people with anxiety and gut problems, which are very, very common in Hashimoto's will be able to improve their symptoms tremendously by taking probiotics.

So I always want to make sure that you're getting enough of them. A lot of times the stores will sell ten billion colony-forming units. But you think about your gut. It's got a hundred trillion unit colonies of bacteria. So we want to make sure that the person's getting enough. And you want to start off with a low dose and keep going.

So selenium has been found to be deficient in most people with Hashimoto's. And it's been actually recognized as a trigger for developing Hashimoto's. One of the theories is that basically every time that thyroid hormone is produced, hydrogen peroxide is produced as a byproduct. And this basically

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can cause damage to the surrounding tissue, and may cause more influx of immune cells that tend to get confused, and maybe start attacking the immune system.

So taking selenium has actually been shown to reduce the tissue damage. And people have been able to reduce their symptoms. They've been able to improve their thyroid conversion. It's helped to reduce anxiety. Dosages of about 200 micrograms have been helpful in reducing thyroid antibodies by about fifty percent in three to six months.

Sean: Impressive! Number four.

Dr. Izabella: Betaine with pepsin. So we already talked about how most people with Hashimoto's will actually have low levels of stomach acid. And we know that stomach acid is required for the breakdown and digestion of protein. So if you don't digest your proteins correctly, then you're going to have more food sensitivities. And then the food sensitivities are going to be causing more problems for the immune system. So digestion is at the root cause of just about every autoimmune condition.

If you're not digesting your food properly, it sits there. And it makes you really, really tired because your body is using all of these resources to try to digest. One of the things that was actually kind of like an a-ha moment for me was the betaine with pepsin supplement, and figuring out that I had low stomach acid. I basically went from sleeping eleven hours a night to waking up the next morning at eight a.m. This was more than two years ago. And at that point, I decided, "Wow. I can beat this. I can overcome this." I had been fatigued for almost ten years, sleeping for twelve hours a night. And it was almost like a miracle overnight that my symptoms, my fatigue was just lifted. And I felt so much better, so much more energetic.

Sean: Being able to break down your food goes a long way. How do you find the dosage for yourself? I know it's different for everybody.

Dr. Izabella: So, yeah, it is different for everybody. Basically you would start off with one capsule with your protein-containing meal, and see how you feel after that. If you feel nothing, then the

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next protein-containing meal, you would up that. Take two capsules. And you would up your intake by one capsule per meal until you felt like a slight burning sensation in your esophagus. And at that point, you know that you have too much stomach acid. So you'd cut back by one dose. So if, for example, I took three pills and I felt nothing, and then I took four pills and I felt a little bit of burning, then I would cut back to three pills.

Sean: Awesome. Got three more left. We've got low-dose Naltrexone, probiotics, selenium, betaine with pepsin. What are the final three?

Dr. Izabella: So we have systemic enzymes. And they're sometimes called proteolytic enzymes. And they basically contain a blend of enzymes that should have chymotrypsin elastase. And they actually are taken in between meals. What they do is they help break down circulating immune complexes. And this can help in breaking down the immune complexes against the thyroid, as well as against foods. So people have been able to reduce and eliminate their thyroid antibodies by taking these digestive enzymes.

There was this poster presentation in 2002 in France where they did five capsules three times a day of systemic enzymes. And people were able to improve their appearance of the thyroid on the ultrasound. They were able to normalize their TSH. And they were able to lower their antibodies, as well as improve their symptoms.

Sean: Yeah, those things are amazing. I learned about those several years ago at a Price-Pottenger Nutrition Foundation course. And I remember I had bad knee pain back then. It was the most frustrating thing because I like to play a lot of basketball. And I was like, "Hmm. I'm going to try those." So I ordered up a bottle of, I think it was Vitalzym. And about a week later, knee pain was completely gone. I'm on the basketball court doing all the things that I used to do. So that's a really good supplement right there.

I want to say Dr. Gonzales, who works with cancer patients, he uses a lot of systemic enzymes with his patients who have like some serious cancers, very effectively. So I really encourage the audience to look into systemic enzymes. Vitalzym, Wobenzym. Are there any that you know of?

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Dr. Izabella: Yeah, Wobenzym is one I like. And Pure Encapsulations also makes a system enzyme called Systemic Enzymes. And I think it's great.

Sean: Gotcha! All right, we've got two more. What's the next one?

Dr. Izabella: So Moducare is a supplement that can balance the immune system, as well as the adrenals. So it balances the Th1 and the Th2 helper cells. So people have been able to improve their adrenal function, as well as reduce their thyroid antibodies, as well as other antibodies to other autoimmune conditions.

Sean: Gotcha. And if the audience wants more information on Th1 and Th2—because of course we can't cover everything in this interview—I want to say it was Nora Gedgaudas that covered Th1 and Th2. I may be wrong about that. And if I am, we'll put it right down below this presentation.

And the final one, doctor?

Dr. Izabella: Anatabloc. So this is actually a tobacco-derived alkaloid that's been found to reduce thyroid antibodies. So one of the things that's really, really strange is smoking—as terrible as it is for everything—it's actually been shown to be protective of autoimmune thyroid disease, actually specifically Hashimoto's. So often times we'll find that people who will try to be healthier and just try to be more health conscious will quit smoking. And their Hashimoto's will actually worsen, or they'll have a new onset of Hashimoto's.

Now, this is because there's a compound in the tobacco that actually detoxifies some gram-negative bacteria and reduces our reaction to them. And it reduces the inflammation in the body. So the company has isolated this compound. And it's called Anatabine. And they've basically put it in a supplement. So you can take that. It's taken three times a day. And it's been also helpful with reducing thyroid antibodies and thyroid globulin antibodies. And a lot of people have been able to really be helped by that. So I would recommend that for people who maybe, after they quit smoking, thought that their thyroid condition got significantly much worse.

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And of course this is something to modulate the immune system. And it's not going to be a cure for Hashimoto's. So I would recommend that everybody look for their root cause, as well.

Sean: Right. Gotcha. You just went over seven supplements. And that's a lot of supplements. And nobody in the audience wants to go to the store right now and pick up all seven of those supplements. So how do you recommend they choose the right ones for them?

Dr. Izabella: So what really helps is trying to look at your symptoms and assessing your symptoms. So I have a lot of information in my book on how to do so. And it talks about all of the different reasons why different supplements may be helpful, as well as what contraindications they have, how to use them, things like that.

Sean: Gotcha. *Hashimoto's Thyroiditis: Lifestyle Interventions for Finding and Treating the Root Cause* is the name of your book. It's probably the longest name ever for a book. But it's all good. You set a record. Tell our audience what that's about. Who is it for? How is it laid out? All that fun stuff. And then tell them how they can join your community, your website, your Facebook group, on and on.

Dr. Izabella: So basically the book is divided into general thyroid knowledge. And it's a patient guide to help you figure out your root cause and help you figure out how to start feeling better with your condition. So I have an approach called Dig at It where we look at all the different types of things that could be setting off the immune system. So we're looking at your digestion, your immune system imbalance, your gut, your adrenals, your toxins, inflammation, and all kinds of different things that could be setting you off.

You can actually get the free chapter of my book by going to thyroidpharmacist.com/gift. And I also have a starter guide there for how to get on a nutrient-dense diet, as well as some really, really great recipes to help you get started because nutrition is really, really important for overcoming autoimmune thyroid disease.

And I have a Facebook page. You can find that. It's Thyroid Pharmacist. And I hope you will join me. I post tips there almost every day to help you along on your journey.

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Sean: Yeah, you crush it on Facebook. Lots of activity going on over there. Your website, thyroidpharmacist.com. Like you said, you have that free chapter, thyroidpharmacist.com/gift. And guys, go over to her Facebook page and join in.

Dr. Izabella Wentz, thank you so much!

Dr. Izabella: Thank you so much, Sean! It's my pleasure!