Dr. Drew Sinatra: Thyroid disease is a surprisingly staggering issue. Reports show that more than 20 million Americans have some form of thyroid disease. In fact, one in eight women will have a thyroid disorder in her lifetime. The question is, why are there so many thyroid conditions impacting people across the world?

Dr. Briana Sinatra: What can you do about it? Can you prevent thyroid disease? And if you do have a thyroid condition, what are the best ways to improve your health? What are the right tests to get? And what can you add to your diet that can help?

Dr. Drew Sinatra: We're excited to be joined by Dr. Aviva Romm, who's dedicated her 35+ year career as a physician to healing her patients — mind and body. She specializes in women's and children's health, as well as adrenal and thyroid issues.

Dr. Briana Sinatra: Welcome to **Be HEALTHistic**!

Narrator: Welcome to **Be HEALTHistic**, the podcast that's more than just health and wellness information — it's here to help you explore your options across traditional and natural medicine, so that you can make informed decisions for you and your family. This podcast illuminates the whole story about holistic health by providing access to the expertise of Drs. Steve and Drew Sinatra, who together have decades of integrative health experience. **Be HEALTHistic** is powered by our friends at Healthy Directions. Now, let's join our hosts.

Dr. Drew Sinatra: Hi folks, if you like what you hear today and you want to listen to future conversations on all things integrative and holistic health, subscribe to our podcast at **BeHealthisticPodcast.com**. Also, check out and subscribe to the Healthy Directions YouTube channel, which features video versions of our episodes, plus extra videos you won't want to miss. And finally, we have more with me, Dr. Drew Sinatra, my dad, Dr. Steve Sinatra, and other health experts at HealthyDirections.com.

Dr. Drew Sinatra: Hey everyone, welcome to another episode of **Be HEALTHistic**. Today on the show, my co-host is fellow naturopathic physician, Dr. Briana Sinatra…and yes, she also happens to be my wife.

Dr. Briana Sinatra: Hello.

Dr. Drew Sinatra: Welcome.

Dr. Briana Sinatra: Thanks for having me, I'm excited to be here.

Dr. Drew Sinatra: Our expert guest is Dr. Aviva Romm, an integrative physician, midwife, herbalist, and author who focuses on women's and children's health, as well as the

adrenal system and the thyroid. Her philosophy is to give you facts you can trust and the tools you need, bridging the best of traditional wisdom and modern medicine so you can feel empowered in your choices — whether for staying healthy or getting well.

Dr. Drew Sinatra: To kickstart our discussion here, according to the American Thyroid Association, an estimated 20 million Americans have some form of thyroid disease, and 60% of those folks are unaware they have a problem. Furthermore, women are more likely than men to have an issue — one in eight women will develop a thyroid disorder during her lifetime. These are pretty staggering statistics, so we wanted to call in a top expert to address it with us. Thanks so much for joining us today, Dr. Romm, welcome to the show.

Dr. Aviva Romm: Total pleasure, thank you. And as you were reading those statistics, every time I hear them, the word that comes to my mind is also…staggering. It's just, "Really? That's a lot!"

Dr. Drew Sinatra: It is!

Dr. Aviva Romm: It's huge!

Dr. Drew Sinatra: It's shocking actually, how many patients that we treat in our clinics that have thyroid disorders. So I wanted to lead off the question today with, why is it that we're seeing such a high prevalence of thyroid disorders?

Dr. Aviva Romm: Well, it's not just that we're seeing a high prevalence of thyroid disorders, we're seeing a high prevalence of chronic disease in general. And we're seeing a high prevalence of all endocrine — or in other words, hormone problems — in women, particularly. Largely because our systems are a little bit more keyed in to what's going on in our hormones. And so the bigger question is, why are we having all this chronic disease? Why are we having all these endocrine problems? And that kind of dials into how we think about our health, right? Do we think about our health as just, "Oh, I wake up today and I have a thyroid problem." Or, "I wake up today and I have diabetes." Or, "I wake up today and I have endometriosis." No, it's a constellation of complex factors that add together.

Dr. Aviva Romm: So it's our diet, it's our modern American diet. Or, as it's ironically called, the SAD, or standard American diet. It is the 80,000 some-odd environmental toxins that are in our homes, in our water, in our food, in our air, that our grandmothers and great-grandmothers literally weren't exposed to because they didn't exist. It's the chronic unrelenting stress that we're under. And then, it's not just the things that we are getting, like environmental toxin exposure,

it's the things that we're not getting. So, it's not just that we're getting junk food and getting exposed to plastics left and right and stress — it's that we're also often depleted or deficient in the very nutrients and the sleep and the relaxation that we need, that counterbalance that overload that we're getting.

Dr. Aviva Romm: And when you add it all together, it affects our health — and then our hormones are so exquisitely sensitive. If you think about it, if you imagine one teardrop in an Olympic size swimming pool, that's a rough equivalent, and probably even a little bit more, than the amount of hormone that it takes to establish your menstrual cycle, or for your thyroid hormones to work. So tiny little disruptions can add up, and what we see is a lot of disruption in women's thyroid health.

Dr. Briana Sinatra: Yes, I love that you're focusing on all those things. I think it's so important because it is so multifactorial. And so, bringing that to light is important because I think there's so many people who are just diagnosed and don't really even understand why they have a thyroid condition, or…

Dr. Aviva Romm: Exactly. It also explains why medication, while it can be a solution to symptoms or to providing something like…if your thyroid stops working and you need thyroid hormone, then the medication can become a really important part of feeling better. But just doing the medication doesn't solve the problem. And just waiting — like you said, Drew, one in eight women is going to have a thyroid problem in our lifetime. That means it's not enough to just wait and see, "Oh, am I one of the people who randomly gets this." But living in a healthful way, so that as much as possible we can prevent those downstream consequences.

Dr. Drew Sinatra: Yeah, I'm curious, where are you at in your career now with prescribing thyroid hormone? Because I think all of us have gone through an up and down phase of prescribing more, prescribing less. I know I'm in a lesser-prescribing phase right now, because I'm really trying to work on all the factors that you addressed in the beginning. So, where are you now with prescribing hormone? Tell us.

Dr. Aviva Romm: Yeah, I've always been moderate about it, in the sense that I don't diagnose everyone who comes in with fatigue and weight gain with a thyroid problem. I'm very meticulous about testing and making sure that they actually do have a thyroid problem. And then depending on what their thyroid problem is, and how significant it is — one, how symptomatic and miserable are they, and two, how off are their labs from normal? And if there's just a little bit, a little bit of discrepancy and they're feeling not great but not like, "I can't get out of bed. My hair is falling out," you know, pretty extreme — and their preference is to try a more natural therapeutic approach first, I'll always start with that. And I

might start with that for six weeks, 12 weeks, six months…it really depends on how they're feeling, how their labs are, and what their personal desire is.

Dr. Aviva Romm: The exceptions are, if someone's feeling really depressed, they're super anxious, they're very, very symptomatic — or their labs are so off, so out of range that it puts them at risk of cognitive problems or heart problems — then I may suggest medication at the get-go. The biggest exceptions to that, and when I will almost always use medication, is someone who's trying to get pregnant and has a fertility problem. Because that's when you want really, really tightly controlled thyroid labs for optimal fertility — and someone who's pregnant. You really have to have normal, optimized thyroid during pregnancy for your own health as a pregnant mama, but also for baby's thyroid development. So in that case, even if it's just a little bit off, then I will suggest that we use thyroid medication. But I've had so many people come to me over the years from other integrative or even conventional physicians who didn't have a proper thyroid work-up, were put on medication that they really never needed. And so I often take people off of it when they don't need it, too.

Dr. Drew Sinatra: Yeah, and so we were talking about this morning, actually, we know lots of people that have been put on thyroid when they didn't necessarily need it. And I think I'm guilty of doing that, because in the integrative medicine world, functional medicine world, we try to adhere to certain lab values — like if the free T4, or the free T3 isn't high enough, well, let's try to bump that up a little bit and try to…

Dr. Aviva Romm: Right!

Dr. Drew Sinatra: …treat your fatigue or your constipation or whatever it is. And I think we're all guilty of doing that at some points.

Dr. Aviva Romm: Yeah. Well, one of the good things about my training was learning to never treat the numbers, never treat the lab — always treat the person. So the only time I would ever treat a lab is if there's something so glaringly abnormal. And I think that part of what happens is kind of like helicopter parenting, you know — so many of us overcompensated for a previous generations' hands-off parenting model that we then overparented. I think that in the integrative and functional world, we have compensated to some extent from the, really, neglect of identifying, and properly treating thyroid problems. Like you said, 50% of people don't even know they have one because we're not properly testing, and that's men and women. So I think we've overcompensated and gone in the other direction, maybe, by over-diagnosing and over-treating thyroid problems.

Dr. Drew Sinatra: Right…and actually, we should probably rewind a little bit, because this is actually our first podcast on thyroid — whether you can believe it or not.

Dr. Aviva Romm: Oh wow!

Dr. Drew Sinatra: I want our listeners to have a really basic understanding of what we're talking about. So when we talk about thyroid issues here, there's two main ones, primarily — it's hypothyroid and hyperthyroid. What is the most common thyroid problem?

Dr. Aviva Romm: Oh, hypothyroid, by far. Something like 90% of all thyroid problems are hypothyroid. And that would include all the types of thyroid dysfunction. And then of that, a significant portion is Hashimoto's. So to differentiate those two — hypo just means something slowed down, right? So hypothyroid means your thyroid function has slowed down, but it doesn't mean that you have an autoimmune disease. Hashimoto's, or Hashimoto's thyroiditis, as it's properly called, is an autoimmune form of hypothyroidism. And that's super, super common, like 80% of thyroid problems.

Dr. Briana Sinatra: Yeah.

Dr. Aviva Romm: I just also want to honor what you said. A lot of practitioners don't have the humility to say, "Oh, I was over-treating this." Or, "I missed this." I just want to honor that you took responsibility for that. It's something that doesn't happen enough!

Dr. Drew Sinatra: You have conversations like this with your colleagues and you start to realize, "Oh, maybe I shouldn't be prescribing that much thyroid…"

Dr. Aviva Romm: Yeah.

Dr. Drew Sinatra: And there's actually, sorry, we should bring this up, too — because there's a fine line. You're probably familiar with that book that was put out, *Stop the Thyroid Madness.*

Dr. Aviva Romm: Yep, of course!

Dr. Briana Sinatra: Our patients were bringing them in.

Dr. Drew Sinatra: Yeah, our patients, left and right, were bring them in. And it's interesting because I found that some patients do respond well to a very higher dose of thyroid, I also have learned that many do not. So, you have to sort of temper

these patients when they come in and say, "Well, let's start off slow and we can eventually work our way up."

Dr. Aviva Romm: Yeah, and the funny thing is, I was a home birth midwife and an herbalist for two decades before I went to med school. So I have a pretty strong foundation in a non-interventive approach. And I have a healthy skepticism for medical guidelines, because they do tend to change every few years with the, "Oopsie, we were totally wrong about that!" But there are really good guidelines for how to start people on thyroid medication, and they really are, "start low and go slow," right? So you start with the lowest or in the lower range of the dose, and then you increase — and I've had people who have come in with, like when we talk about TSH, we know what we're talking about. So TSH is thyroid stimulating hormone, and it's the main lab test that we do. And the upper limit, really, even from a conventional perspective is about 4.8. And in the integrative functional world we like to see it maxing out around, like, 3. I had a patient who came in at 125 one time. I mean, she was off the chain…but even there, it doesn't mean that I need to give her the top dose of thyroid medication. Because she might respond really well to a really tiny dose, which…she responded well to a pretty low dose. So the number doesn't necessarily dictate the amount of medication.

Dr. Drew Sinatra: Yeah, and the same should be said, too, for Hashimoto's thyroiditis. I've seen TPO antibodies in the 3,000s before.

Dr. Aviva Romm: Yeah.

Dr. Drew Sinatra: And actually, this gentleman that came in, we didn't even have to give him thyroid hormone. But what we did was, we found out that he had heavy metal toxicity, he had a very high mercury level. And we did some chelation, and some detox, and then within six months, his TPO had come down to 800, and eventually 300…so, yeah.

Dr. Aviva Romm: Yeah, I had a young girl, she was a teenager, actually, who came in with a TPO — and that's an antibody that tells you that it's autoimmune — hers was 8,000. It was so high that I actually called the lab to see if it was an error, and it wasn't. When I got some previous labs on her, they had been really high — but she was incredibly, unusually fatigued, had swollen glands…things that you wouldn't just expect with Hashimoto's. And so I did a work-up and she actually had mono, and so it was the mono driving those high thyroid antibodies. She continued to have a thyroid problem even when the mono resolved, but it kicked her into an autoimmune problem. And so it wasn't just her thyroid…like you said, there can be other things going on.

Dr. Aviva Romm: I had a patient once, too, who had really high antibodies and she turned out to have true celiac disease. And once we got her off all the gluten, spent a few months working on that, she never needed thyroid medication, her thyroid normalized. So again, back to what we were talking about earlier, Briana, the multifactorial causes.

Dr. Briana Sinatra: So what would you say for our listeners, how does someone know that they have a thyroid issue?

Dr. Aviva Romm: Well, most people…unless you're going through fertility treatment or you're pregnant, in which case your thyroid labs will automatically be checked as part of the work-ups, sometimes women find out that way. But usually you don't realize it until you start having symptoms. The symptoms prompt you to go to your medical care provider, your healthcare provider, who then does a lab panel. So the typical symptoms of hypothyroidism are fatigue, sometimes feeling depressed, it can be anxiety, sleeping too much — or conversely, not being able to sleep well, or a combination of both. Hair loss is common, hair can break off or thin out, actually, dry skin, constipation, feeling cold all the time — these are the most common. Interestingly, losing the outer third of your eyebrows is kind of a telltale symptom, and there are others as well. Menstrual irregularities, fertility challenges, miscarriages, these are some…difficulty producing breast milk when you're breastfeeding, these can be some of the different types of symptoms that we see. So then you go to your physician, who hopefully is listening to what you're saying and says, "Let's check your thyroid." And hopefully they do a complete thyroid panel to really pick up, maybe there's a subtle problem, and get you on the right course of treatment, whatever that might be.

Dr. Briana Sinatra: Yes. And so talking about a complete thyroid panel…

Dr. Aviva Romm: Yeah.

Dr. Briana Sinatra: I think, so often we see people come in with just TSH run.

Dr. Aviva Romm: Yeah.

Dr. Briana Sinatra: So what would you recommend for someone who really thinks that this needs to be looked at deeper? How would you encourage them to get that full panel and what would…

Dr. Aviva Romm: Yeah, so I think as naturopaths, you guys are taught to do a little bit more of a complete thyroid panel. But in conventional medical training, the practice is to just check TSH, which is that thyroid stimulating hormone I mentioned earlier.

TSH is produced in the brain, and it kind of knocks on the door of the thyroid and says "It's time to produce thyroid hormone." And if the door doesn't answer, like if you don't answer the doorbell when someone's ringing it, they're going to start knocking louder, and banging harder, and kicking the door — and that's the equivalent of that TSH going up higher and higher. But, you can have your thyroid producing normal TSH and your liver not converting…I'm sorry, your thyroid producing normal thyroid hormone, but your liver not converting it to the active kind.

Dr. Aviva Romm: So you might look like you have a normal thyroid from that one test on the surface, but then your body's not doing the job of all the actions that the thyroid hormones should be doing. So you still feel tired, you're not sure what's going on, you're having all these symptoms. So to really get to the bottom of that, I, in my practice, run a TSH, a free T3, and a free T4. The other thing is that people can have elevated thyroid antibodies for years before they develop a thyroid problem. And having a tiny bit of elevated — like, really, under 40-ish or so, there's no hard science about that — doesn't mean you're going to develop a thyroid problem. But a large number of people that have elevated antibodies, even if the rest of their thyroid numbers look normal, will eventually go on to develop autoimmune thyroid problems. And there are things that you can do, as we were talking about, whether it's heavy metal issues or celiac or something else that's causing those antibodies to be elevated, you can use those antibodies as a warning or harbinger of like, "Uh-oh something's going on. Let's see if we can reduce whatever that inflammation is, that auto-immune process is."

Dr. Aviva Romm: So in my practice — it's a TSH, Free T3, Free T4, the TPO antibody, I usually check something called an anti-thyroglobulin antibody. And then I will often, but not always, check something called a reverse T3. Because sometimes if the TSH and T3 and T4 aren't normal, that tells me all I need to know. Sometimes I'll put it in at the same time, because it's easier to go to the lab one time or the doctor's office one time to get your labs drawn. But the reverse T3 happens when…so this is a little bit complicated, but in a nutshell, if you think about your thyroid, it's producing energy for your body. It's what produces heat, metabolism, it's why we gain weight, feel cold all the time, feel tired, when the thyroid is slowing down. So if you're under a lot of stress, if you have an infection, if your body's fighting off something and trying to protect you from spending too much energy, your body will act almost like an accountant, and it'll force you to take the active money in your spending account and force you to put it into a retirement or savings account. And the way it does that is it takes that active thyroid hormone — that spending energy, if you will — and puts a lock on it, so that your cells can't use it. And that is what reverse T3 is, it's a little change in the cellular structure that your accountant is saying, "Uh-uh, you

can't overdraft, we're going to force that into savings." So it's like every dollar bill that has a little mark on it that goes into savings. So I sometimes check that, too.

Dr. Drew Sinatra: Well, I'd love to get your take on this because if you do have a high level of the inactive form, which is the reverse T3, what's your approach to that?

Dr. Aviva Romm: Usually I try to look at what's going on with the body's wisdom, right? So all of these things aren't just happening in a vacuum, our body actually tries to protect us. And I always say, it's like a sane response to an insane world. Unfortunately, sometimes some of those protection mechanisms have their own unintended consequences. So if we're under stress all the time, if we're fighting an infection, there's a really good reason that your body is trying to get you to conserve energy. So when I see elevated reverse T3, that's where I'm going to start looking and saying, "Is there some kind of insidious infection going on here? Is there Epstein Barr virus? Is there something else that's activated? Is this person actually under a really significant amount of stress? Are they recovering from an illness?"

Dr. Aviva Romm: So instead of creating thyroid hormone that's going be pushing your metabolism, maybe your body is diverting that energy into healing and tissue repair. So I try to address the "why," rather than doing anything specifically to address the reverse T3. So it may be adding in a meditation practice, as simple as that, it may be an anti-inflammatory diet or anti-inflammatory botanicals, it may be bumping up magnesium and B complex and vitamin C and supporting the adrenals, to help calm the stress response so that the thyroid can then be released from that kibosh it has on spending energy.

Dr. Drew Sinatra: That's great. I love that…

Dr. Aviva Romm: And sometimes it's just time. Sometimes if you go into the hospital…let's just say somebody goes in to the hospital because they have a bad infection, they've gotten some kind of a flu or virus, or…I don't know what the thyroid levels are with COVID, so I'm not even going to go there. But usually when I have somebody who comes into the hospital, if I were to check their thyroid, their thyroid would actually be suppressed, normally, and their RT3 would normally be elevated because the body is sequestering. So I really try to look at what's going on under the hood that's making the body say, "I can't spend energy right now."

Dr. Briana Sinatra: I love that you're looking at that from the body as an innately wise energy, right?

Dr. Aviva Romm: Yeah, it is amazing.

Dr. Briana Sinatra: It's like, you're smart, I know that there's a reason for why you're doing this…

Dr. Aviva Romm: Exactly.

Dr. Briana Sinatra: …so let me support you by understanding everything that's on that body's plate.

Dr. Aviva Romm: I try to approach healing with asking these two questions that I actually learned from someone else a long time ago. And the two questions are — what is it that I can do to help relieve a burden of excess on this person, and what is it that I can do to supply what's missing? So the excess may be too much stress, it may be too many heavy metals, it may be too much of a viral load. And what's missing may be adequate rest, or time for recovery, or certain nutrients, and then try to replace those. So what's overburdening and what's under-nourishing? And often that will help restore the body's…whatever is keeping the body's innate functions from being optimized.

Dr. Briana Sinatra: I love that.

Dr. Aviva Romm: And medications may have a role, too. I'm not a polarized physician that way. I've had patients who I've put on thyroid medication and they're like, "Thank God, the lights are turned on again!" I was just talking to someone the other day, a group of practitioners…I said, "When you have patients who are constipated and they start pooping again every day, you are their best friend." And just like, those things that make such a difference for people when they do get thyroid medication when they actually need it.

Dr. Drew Sinatra: Well, I'm curious to hear what your thyroid diet is all about, so our listeners can really understand, like, what foods should I be eating and what food should I be avoiding?

Dr. Aviva Romm: Yeah, so it kind of comes back to that, the two questions I just mentioned — what are the things that we might get through our diet that might be stressing our thyroid function, and what are the things that we're missing or we can use to support thyroid function? So, let's start with the things that might be taxing, we already mentioned a couple. So, gluten for people who have celiac disease, or even who have non-celiac gluten intolerance, because it can cause a whole avalanche of inflammation in the body that can affect the thyroid. And interestingly, celiac disease is kind of like a partner to thyroid disease. And a lot of physicians don't know that, but I always look for Hashimoto's in my patients

with celiac, and I always look for celiac in my patients with Hashimoto's. So that's one thing, is gluten.

Dr. Aviva Romm: I look at dairy, only because a lot of people, about 50% of people who eat dairy have an inflammatory reaction to it. And it can cause something called leaky gut, which can be associated with thyroid problems. So I'll usually have my patients take out gluten and dairy to start. Interestingly, artificial sweeteners have been shown…even just a week of using artificial sweeteners, so Splenda, NutraSweet, any of those things, can have an impact on the thyroid — so those go out, too. And then, I try to put my patients on a generally low inflammation diet. So lots of vegetables, especially leafy greens — and we'll talk about those in just a minute, because they have a special place with thyroid health — good quality fats, good quality protein, and maintaining energy balance. Remember I said earlier that if your body is low on energy, then your adrenals will step in and your whole system will step in and try to keep you from spending too much energy. So when we have chronically low energy or low blood sugar, that triggers a whole response in the adrenals to slow the thyroid down, to make you save that energy. So making sure that you're not getting low blood sugar is really important.

Dr. Aviva Romm: A couple of other things that are important. There's a chemical that's in a lot of fast-rising flours, pizza doughs, baked products — it's a mineral, actually, it's called bromide. But bromide can interact with the thyroid. And because iodine is important for the thyroid and it's in the same class of chemical elements, I recommend getting your diet bromide-free. So it really does mean avoiding commercial baked goods — but if you're avoiding gluten, you'll usually end up avoiding those, too. And then, interestingly, fluoride. Bromide, fluoride, iodide, they're all in that halite chemical group that if you ever studied chemistry, it's in that periodic table. Too much fluoride in the diet, whether it's from fluoridated water or you're getting it through other sources — even toothpaste, go to non-fluoride toothpaste — can help with thyroid function, too. So those are some of the big picture things.

Dr. Aviva Romm: Now Drew, you mentioned earlier…heavy metals. We're all getting exposed to persistent organic pesticides, plastics, heavy metals. These also act as thyroid binding disruptors. So as much as one can afford to…going organic, not using food packaged in plastics, not heating your food or storing your food in plastic containers, and then to the extent that you can avoid heavy metals in the diet by going organic. Those are all just…those are big things, but really important to do, even if you just pick a few of them at a time.

Dr. Aviva Romm: And then, what are we missing that we can use to support thyroid health? Well, I mentioned greens, greens are really important for inflammation. And some of

you may have heard, "Oh, you can't eat kale. You can't eat broccoli. You can't eat anything in that class of vegetables if you have a thyroid problem." That's not actually true, those vegetables are really helpful for you, in general — but you don't want to eat them raw. If you eat a kale salad once in a while, once every couple or few weeks, that's fine. But juicing kale, juicing your leafy greens, not so much when you have a thyroid problem. Eat them steamed, eat them sautéed, eat them roasted — but just focus less raw on those. Lettuces, those are fine. Lettuce, spinach, that's all fine. But the kale, collards, broccoli, bok choy, all of that…cooked.

Dr. Aviva Romm: So, there are several nutrients that our bodies require to make thyroid hormone. So we start with iodine, that's the main building block of thyroid hormone. So you have to get enough iodine in your diet, and a lot of people don't. And if you're vegan or don't eat fish, if you're not using iodized sea salt — most of us don't, right? We're using healthier, non-iodized sea salt, or Himalayan salt. So you might not be getting enough iodine in your diet. One thing you can do is add sea vegetables. I know these are going to sound really weird if you're not familiar with them, but dulse, Alaria, wakame — you can even buy dulse flakes at the health food store, and put a couple of teaspoons in your food every day. Or, you can take a multivitamin that has iodine in it — which, everyone who's trying to get pregnant or is pregnant, should make sure they're getting at least 290 micrograms of iodine in their prenatal or multivitamin every day. So iodine in the diet, or in iodized salt, which I'm not a huge fan of, or through a multi.

Dr. Aviva Romm: And then selenium is another one. We do tend to get selenium in our diets through the soil, but it's really inconsistent. And you know, this is another thing, soil has been studied, foods have been studied for their nutrient content, and most of these nutrients are not in the soil the way they were 50 or 75 or 100 years ago — or in our food. So statistically, someone did a study in the UK looking at citrus, and to get the amount of vitamin C that our grandparents or great-grandparents would've gotten out of an orange, we'd have to eat six to eight oranges now, so just to give you an example.

Dr. Briana Sinatra: Wow!

Dr. Aviva Romm: So supplementing…and I'm not a huge supplement physician, I don't prescribe supplements all the time. I don't take supplements every day myself, quite frankly. But if you are struggling with a thyroid problem, have a family history of one, or want to try to prevent one, or are pregnant, selenium is another nutrient. And you want to get that in your multivitamin, as well. It's usually about 200 micrograms a day therapeutically, if you do have a thyroid problem.

Dr. Aviva Romm: And then making sure you're taking care of your other systems, right? So magnesium and B complex for stress is really, really important. Making sure you have enough vitamin D…interestingly, low vitamin D has been associated with an increased risk of thyroid problems, and giving vitamin D — even 2000 to 4,000 units a day, which is a pretty standard daily dose — has been shown to reverse or reduce thyroid problems. So vitamin D is really important, also super important for the immune system, too. So whether you have autoimmune or non-autoimmune, that's another really important one.

Dr. Drew Sinatra: Got it. That was super comprehensive, thank you.

Dr. Aviva Romm: I hope not too much!

Dr. Drew Sinatra: That was great. Well, you mentioned stress in the beginning, and you mentioned adrenal, as well. Can you tie in that connection, with adrenal and thyroid?

Dr. Aviva Romm: Yeah, it's really interesting. So what started happening for me in my medical practice was I had so many patients, and I see women and kids. And so many of the women were coming in and saying…you know, they were coming in with a thyroid problem. And of course, I'm doing a comprehensive, what's going on in your life, and I'm hearing women saying, "I just feel like I'm at the end of my rope. I feel like I'm living on fumes. I'm always burnt out. I'm always overwhelmed." So I started looking at the medical and scientific literature on the relationship between the adrenals and the thyroid. Now, they're both part of the endocrine system, right? Your adrenals, your thyroid, your ovaries…for women, they're all connected. And so it was like, well, what is the connection here?

Dr. Aviva Romm: And it's actually really powerful. Cortisol, which we think of as the stress hormone, but I think of it as a survival hormone — it's the only one we actually, really…we would die, if we didn't have even for a short time. So I think of it as a survival hormone, also because it gets activated when we're in survival mode, which a lot of people feel like they're living in all the time. So cortisol gets activated to reduce inflammation, and help us respond effectively and be resilient in the face of stress. The problem is most of us are producing a lot of cortisol on a regular basis because we're chronically under stress. We're not sleeping well, we have a lot of inflammation, as a society, we have a high level of people with inflammation. Cortisol has three different ways that it actually blocks the thyroid from working. It blocks the production of TSH, well, it blocks the signaling of TSH to the thyroid, so the thyroid can't really read the TSH. When the thyroid can't read the TSH, it's not getting the message to produce

thyroid hormone, and the brain's not getting the message that the thyroid's at home, so it keeps producing more.

Dr. Aviva Romm: But even if you do produce enough TSH, cortisol…and so you bypass that problem with cortisol. Then the next one is that the cortisol actually prevents the liver from converting the inactive form that the thyroid produced to the active form that you need for the thyroid hormone to work in your body. And then, even if you manage to bypass that obstacle, then cortisol actually blocks the cell from receiving the thyroid hormone and reading the signal. So think of thyroid hormone as a key and the cell as a lock, and cortisol is jamming the lock. You can't even get the key into the lock, so it can't work. So three different ways that overactive adrenals or chronic stress can impact the thyroid. It's pretty amazing!

Dr. Drew Sinatra: Well, before we wrap up our show today, as always, we're going be sharing some **Wellness Wisdom** with our listeners. So Aviva, in keeping up with what we've been talking about today, if you had one big "pearl" of wisdom with regard to women and thyroid health, what would it be?

Dr. Aviva Romm: Oh, wow! Well, I'm going to say a little one, which is just trust your body. Trust your body, and if you think something's going on, really push until you get a diagnosis. So that's the medical one. But then the bigger, meta one is I have this credo that I live by, which if it's not a hell yes, it's a no. And the reason I say that is that, if you have a thyroid problem, or if you're trying prevent the stress impact on your thyroid, or if you're about to eat something and you're like, "I don't know if this is actually really good for my body." Or you're about to say yes to one more thing that somebody asks you to do that you know is going to be the straw that breaks the camel's back — say no. To me, it's got to be SO yes to add it to my plate, or to put it into my body. So if it's not a hell yes, it's a no.

Dr. Briana Sinatra: Yeah, Aviva, I just wanted to say thank you so much. I love how you tied in women's health with the hormone piece, the adrenal piece, the thyroid piece. Really helping women to see that all of those are connected, it's not just a thyroid condition in isolation. And I loved how when you're looking at someone and their thyroid condition, you're looking not only comprehensively, but also preventatively. And by supporting women to get that really thorough initial work-up, even if the thyroid isn't an issue right now, if their autoimmune antibodies are up you can be proactive and preventative from helping to prevent something that might otherwise go unnoticed and become a larger issue later down the road. So I think that's so important when we're wanting to empower our female population.

Dr. Aviva Romm: Thanks, you guys. Great questions, too. We really narrowed in the topic in a really helpful way, thank you.

Dr. Drew Sinatra: That's our show for today, folks. If you have a question or an idea for a show topic, please send us an email or share a post with us on Facebook. And remember, if you like what you heard today and you want to be an active member of the **Be HEALTHistic** community, subscribe to our podcast at **BeHealthisticPodcast.com,** or on Apple podcasts, or wherever you download your favorites. You can also find more great content and information from us and the Healthy Directions team at HealthyDirections.com.

Dr. Drew Sinatra: I'm Dr. Drew Sinatra.

Dr. Briana Sinatra: And I'm Dr. Briana Sinatra.

Dr. Drew Sinatra: And this is **Be HEALTHistic**.

Narrator: Thanks for listening to **Be HEALTHistic**, powered by our friends at Healthy Directions, with Drs. Drew and Steve Sinatra. See you next time.