



Your Thyroid And It's Impact On Your Menopausal Transition

Dr. Sharon Stills interviewing
Dr. Amie Hornaman



Dr. Sharon Stills

Hello, hello. Welcome back to "Mastering the Meno(Pause) Transition" summit. I'm your host, Dr. Sharon Stills. Excited as always to be here with you for another informative, amazing conversation and this is one that when I was thinking about what I wanted to include, there was no way I wasn't gonna include a dedicated talk to the thyroid because pretty much every patient I see, there's some kind of thyroid involvement and as you're managing your hormones, you cannot forget about your thyroid. Sometimes we just get fixated on progesterone and estrogen and testosterone and we forget about the very important thyroid gland. So I invited my dear friend and colleague, Dr. Amie Hornaman AKA the Thyroid Fixer. Who better to have this conversation with? Who is on, she is on a mission to optimize thyroid patients around the world and give them back their lives using her proprietary transformational program, the Fix Method. She's also the founder of the Institute for Thyroid and Hormone Optimization. So welcome Dr. Amie, it is awesome, awesome, awesome to have you here.

Dr. Amie Hornaman

Hi Dr. Sharon, thank you so much for having me.

Dr. Sharon Stills

You are welcome and like I said when I introduced you, this is a conversation that needs to be had and we haven't, we've touched on thyroid here and there, it comes up. But we needed a dedicated thyroid A to Z, what the ladies need to know.



Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

So I guess my first question is, I believe you have a personal story. How did you get obsessed with the thyroid?

Dr. Amie Hornaman

Yeah like so many of us, pain to purpose right? It's about what we go through that brings us into other people's lives to help them. So if we rewind 20-some years ago, I was completing in NDAC Figure competitions, I was doing some fitness modeling. So to do that, and that wasn't easy for me to do. I came from a background of being a fat kid. My friend Beth and I would have contests in the sixth grade to see who could lose the most weight. So getting down to a smaller size was never easy. I would always have to battle but that was the challenge right? That's why I did it and I overcame and then there's this one show that I'm getting ready for and I started gaining weight instead of losing. My body was completely rebelling against me and I had no idea what was going on. And like all of us do, when there's going on with our bodies we go to our doctor.

And we say, "Please help me, this is what's going on. "I don't know, this isn't right, this isn't me. "There's something wrong." And the first doctor looks at me and says, "You're normal, everything is fine. "Go on your way." Doctor number two says, "You're just getting older." Three says, "Eat less and exercise more." Which was absolutely impossible based on what I was doing to get ready for those shows. I heard it's all in your head. So basically I went to six doctors who all misdiagnosed me. The seventh doctor finally gave me the diagnosis of Hashimoto's. The autoimmune form of hypothyroidism and gave me a pill. I left that office, I was like, "Yes, now I have an answer right?" This is what we want. We want somebody to tell us what is wrong and what to do about it. So I had a pill and I took that pill every day.

And five months later, there was no weight change. My energy wasn't better. My hair didn't stop falling out. Those were the other things going on with me. But I was focused on that damn weight. Weight didn't change. I finally found, kept hearing this name. Right, you hear a name more than three times you go, "Ah, maybe I should call that person." Heard this name more than three times. Went to him, he was integrative,



functional. He was functional at the time before we even had the term functional. Integrative doctor who tested everything I needed tested. Treated me supplementally and with the proper medication and hormones. Addressed my diet, addressed my sleep. Looked at everything, that's what we do with patients now. You look at everything to put those pieces together and he changed my life, saved my life and then brought me in for the space that I'm in now.

Dr. Sharon Stills

I love that, yep. Pain is purpose.

Dr. Amie Hornaman

Yep.

Dr. Sharon Stills

Your mess is your message.

Dr. Amie Hornaman

Yep, exactly.

Dr. Sharon Stills

That's awesome and so common. I mean I can't even begin to count over the last 20 years, how many patients have come into my office, telling me, "Well I know it's not my thyroid "because I was told it's fine." And meanwhile they're glaring the hypothyroid poster child and it's like no no no, let's take a look at that. So let's just start from the beginning for someone who is new to the journey. I know some of you listening are further along but we can never hear it enough. So let's just talk about first what, why is the thyroid gland important? What does it do and what does it have to do with mastering your hormonal journey?

Dr. Amie Hornaman

Right, so the thyroid gland is the master gland. It is literally controlling every single cell in your body. So when we're talking about hormones, that's a trickle down from the thyroid. If your thyroid is off, chances are pretty good one or more of your sex hormones are going to be off. Now we can talk about insulin as a hormone, that gets thrown off. I see insulin resistance left and right but as we're talking about the hormones involved in



menopause, those start to get thrown off. So very early on in a thyroid condition, we will see the reproductive system, those reproductive sex hormones start to change. Where young women can have heavy periods. We see miscarriages left and right, infertility. We'll see low testosterone in 20s, 30s, 40s, 50s, 60-year-olds across the board. So we'll see those hormones really start to shift and get wonky at any point of time during that thyroid journey. You have to really optimize the thyroid first and the hormones at the same time but you can't do the hormones without the thyroid.

Dr. Sharon Stills

That's such a good point because I can't even count how many women I've helped. I know we're talking about menopause but I'm gonna speak to your infertility, how many women I've helped get pregnant and carry that pregnancy to term and have a healthy baby just by looking at their thyroid and because their thyroid is low, they're not creating progesterone and then they can't progest. They can't carry a pregnancy and so it's you know, to me it's like, this is so easy. And yet so many women are so misdiagnosed and have such heartbreak not being able to have a baby when it can often be a simple fix because the thyroid is overlooked. The poor thyroid, it's like the most overlooked.

Dr. Amie Hornaman

It is. Just forgot it controls it everything, but we'll just push it aside and call you normal. Yeah.

Dr. Sharon Stills

So why don't you just run down. We know hair loss and weight gain and constipation. Can you just rattle off for the women listening, if you're struggling with, think about your thyroid.

Dr. Amie Hornaman

Right. It is such a laundry list of symptoms because the thyroid controls everything like we said. The big one, some of the big ones. Weight gain and inability to lose. Just that weight loss resistance. It's the women, it's you who are saying, "No matter what I do." I got a trainer, I went on a diet, I went on this diet. I took these supplements that told me I would lose weight. Nothing is working. Then we have to really look at that as the thyroid. We see extreme fatigue, hair loss. Joint pain is one that you know, people will go, "Wait a minute, after you started optimizing my thyroid, "I was able to hold a pen again." All these



joints started working or "I thought I had rheumatoid arthritis and I don't." "That improved." Constipation is a huge one. Dry skin, the thinning of the outer corner of your eyebrows or just thinning hair all together. You mentioned hair loss earlier, infertility, miscarriages, irregular cycles. I mean dot dot dot, the list just keeps going.

Dr. Sharon Stills

Yeah it really does go on and on. So why do you think there's such an epidemic of thyroid issues? It's almost like every patient or every other patient has some kind of thyroid involvement.

Dr. Amie Hornaman

Well I think first of all, we know that 95% of all hypo, low and slow thyroidism is Hashimoto's. So now we have the autoimmune condition Hashimoto's and when we look at autoimmune in general, I mean it is turned on by hormonal shifts, stressors. So I mean who hasn't been stressed lately? Money stress, the world's stressed, your family stress, relational stress, job stress, health stress. So all of that is just kind of weighing on us on a daily basis. Add in the toxic environment that we're in, the stuff that we put on our body, the stuff that's sprayed in our foods. The amount of processed foods that people are eating out of convenience. All of those things just bombard the body. You have the natural stressors, the pregnancy, puberty, perimenopause, menopause. Then you have all these other stressors over here that I believe as we have moved through our time on this earth has become exponentially greater. If you look at food in the 50s versus now. If you look at stress in the 50s. It was different. But I believe it's much higher now. Social media alone brings more stress to every single person on this planet. So I think that is just bombarding the body to a point where that autoimmune switch turns on and it's like hello, here's your symptoms.

Dr. Sharon Stills

Yeah, not to mention the environmental stress of WiFi. All the invisible toxins.

Dr. Amie Hornaman

Yep, that too.



Dr. Sharon Stills

That we don't see and the heavy metals and the glyphosate. And it is, it is a theme and I know you listeners are going, "Wow, here comes that word stress again." And it's just, it's involved in everything and it's just a matter of kind of pie charting it out. What's your emotional stress, what's your spiritual stress?

Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

What's your structural stress? What's your toxic stress, what's your? There's just so many different, your food stress and it's really just about lowering the stress and giving the body a break.

Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

So, so how does someone know because there's such a huge. There are certain things where like, natural medicine and conventional medicine are so far apart.

Dr. Amie Hornaman

Yes.

Dr. Sharon Stills

And thyroid is. I often, and I don't mean this facetiously but I just think, "What did endocrinologists do when they were in med school?" Like how did you study the thyroid and just think TSH would handle it? It just blows my mind.

Dr. Amie Hornaman

I love that, I love how you said that too because it's right on point. How did this happen?



Dr. Sharon Stills

At least cardiologists like, they're good diagnosticians. I might not agree with all the meds they dole out but I feel confident sending a patient and saying, "You know what? "Go get a workup, go get a stress test, go get an EKG." Let them listen to your heart, blah blah blah. But when it comes to endocrinology it's like we've really, I mean I've just become a naturopathic endocrinologist because we've had no choice.

Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

So why don't you break it down so the women listening can kind of just hear what do they need to have run so they can? I'm sure there are a bunch of women listening going, "Oh my God this is so me. "Finally I want someone to listen to me." So what do they need to ask for?

Dr. Amie Hornaman

So first you start with testing. Because that's the really, the vague starting point difference between conventional medicine and functional medicine or integrative, naturopathic is that, the lab value range and all the labs to order. So first you have to ask your doctor to order all of the labs and we'll go through those so you know them. Order all of the labs. Rule is, if your doctor says no to ordering labs it's time to get a new doctor. Because if he or she does not want to see that full picture of your health, of what is going on with you when you express your symptoms and you run down that list. It's time to get a new doctor. Because if they won't even do the labs, then you're not even gonna get to part B and that's called treatment and actually looking at the labs from a functional point of view instead of a conventional, standard lab value range which is wide and vast and huge point of view.

So you have to start with getting all the labs first. Then we have to look at the labs from a functional lens. Then we have to actually apply the proper treatment. Not the treatment that they learned in med school too which is everybody gets a Synthroid. I gave a talk one time at a, with a group of integrative illness physicians and I asked the question. I said, "Why are you guys in the Synthroid box?" That's all they'll prescribe. And then one doctor raises his hand and goes, "That's all we've learned." So here we are right? So you



have to start with the testing. Now the testing, do you want me to go into the testing and what they.

Dr. Sharon Stills

Yeah, for sure.

Dr. Amie Hornaman

Okay, let's do that. Get a pen and paper, you gotta write these down because you have to get them all. You're gonna get the TSH when you ask for labs. That's a given, that's the standard of care. That's thyroid stimulating hormone, is a pituitary hormone. It is not a thyroid hormone and the way to think about this test is high means low. So as that goes up, your thyroid is getting lower and slower and not working as well. But the TSH does not tell the whole story. You have to keep going, you can't stop there because your TSH could be in the normal. It could be in the optimal functional lab value range and you could still be told you're normal, you're fine, everything's good. So then beyond that, we go to free T4. That is the inactive thyroid hormone. T4 is totally inactive in your body. It has to convert to T3 which is the active thyroid hormone in order to get to your cell receptor site to do its job. So you have to get free T4 tested but more importantly than that, you have to get free T3 tested. T3, active.

Free, we wanna know what's unbound, ready to be picked up by that cell. Then we get reverse T3. Reverse T3 is your antithyroid hormone. Do not let your doctor tell you you don't need it. You need it. We have to see if you are converting T4 to T3 properly. So like I said, T4 is inactive, T3 is active. T4 has to make a journey and convert over to T3 and it's a tough journey to make. It's like doing five Tough Mudders. You have to have great estrogen, no insulin resistance, great iron, don't be anemic, don't be deficient in magnesium, zinc, selenium, iodine or Vitamin D. Don't have a genetic snip that makes you not convert. Don't have Epstein-Barr virus, don't have underlying co-infections, don't be inflamed. All of those things interfere with conversion of T4 to T3. So as your reverse T3 goes up, I use the analogy of the bouncer at a club. The bouncer stands outside the door of like, T3, you're not getting in and you're not getting in either. It won't let T3 into the cell to get to the receptor site. So you don't want elevated reverse T3. You also want TPO and TGA antibodies. Thyroid peroxidase and Thyroglobulin. Those two tell us whether or not it's Hashimoto's.



Dr. Sharon Stills

So can you speak to the optimal ranges?

Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

Just so listeners can understand a little bit about that.

Dr. Amie Hornaman

Absolutely, so we'll kind of do it by countries. I'll tell you which countries are universal. So with TSH it's almost universal. You might have slight deviations but pretty much across the board, short of a lab I haven't seen yet. You want TSH below a two. Now that lab value range can go all the way up to a four or 4.5 depending on the lab. Anything above a two, that is a red flag waving at me that we need to look further. And quite frankly, even if it's below a two and you have symptoms we need to look further. So then we go into free T4. Like I said, that's not as important. That starts to get into different scenarios. Like what med are you on, what are you doing? What are your other lab values? But in general, we want the free T4 to be about midline. It's usually a 1.2 to 1.5 or above. Although you don't want it too high 'cause then the question of conversion comes up. So let's go to free T3. Here's your most important one.

I want them in the upper quadrant of the range and sometimes even over the range. Because that might be where you're optimal. That might be where you feel the best. Now that is, that is with 24, 18 to 24 hours of no medication. So if you are on medication, any kind of T3 medication, NDT or just you're taking cytomel or liothyronine. You want to go to 24 hours without those meds in your system because then the blood work is gonna show high because it's gonna picking up on your meds. And this is then an a-ha moment for a lot of women out there. That come to me. They go, "You know I heard you say that one thing "about not taking my medication. "No wonder I always had perfect values. "I was popping my med and then going to the lab." Well the lab's picking up on your medication, so that's why we can't adjust you into optimal because you look optimal. So there's, free T3, upper quadrant or above. So that spans countries, just go with the quadrant and then reverse T3 universally below a 12. Almost every reverse T3 test goes up to a 24. You want that reverse T3 below a 12. Now I'll accept below a 15 if your free



T3 is really great and you tell me, "Listen I'm good, I have no symptoms whatsoever." Okay, then we'll even accept a reverse T3 of a 13, 14. Because you're good. And then we want the TPO and the TGA antibodies to be at zero and this is a big argument too. Because in conventional medicine I'll hear women say, "I was told I don't have Hashimoto's." Well you got TPO here of a 20. "Well yeah, but the range is less than 34." I'm like, so we're just gonna wait until you get a little bit worse and you build 14 more antibodies, then we'll call it Hashimoto's. Or can we call it now and just start the process of maybe reversing this. So you want those antibodies at zero.

Dr. Sharon Stills

Kind of like diabetes. We're just gonna wait until your hemoglobin A1C is high enough and then we'll diagnose you. Yeah I'd like to reiterate because it really is such an art form of looking at the person and their symptoms and looking at their lab values and I always say I'm having a good doctor day when the person and the lab matches and that's awesome. You know?

Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

Bingo, bullseye. Sometimes the patient feels great and the labs are a little off. That's a better scenario than your labs looking great and the patient still doesn't feel good.

Dr. Amie Hornaman

Right.

Dr. Sharon Stills

In that scenario, I see it all time. Patients, I have a whole bunch of patients who need to have their T3 above the range.

Dr. Amie Hornaman

Yeah.



Dr. Sharon Stills

And that's just where they feel good and you have to remember, ranges are just ranges. And even within the optimal ranges that we look at, there are people who have different needs and so it's okay and you probably see this all the time too. If a traditional doctor gets a look at their, at their blood work. They think they're in hyperthyroid if their TSH is low because they're take, and then so you have to remember if you're working with someone who looks at the thyroid like Dr. Amie does or I do and then you take it to a regular doctor, don't let them freak you out because they will.

Dr. Amie Hornaman

Yeah. They will and then again, it's that whole what did you learn in med school? That biology is lost because although TSH will happen even if you're on T4 only. Even if you're on that medication that didn't work for me for five months, Synthroid, even that can drop your TSH. And it can become suppressed just because TSH is a pituitary hormone. Important to remember.

Dr. Sharon Stills

So you mentioned just to reiterate, TSH, free T3, free T4. Reverse T3, anti TPO which is the peroxidase and thyroglobulin antibodies.

Dr. Amie Hornaman

Yep.

Dr. Sharon Stills

Do you ever run or see a need for total T3 or total T4? And just a caveat for those listening. If you're gonna go to your doctor and ask them to run free T3, you have to stand over their shoulder and make sure they actually write free T3 because I can't tell you how many times I've had patients ask if they weren't gonna have me run their blood work and it always come back total T3. It's a rare miracle if the doctor actually wrote for free T3.

Dr. Amie Hornaman

That's so true. That is so true. The total and the free, I mean they're bonuses. If they're there, I'll look at it just more as a confirmation. Where I go to the free T3 first and go, "That's low." And then I go over to total T3 and go, "Oh yeah that makes sense 'cause that's low too." So yeah, it's a bonus if it's on there but like you said Dr. Sharon, it's most



importantly you wanna make sure they write the free. Because the total alone, not enough info.

Dr. Sharon Stills

Exactly, so let's talk about you mentioned Hashimoto's and so let's talk about that a little. Because that is a very different mediated pathology. It's an autoimmune reaction. So what are some of the things you see causing that and what are some of the things you do about it or that you can suggest to the listeners?

Dr. Amie Hornaman

So the biggest thing with Hashimoto's, because it's an autoimmune condition. So like we said earlier, any kind of stressor can flip that switch. Epstein-Barr virus is a big underlying cause. So you have your stressors like we said. Pregnancy, perimenopause, menopause, any kind of hormonal shift, any kind of big kind of stressor. And then you have those things that you don't really think of as stressors but they are. So co-infections, underlying viruses. Epstein-Barr virus, I even tested it on myself finally after telling all my patients to do it and I'm like, "Oh look, there it is." Epstein-Barr virus is so prevalent to be dormant. Meaning at some point in your life you had mono. I don't remember ever having mono. It was probably just a bad cold. But that left a mark and now you have that dormant EBV virus that just really likes to spur on Hashimoto's. So that's a big underlying cause, condition, in addition to the stressors that flip the switch. The other big one is gluten. I know, people are gonna roll their eyes and say, "I did that whole gluten-free thing "and it really didn't make a difference."

And I'll say, "But let's think about what really happens. "Chemically, biochemically." The gluten comes in. Now let me back up and say, when you have Hashimoto's, again I love using analogies for people to understand. Hashimoto's is like having soldiers and those soldiers go out and they attack your thyroid. So think about the amount of antibodies that you have as the amount of soldiers that like to go out on attack. Less is better, zero is best. So as you are kind of dealing with your soldiers, every time you eat gluten, your soldiers think that it is your thyroid gland because there's something called molecular mimicry where that protein structure looks exactly like the thyroid gland. So your soldiers go out. They go, "Oh my gosh, there's an invader. "There's a bad guy coming in." They go out on attack. So they're attacking the gluten that you just ate and then they're moving over and they're attacking your thyroid more. In addition, it is said that that gluten



molecule helps to build your camp. So you're gonna see an increase in your soldiers, an increase in your antibodies. The more and longer you eat gluten. Now have I seen some gluten-free patients with Hashimoto antibodies in the thousands and then I have other patients that have been shoving their face with gluten for years and they have 43 antibodies? Yes, of course. But when we're talking about really treating you longterm, helping you to feel better, helping to prevent further destruction of your thyroid glands which will continue to happen. And prevent that, that latter stage of Hashimoto's where it starts to go into other autoimmune conditions because usually with autoimmune, wherever we see one, we see more than one. So that rampant Hashi left untreated, nobody's doing anything about it can move into becoming well, not becoming, but move into other autoimmune. RA might pop up, we see Celiac disease a lot and then God forbid, lupus, MS, all the big bad ones. So it's a lot of prevention too of that unknown destruction that could have happened if you didn't go gluten free and eliminate that from your life.

Dr. Sharon Stills

Yeah molecular mimicry is such a mouthful and also such a big deal because I see so many patients who even think they're gluten free and they're still getting gluten.

Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

When we do detailed testing and so you gotta be really careful about cross contamination when you eat out.

Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

And you gotta be careful about where it hides and then with the molecular mimicry, I know I had this personally when I stopped going gluten-free for my asthma, but I was still. So you go off gluten, what do you do? You become a rice addict and everything's made out of rice but rice can be a molecular mimicker.



Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

As can dairy, as can potatoes, as can corn and so you really have to start digging. It's really worth it to do those panels to look at what you are also sensitive to so you're not. Because I had this just the other day with a patient who has Hashimoto's and it's actually a younger boy and his mom was doing such a good job with all the gluten free and it was really difficult 'cause he's picky. But he was still having problems because she was giving him a lot of dairy and a lot of corn and a lot of rice and it's so sad you don't wanna say it. "Oh gosh you're doing such a great job." But I'm like, "You have to, "you have to go off all these things." If you're gonna go to the trouble to go off the gluten, you wanna really make sure you're going off all the other stuff too. So you're not doing it for nothing and still having issues. So it's such a huge, huge deal and I know some people do okay with gluten. I just don't think you know, especially with how the gluten is stored and processed and the glyphosate. I personally, I don't think anyone needs to be eating gluten. I think it causes. Because you don't even know it could be causing neuro-inflammation. There's so many things it does that I always say, just go off it for 60 days and really pay attention.

Dr. Amie Hornaman

Oh yeah, when you talk to a gluten free person when they get gluten or they willingly indulge in it, they pay the price. And you're right, it's not, we can't just think GI tract. It's not that you're gonna have diarrhea or you're not gonna have, I mean you might have that too. But it can affect parts of the body that you're not thinking of. So you could get an increase in destruction of the thyroid. It, neuro inflammation, just general inflammation. I'll hear people say, "Oh my rash came back, now I'm itching all the time." It can be anything across the board affecting your body.

Dr. Sharon Stills

I remember the, I remember the moment I had said, "I'm gonna just eat some gluten." Because I was at a Cracker Barrel. This was gosh, this has gotta be like 20 years ago and Cracker Barrel makes those really good corn muffins they.



Dr. Amie Hornaman

Oh they're so good.

Dr. Sharon Stills

Biscuits and I was like, "I'm gonna have one 'cause it's so delicious "and I'm just gonna go off it and I don't care." I still remember how sick I felt and how horrible I felt that now, when I look at something that's, I'm a New Yorker. So if I look at pizza, I don't even feel like I'm being deprived. I just see all the distress it causes in my body and it doesn't just cause distress for 12 hours and then you're gone and it's fine. It's like, it can linger for weeks until your immune system clears it out and the inflammation subsides and it's just not worth it.

Dr. Amie Hornaman

It's not, it's not at all. No.

Dr. Sharon Stills

Cracker Barrel flashback.

Dr. Amie Hornaman

Working at Cracker Barrel.

Dr. Sharon Stills

So I want to, I have so many questions. So also for Hashimoto's, what's been your experience because I see a lot of mercury toxicity being an underlying trigger. Have you seen that as well?

Dr. Amie Hornaman

Oh definitely, definitely. So when you look in your mouth, if you see silver, that is an amalgam filling and that is off gassing mercury every time you bite down. So every time you chew, every time you grind your teeth, it's releasing mercury. Mercury is very, very toxic to the thyroid. I mean in addition to crossing the blood brain barrier which is definitely not cool for longevity and brain function, prevention of Alzheimer's. But mercury goes right to the thyroid and starts destroying that too. It has an affinity for it. So even after you get, I mean hopefully you've got your amalgams out, done properly. Where literally if a guy in a Hazmat suit doesn't walk into the dentist office to take your



amalgams out, you want to go. So that's how toxic mercury is. Is that the dentist has to be in a full suit to take your mercury fillings out but they're in your mouth and you're chewing on 'em every day. So that's definitely something to look at if, I mean just for longterm prevention even if you don't have a thyroid problem. And then kind of moving down from that, let's talk about those halides. The fluoride treatments that we get as a kid and fluoride toothpaste. That is so toxic to the thyroid gland. Your teeth are here, your thyroid's here. I mean it's just constant toxin every time you brush your teeth. I did those fluoride treatments too so I'm not pointing the finger, I'm guilty. You know, I was little so. And then switching your fluoride toothpaste, fluoride-free. Chlorine in your shower, in your water. That's what water treatment facilities use. So getting some kind of filtration system for your house, even for your shower. Definitely for your drinking water. Getting rid of the chlorine. Bromide, bromine, soaking in them hot tubs no. Change like that salt, hot salt thing. Whatever it is, there's a natural way to do it. You don't need bromine soaking into your skin 'cause that's toxic as well.

Dr. Sharon Stills

Exactly yeah I have. There's ways to have natural spas, hot tubs.

Dr. Amie Hornaman

Oh yeah.

Dr. Sharon Stills

I had one in my last house and I found some guy in town who did everything naturally. It wasn't even the salt 'cause there's some, it's definitely the saltwater's a better option but there's even some controversy with the salt.

Dr. Amie Hornaman

Yeah, yeah.

Dr. Sharon Stills

So it's worth looking into and making sure and definitely your shower, your tub, your water, everything needs to be filtered. It's such a huge influx that's gonna affect your thyroid. So let's have the iodine talk 'cause that's always a controversial one.



Dr. Amie Hornaman

It is.

Dr. Sharon Stills

There's the camp that says no iodine in Hashimoto's. So what are your thoughts on iodine?

Dr. Amie Hornaman

Literally, the camp is split right? We are almost divided 50/50 on this one in this space. I am pro iodine. I'm looking at the breakdown, I'm looking at the science. I'm also listening to the guru, Dr. Brownstein. Dr. David Brownstein, practice in Michigan which, we're in the goiter belt. I'm on Lake Erie, he was over here in Michigan. Total goiter belt of thyroid issues and he was in his regular medical practice, seeing all these thyroid patients walk in and he says, "You know I had no problem giving them thyroid medication." Beyond Synthroid, he would use natural desiccated and the right stuff and the right blends. Just like we do. But he's like, "I had no problem doing that." But I was like, "Why, why am I seeing so much hypothyroidism?" So he starts testing. And now there's controversy with the testing, I'm not going there. But he starts testing and he's like, "Everybody's low iodine." He starts, here's the best part though. I mean testing aside, he gives them iodine, they get better.

They drop their dose of thyroid medication, they come off their thyroid medication. Breast tenderness has gone away. Fibrocystic breasts, he uses it even for prevention of cancer. So and then when you think about, "Okay let's go back to World War Two." The soldiers carried iodine for everything because it's antimicrobial, antibacterial, antiviral, antifungal. It kills anything but it also boosts your immune system and every cell in your body has a receptor site on it for iodine. Same as it does T3. Every cell has a receptor for iodine. So how can we say to avoid it? It doesn't even make sense. So yes, I'm in the pro-iodine camp. Now listen, can you go overboard? Absolutely, and I think that's really where it got its bad name. Is you had a couple of those practitioners giving large doses of iodine to thyroid patients and they went into a thyroid storm. They became hyper and that's where we had issues. So other than that really super physiological high dose, the use of iodine, I'm pro.



Dr. Sharon Stills

So what do you think about testing for iodine?

Dr. Amie Hornaman

Ah girl, I looked into this. I looked into this and I still don't know where I land. Here's what I've ruled out. The skin test doesn't work. That's no, just don't even go buy that. I like blood because it's going to tell us if you're definitely low. Right, so if that comes back low, guess what? You're low in iodine. If it comes back high, it doesn't necessarily mean you're high in iodine. So that's where the blood kind of gets icky but we can use it for that first time. Especially people that aren't taking it, we can use that to see the low. So then we move into the provoked urine test. Meaning you take 58 milligrams of Iodoral, of iodine right before this test. You collect your urine for 24 hours and then we look to see what your levels are. That's also controversial. Does it work, does it not work? We're not sure. There's also just the basic 24 urine catch. Unprovoked. Again, the views are split. So I'll tell you this story though. Here's where I landed on no testing and everybody needs iodine. I interviewed Martin Scott who owns Upgraded Labs. He does hair mineral analysis testing and I said, "Well, do you test for iodine?" He's like, "No, here's why." Just like I said earlier. Every single cell in your body needs iodine. So he goes, "Since every cell needs it, "your thyroid needs it, "you need it to convert T4 to T3, "why don't we just take it? "There's no need to test." I'm like, that's it. That's it, so yeah, perhaps I am.

Dr. Sharon Stills

Do you have your patient, do you have every patient taking iodine?

Dr. Amie Hornaman

Yes, yeah. Every hypo Hashimoto patient yeah.

Dr. Sharon Stills

And how do you.

Dr. Amie Hornaman

And I see very few hyperthyroid patients. That's not really, I get them after a doctor has radioactive iodined or taken the thyroid out. And now they're down and so the hypo is dragging them.



Dr. Sharon Stills

Right. How do you dose the iodine? Are you giving a standard dose?

Dr. Amie Hornaman

I always start low and slow. Always low and slow. So we'll even just start at 2.5 milligrams. Bring it up to five and I go by drops based on what you're using. There's Lugol's 2%, there's Lugol's 5%. I really like Sara Banta's Acceleradine iodine 'cause it's a scalar frequency and she can deep dive into how good it is with the atoms and the, but yeah I really like that. So all those that, now she likes to use high doses of that in her detox programs. I go still low and slow. So she'll go 25 drops, three times a day. I'll be like, "Let's start 10 drops, twice a day." Let's just start there. Because I have put too much iodine in my cup before and just thought, "Ah I'll just take it." And I do feel a little bit hyper and jittery that day so it can. I mean you can feel it day one when you take a little bit too much.

Dr. Sharon Stills

Definitely. So what about the meds? Can you, there's so much confusion on the meds and the natural meds and do I need meds?

Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

And can you kind of just maybe walk us through that?

Dr. Amie Hornaman

Oh yeah, we're gonna simplify this. Okay I'm gonna break this down. There's T4 meds. That's your Levo, Synthroid, Levoxyl, generics. Then you have, and Antercent falls in there too. Then, Antercent salt. Then you have the T3. That's your liothyronine, Cytomel. Then you have the natural desiccated thyroid, NDT medications. That's your Armor, your NP, the used to be Naturethroid if any of you were on that and that is a blend of T4 and T3 together in one pill. Where the T4s are alone and the T3s are alone over here. Then you have the NDTs and that's the T4 and T3 together from a porcine source. So it's desiccated, dried out thyroid gland. Now they'll call, people will call the Synthroids, the Tiroisints, the liothyronines synthetic. I call them biosynth because I hate the term synthetic and



everybody thinks it's icky and then everybody comes to me and they go, "Well I want to do this natural "so I only want to do NDT medication." And I go, "Well if NDT medication doesn't work for you?" So if you ask my question, "What is your favorite thyroid treatment, "your favorite thyroid medication?" I will answer, "The one that's gonna make for you.

Dr. Sharon Stills

Amen to that.

Dr. Amie Hornaman

Right, there is no favorite. We can blend those. We can throw some T3 with the Armor. I mean we can do whatever. We can change doses, change ratios, it's about what's going to work for you as an individual with your body.

Dr. Sharon Stills

And it changes as you go through menopause or you have extreme stress and yeah, I have some patients just need T3 and some that, it's really all over the place.

Dr. Amie Hornaman

Yep.

Dr. Sharon Stills

So I love that you said that. So permission listeners to find the thyroid mix that works for you. I know that it's something that you have to be checking and checking your labs and following up on. It's not just like you go on a thyroid med and off you go and never get checked again. It really has to be followed and you learn to know. I mean my patients come to me. "My thyroid's off Dr. Stills, I can feel it." So you learn to be.

Dr. Amie Hornaman

You know.

Dr. Sharon Stills

Best doctor. So what about, we can't talk about the thyroid without talking about the adrenals.



Dr. Amie Hornaman

Yes.

Dr. Sharon Stills

So what would you say about the relationship between the thyroid and adrenal glands?

Dr. Amie Hornaman

Okay, so T3 needs cortisol, cortisol needs T3. We don't demonize cortisol because it is needed for life. We don't want you to have bottomed out cortisol. We want you to have some cortisol because T3 really likes to work with it. So T3 can come in and nudge it up a little bit if you are a little bit low and slow in the morning. We can use T3 strategically, kind of place it in those low points to bump it up because they really work synergistically. However, I think also. People are too quick to blame the adrenals and say, "Oh, I know it's my adrenals. "I know I have adrenal fatigue."

I'm like, "Do you, have you tested?" No, okay then we look at the tests and the adrenals are totally perfect except for one little point that's low. So we can't be quick to blame, blame, blame the adrenals and I know this sounds biased because the thyroid is my thing. However, I mean, right? So if I focus on the thyroid they're gonna be like, "Well that's what she does." But it just to me, again it doesn't make sense for, and this might drive you crazy too Sharon. For these integrative or naturopathic or functional practitioners to come out and go, "We're gonna fix your thyroid by fixing your adrenals." And I'm like, "If she's low in T3 and she's got a reverse T3 problem "because her insulin's high and she's estrogen-dominant, "I don't care what you do to the adrenals, "she's still gonna be over here suffering." So we want to kind of do the both and right? We want to look at the, again just like the hormones. We want to look at the thyroid and do the adrenals.

Dr. Sharon Stills

Yeah my gig is like if their adrenals are totally bottomed which I see more often than I'd like to.

Dr. Amie Hornaman

Yeah.



Dr. Sharon Stills

I'd just like to support the adrenals for three weeks a month until putting the thyroid on so that there's some support there. But yeah, I don't, they're like two separate beings. So they work together but I have not really seen an adrenal solution really take care of the thyroid. They gotta be both addressed and I think that's just a misnomer again and then you're walking around as the patient, not feeling good. Because you're not getting what you should be having addressed addressed.

Dr. Amie Hornaman

Yep.

Dr. Sharon Stills

So what you think about temperature and low body temperature?

Dr. Amie Hornaman

The vitals are one way that we can kind of look at and see. A lot of people, we use that as a diagnostic tool and I think it is in the beginning and then once we start dosing you with medication, we can use that to see if it comes up. It's a good indicator in most people. Now if you took me, I am T3 only and I take a large amount and I have for many, a couple of decades and that's what works for me and the average doctor would be like, "You're gonna have a heart attack." I'm like, "I'm fine, I'm good. "I'm actually optimized right?" So we have to look at each individual person and what's gonna work for them. And then really kind of lay out that plan and tailor it to them. Kind of tying back, I totally lost my train of thought there. Kind of, I did. I went down a rabbit hole and lost my train of thought. So I'm tying my mind back to the adrenals but what was your last question.

Dr. Sharon Stills

I was asking about low body temperature.

Dr. Amie Hornaman

Low body temperature, because see, I tied it to the adrenals in my mind.

Dr. Sharon Stills

Well that's true.



Dr. Amie Hornaman

You could have an optimized thyroid but still have low body temperature as I do. And have it maybe be the adrenals. So if you look at my adrenals and we're entrepreneurs and I'm stressed and you're stressed and we're always stressed and we run the candle at both ends right? Our adrenals tend to really pull down our cortisol. So then that low adrenal function starts to lower your body temp too. I come in, I come in at a 97.1 when I test. So I'm like, "I don't need more thyroid." I probably just need to not work as much or take some chill time but it's, yeah don't, you can't use that as the only measure. You gotta do the blood too but that's a nice, cheap, at-home test.

Dr. Sharon Stills

Yeah because I studied years ago with Dr. Wilson. Wilson's Temperature Syndrome.

Dr. Amie Hornaman

Yeah, yeah.

Dr. Sharon Stills

So are you familiar with that and do you have thoughts on that?

Dr. Amie Hornaman

I'm not overly familiar. I know he's the guy, like he is the guy. But I never dove into learning that.

Dr. Sharon Stills

So he teaches that low body temperature is the jam and if you have low body temperature, it means even if your blood looks good that your thyroid still needs love and he does a lot of cycling with T3.

Dr. Amie Hornaman

Okay.

Dr. Sharon Stills

With the, with the outcome supposed to be that someone will actually reset and not need T3 anymore. Now my personal clinical experience has not been that. I don't see where patients cycle and then are just like ta-da.



Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

But I do see where they cycle and we kind of, like they were saying about yourself. We get them to like okay, this is the good T3 dose for you and he talks a lot about just using T3 because if you're using T4 and someone's producing a lot of reverse T3, you're just fueling the flames of that.

Dr. Amie Hornaman

Okay, 100%.

Dr. Sharon Stills

And so, it's just another interesting way to look at it and yeah, I think that there's so many different pieces you have to be looking at. And I think where I really go to that is if someone's blood looks good but they still don't feel good. And the bottom line is we want you to feel good and so there's always a way. There's always a method, there's always a way to get you there and sometimes you just gotta be a little creative and think outside the box and work with someone who will think that way so you can get there. Because I remember years and years ago, my patients started feeling good when their T3s would be out of range and I just figured out, okay well this is, they're not dying, they're not having heart attacks, they're not having diarrhea, they're not anxious, they're not shaking all day.

Dr. Amie Hornaman

Right.

Dr. Sharon Stills

This is what they need. And I think also the misconception of if you are hypothyroid you're gonna be big and fat and sluggish. I have a ton of patients who you know, if they're 95 pounds soaking yet but they still have low thyroid.

Dr. Amie Hornaman

Yep.



Dr. Sharon Stills

Do you think in your head you must see that too.

Dr. Amie Hornaman

I do.

Dr. Sharon Stills

We really are about just breaking down all the BS we've been taught about the thyroid and really looking at it with new eyes which then gives new life and new health to all these women who are suffering.

Dr. Amie Hornaman

Yeah, yeah no, no doubt, 100%. I'm all about tailoring the therapy and like you said. I love what he says about T3 'cause I love T3. Powerful, it's powerful to make someone feel better really fast and it can push down that reverse T3 but I love that he uses that. Now I would argue that once you get that woman on T3, you're not gonna be able to pry that out of her dead, cold hands 'cause she feels better on it. So, yeah.

Dr. Sharon Stills

Excellent. I have two more questions before we finish. So with dosing T3, do you find? What he taught that it has to be dosed exactly 12 hours apart. Like to the minute. What do you find with T3 dosing?

Dr. Amie Hornaman

That can mess up people's sleep sometimes. I mean sure, if you can do it, the 12 and 12. But a lot of people have insomnia already. I know I couldn't do it because T3 does peak at four hours and it can. I'm not saying it does, but it can have a stimulatory effect because it's increasing your ATP, it's increasing metabolism, it's increasing thermogenesis, it's increasing your body temperature, it's increasing your heart rate, it's increasing your blood pressure. Albeit slightly, I'm not saying you're gonna take it and your heart rate's gonna go to 170. If it does, that's a problem. But if, but it's going to increase everything. So you just kind of have to keep that in mind and in timing, because it could affect your sleep. I like dosing at one to 3 p.m. my second one. So it's kind of close to the 12 hour, 6 a.m.. Then like one to 3 p.m., but it's out of my system enough to come come down and wind down for the night.



Dr. Sharon Stills

Right I find yeah, some patients, they can't take thyroid at night. And then I find other patients, they take it and they sleep like a baby.

Dr. Amie Hornaman

And they sleep better, I know, that's crazy. I know, I find that too yeah.

Dr. Sharon Stills

I'm like, "Who are you?"

Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

So could you, we didn't talk about it. Could you talk about taking your thyroid hormone and does it need to be on it? Like all the misconceptions or truths about what you need to do to make sure if you're taking it, you're getting optimal benefits from it.

Dr. Amie Hornaman

Sure, yeah, absolutely. I get this question all the time too. So here's the thing. Whatever is out there, and whatever information there is, and I can't give you a 100% answer. But I can break it down with logic. If we're trying to get you optimized and you take this thyroid hormone replacement therapy. It's not like popping an aspirin. We're actually replacing hormones. So you're taking this to build those hormones and replace the hormones that are missing and then you take it with food. We know that food, listen, the reason why you take food with your supplements so you don't get a bad stomach, a nasty stomach. Because that food, it's gonna slow some of the absorption and it might even hinder some of the absorption. So when you're taking your thyroid medication, I want whatever that dose is to do its job in your body. I don't want food getting in the mix as I'm trying to optimize you. So I say let's stick with that one hour. No food on any side of that medication. One hour before, take your med. One hour after, no food. And just let yourself get optimized with that dose.

Dr. Sharon Stills

So one hour until you eat and now does that include your morning cup of coffee?



Dr. Amie Hornaman

Yes, 'cause coffee is known. Like we actually can see this. This is studied, I'm 100% on this one. That coffee does interfere with absorption, period.

Dr. Sharon Stills

And can you take your thyroid with other supplements or are you just taking it alone?

Dr. Amie Hornaman

I wouldn't. I mean people even ask me this. With my supplement, it's called Thyroid Fixer. "Can I take this with my thyroid medication?" I'm like, no because every single supplement is in a, usually unless it's a liquid. You could probably take a liquid supplement with your thyroid medication. But if it's in a capsule form, that capsule is made of some kind of gel and then there's some kind of stabilizer inside the. There's stuff, that's gonna get in the way of the absorption. So again we just come back to, for best results, until you're optimized and you feel like you can play a little bit more, then just take it on empty stomach. Nothing, no supplements, nothing.

Dr. Sharon Stills

So just, I often tell patients, if you wake up for that early morning pee get it in then.

Dr. Amie Hornaman

Yeah take it. Take it, then you don't have to be like, "I want my coffee." And waiting an hour and yeah, just take it whenever you wake up in the night. Even if you took it in the middle of the night, it's not gonna keep you up you know? It's not gonna all of a sudden like oh, I took it at two and now I'm wide awake. No, I mean unless something else is keeping you awake but it's not gonna keep you up.

Dr. Sharon Stills

So if you really follow that, I would think maybe you won't need as high a dose and so it's an important thing for the listeners to be thinking about. Like if you are taking it, like Dr. Amie says, make sure you're taking it properly so you can get optimized.

Dr. Amie Hornaman

Yep.



Dr. Sharon Stills

Anything else that I didn't ask you that we need to cover? Or did we kind of, did we get it all?

Dr. Amie Hornaman

Yeah I think we got it all. I would say just and last thing is just to have hope. Listen to your body and have hope. Because you have to listen to your body because it's giving you, those symptoms that you have are signs and signals saying, "Let's look deeper." So definitely listen and tune in to your body's signals and then have hope. Because what if I would've stopped at doctor number four? Number five? You know, if I would've just given up and given in and said, "Well you know, they're all telling me that I'm normal "and it's fine and it's all in my head." So if I would've believed that and stayed there, I wouldn't be here with you today and I would be definitely miserable. So you have to have hope and keep going.

Dr. Sharon Stills

Yes, never, never say never. I have worked with so many patients who were told they're gonna die or this is it and it's like no, no, no. There's always, there's always so many things to look at. There's always options. You just gotta be determined. So if you're not getting the help you need or the hope you need, just keep looking 'cause there's lots of people out there.

Dr. Amie Hornaman

Yeah.

Dr. Sharon Stills

Who will give it to you. So thank you, thank you, thank you so much for coming and sharing your knowledge with us and talking about the oh so important thyroid gland. This was a, definitely an important piece of "Mastering your Meno Transition". You gotta have your thyroid optimized or nothing else is gonna really work for you. So crucial knowledge, thank you for sharing, thank you for being here. Where can the ladies learn more about you?



Dr. Amie Hornaman

Absolutely, so you can find me on my podcast, "The Thyroid Fixer" podcast. That's on all podcast platforms and you'll listen, you'll learn a lot. And then if you want to reach me directly, dramiehornaman.com is my website. If you're interested in working together you can click on to book a call and book a free discovery call. We'll chat through your health and your history and get you on the right path.

Dr. Sharon Stills

Awesome, thank you thank you. All right everyone, this was a good one. So you've got lots of thyroid information and now you gotta put it into action to make sure your thyroid is on the right track. So thanks for being here. Be well and we'll see you soon.