

## Paleo Solution - 335

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Robb Wolf: Hey folks Robb Wolf here, another edition of the Paleo Solution Podcast. I'm super excited for today's guest. Dr. Amy Myers is one of the most highly regarded functional medicine practitioners in the world. She is the New York Times Best Selling author of The Autoimmune Solution and she's the author of the soon to be released The Thyroid Connection. Doc, how are you doing?

Amy Myers: I'm great, how are you? Happy vacation.

Robb Wolf: I'm good. I'm super embarrassed because Dr. Myers did this podcast with me last week. This is the release week of her book and somehow I screwed up the recording and she was kind enough to let me do this again and she didn't even curb-stomp me or belittle me during this whole process. Thank you.

Amy Myers: Not at all, technology, you got to love or you got to hate it.

Robb Wolf: Oh man, it affords us many incredible opportunities but man, when we screwed which I screwed something up, it can cause a lot of redundant time so I'm really grateful that you're willing to come back on the show and do another episode.

Amy Myers: I'm always happy to talk to you Robb Wolf.

Robb Wolf: Well thank you, thanks. Doc, you just have a really incredible background from the Peace Corps to just actually going to a medical school shifting from standard medicine into functional medicine. You have a really fascinating personal health story. Could you flesh out some of your background to give folks some context about how you tackle medicine in your day-to-day practice and then also clearly the way that you convey this information in your books?

Amy Myers: Absolutely so, of course, my story is the first chapter of the book so I don't want to spoil the whole thing but, yeah, I do have a pretty unique background. I grew up with parents who were somewhat hippies. We made home-made whole wheat bread and home-made yogurt and I grew sprouts and my parents jogged before anybody did and my mom taught yoga. I became a vegetarian at 14. After college, I didn't really know what I wanted to do. I thought I want to be a psychiatrist or a psychologist but I didn't know what I want to do fully so I ended up joining the Peace Corps

and while I was there I got really interested in natural health. I came back to the States and I thought, I'm going to go to Bastyr out in Seattle and get a naturopathic medical degree. Then I'm actually moved out there and realized, "You know what I really want to get a medical, like an MD degree and allopathic medical degree," and I don't know why I'm a person who like options. I never liked to be limited and with naturopathic degree there's only a certain amount of stage you can practice in so I was like my options wide open.

So I went to medical school and I was president of the Complementary and Alternative Medicine Interest Group. I did all my electives and integrative medicine. In my second year at medical school, I started having insomnia and panic attacks and weight loss and eventually I get this tremor which is what caused me to find the doctor because I have been healthy and I didn't even have a doctor and when I got there she really brushed off my symptoms and really just told me that I was a typical medical student thinking I had everything I was learning in medical school and completely dismissed me. I thought, I survived the Peace Corps. My mother had passed away very unexpectedly the year before and I just had never responded to stress this way. So I really stood there and demanded a full work up and long story short, I eventually got diagnosed with Grave's disease which is an overactive thyroid and the conventional treatment for that is either to blow up your thyroid with iodine 131 like Hiroshima, cut it out or to take pretty toxic medications.

So I opted not to do anything at first and then I tried Chinese medicine. Ultimately, I did the medication and ended up with toxic hepatitis and then ultimately, I had my thyroid ablated. Again, I'll go into a lot more detail in making it sound like, "Oh, this was just no big deal." This is a very, very traumatic time in my life that was a complete roller coaster then of course left me hypothyroid and down that road of taking supplement on thyroid hormone.

So I knew intuitively at the end of all this, I actually became an emergency medicine physician again. In order to keep my options open, in case I never found what I later found, which is functional medicine, and eventually I took all the course work through the institute for functional medicine and eventually opened my own functional medicine clinic in Austin, Texas and then wrote The Autoimmune Solution and now The Thyroid Connection.

Even though conventional medicine really solved my problem of Grave's Disease by blowing up my thyroid like Hiroshima, I really didn't get down to the root cause of why I had it in the first place and it really didn't,

basically, find that root cause of kind of put me back together so to speak restore me to health, right? I mean it took out the problem but it didn't actually restore me to health.

So of course over the last 10 years that's what I've been doing with people working with people with all kinds of chronic illness. Helping them reverse their autoimmunity, optimize their thyroid function, I mean, pretty much any type of chronic condition I work with people and I told people that I understand it from the patient perspective, thyroid that is autoimmunity both of them from the patient perspective, I understand what it's like to be not heard by a doctor and dismissed. I understand it from the conventional perspective working in the emergency room for 5 years and then now understanding it from a functional medicine perspective so I feel like I get it from all three worlds.

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Robb Wolf:

Right, I can attest to how good you are at this because I've talked a lot of people who had worked with a number of folks even in the kind of functional medicine, ancestral health scene who weren't really able to get down to the root cause of what was going on until they worked with you. So you absolutely know what you're doing with this stuff and it's just so impressive to see the work that you're carrying out. I know that people are usually more familiar with Hashimoto's thyroiditis that seems to occur maybe a little bit more frequently than the Grave's Disease does but both of them are autoimmune in nature. Could you talk about what each of those are and that I just think it's so interesting that in one tissue, in one gland we could have an autoimmune process that on the one hand creates a low thyroid state and then the other process creates an accelerated or overactive thyroid state. I think that's just fascinating.

Amy Myers:

Yes, so that's a great question and people have kind of asked me that as well and I'll get into this about, does the program differ in the book because it is a book for Hashimoto's or Grave's or any type of thyroid condition and yes Hashimoto's happens much more frequently than Grave's does and there are lots of what's out there specifically for Hashimoto's but the fact that I had Grave's, I certainly was not going to leave that out of thyroid book.

So really what's happening and I think you hit the nail on the head is that when we're talking about Grave's or Hashimoto's, they're both autoimmune in nature and in general most auto or most thyroid conditions are autoimmune in nature. What is happening is that the immune system is getting derailed and then kind of how it manifest itself is in the thyroid and there are certain with Hashimoto's, typically, what's happening is inflammation is beginning and the thyroid that...and

whether that's from heavy metals, whether that's from gluten and molecular mimicry, whether that's from Epstein Barr or Herpes Virus getting in and the immune system going to attack that and then advertantly attacking yourself. If that's what can happen, is this inflammatory state that starts with Hashimoto's that eventually causes the thyroid to have enough damage to where you get hypothyroid. I mean some people can get a little hyper in the beginning just from that inflammation and with the Grave's disease what's happening is, it's actually anybody is attacking their receptor then it stimulates them and makes the body think or that actually makes the thyroid overproduce the hormone but really what's going on is a problem in the immune system.

So in my book I have, of course, talked about what I think of the five main factors that disrupts someone's immune system and their thyroid which is the diet or eating or leaky guts, toxins, infections, and stress and then of course with the thyroid specifically also nutritional deficiencies and we can get into those as well. But the program differs in the book when it comes to both the Hashimoto's and Grave's, thus, with Graves things are very or we're burning through a lot of nutrients so one, there's I have some thyroid coming herbs that I recommend to try to do in lieu of the medication or of course something more prominent like surgery or the ablation. Also I have some additional nutrients like taking a particular fiber to help bind up the excess hormone, to take L-Carnitine, CoQ 10, things that were really burning through when we're in that role hypermetabolic state that you can get into with Grave's disease.

Robb Wolf:

Doc, let's definitely talk about some of the nutrient considerations but on the initiation side of this, you mentioned like some molecular mimicry, some leaky gut, some possible heavy metal toxicity, viral infections, do you have a sense of what is occurring more often in Grave's versus Hashimoto's? Do you have any sense that so more frequently it's kind of Epstein Barr that manifest into Grave's or Epstein Barr plus leaky gut or is it kind of a crapshoot? Is it just...you've got a damage to the immune function some sort of potential autoimmune processes is kicking in and then may be up to genetics or just kind of random luck from there?

**[0:10:04]**

Amy Myers:

Well, I mean there is. For both of these conditions a genetic component, we think about 25% as genetics and 75% is environmental factors and I kind of like to think of these in a pie chart...these five factors that I mentioned in a pie chart and I could have five people in my office all coming with the same "condition" whether it be Hashimoto's or Grave's but for each of those, the primary piece of that pie could be very different. Now, what we do know is that there isn't anybody that I see that doesn't have issues with the diet, right, gluten again because of that

molecular mimicry looks very similar to our thyroid tissue so I definitely get everybody off of gluten. We know through the work of Alessio Fasano that leaky gut needs to be there again for autoimmunity. So there are commonalities but then there can be some nuances. There are certain infections like see both SIBOs, small bowel bacterial overgrowth has been shown to be with Hashimoto's and I mean I do see it in a lot of people but there isn't a bigger link with Grave's.

Yersinia or Yersinia, there's definitely a link well with both Graves and Hashimoto's although it tends to be in the literature more a link to Graves. Toxoplasmosis, I tend to see more with Graves but a lot of times, I mean, nobody comes in and it's like, "Oh I just have SIBO or I just have Yersinia or Yersinia and that's the only thing wrong with me and we've treated that and your Grave's has gone away. I don't ever seen that.

Robb Wolf: It never happened in some way.

Amy Myers: It is never...by the time they get to my office, it is never one bang. It is all five of them typically in wearing degrees.

Robb Wolf: I don't want to ask too leading of a question here but given this stuff is multifactorial, there seem to be...so if we were to talk about this with your pie chart analogy which is awesome and different people have different proportions of this pie allocated to either like infection load or types of infection or like environmental toxins or maybe life stressor or something like that, how does the oldest lend itself to the kind of standard reductionist model of research to try to get at the root cause of this?

Amy Myers: Well, I mean I think as you know when there is something that can be patented it leads well to research so right now everybody is raising to find the zonulin blocker and I think they're in like phase two or three trials with that so I think we'll all be hearing about leaky gut and it's rolling autoimmunity once somebody has a drug that they can sell before it. I do think that there is...I mean my book actually that my editor was kind of upset because I had so many scientific sites for research that I found in all of this. I mean there I research...in some cases not quite as much as other but there is research to support everything that I'm talking about in the book.

Sometimes the studies are small. Sometimes, yeah, that they are small and there's not as much funding for them but when it comes to infections and things like that I mean people are always trying to find whether it's antiviral or antifungal or antibiotic or something for these so there is a

fair amount of research out there for frankly everything that I'm talking about in the book. In fact those being interviewed for the...I think it was a New York Post or something yesterday and it was very specific about thyroid and stress and of course I have all chapter on stress in the book but I was just researching what was...even anything that's come out since then because you write a book and then like it comes out a year later so like there's even more research and there was, I think three papers, two or three on, it was actually not...it was on anxiety and thyroid and I think there's three papers that were published in August of 2016 that had just come about just having antibodies to your thyroid, being in euthyroid state, meaning that you didn't have actual dysfunction to where you needed to be on supplemental thyroid medication or hormone but it just for showing that antibodies themselves were a risk factor for anxiety and some of the stage. We're talking about depression as well.

Robb Wolf: Interesting.

Amy Myers: That is, yeah, just the inflammation, the cytokines in the brain or the antibodies themselves creating inflammation in the brain.

Robb Wolf: Right, so it's interesting to me. My sense is that the research though somewhat parts and pieces and that people are looking at this very small piece, this very small piece like...

Amy Myers: Yeah

Robb Wolf: I think it's really unlikely that we're going to get like a good randomized control trial where we get this. What would be awesome is an outcome base steel where we find people with the problem, do whatever we need to do and then show how efficacious it is at the end of it but that is super messy compared to the way that they usually want to do science where we control one single variable and it seems like we're never really going to have a single variable that could be tweaked to get like this like definitive answer with this.

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Amy Myers: Yeah, you can't and I mean even what we call...one would call anecdotal evidence but when you're doing it over hundreds, if not thousands of patients and then hundreds of that thousands of functional medicine doctors, it's no longer anecdotal evidence about reversing autoimmune disease, right? I mean have helped many people reverse Grave's disease in my clinic and they got off the medications that I was on. Their thyroid looks beautiful and they're not on any kind of medication and their antibodies went away. By the time people get to me in my clinic we're doing so many things all at one time. Even in my clinic one would love to

say, “Okay, all we’re going to change the diet first. Then after three months we’re going to fix your gut and then after three months we’re going to the heavy metals,” and certainly I don’t do everything at once like I never chelate somebody the minute they walk in the door because they probably have a big leaky gut but a lot of things are happening at one time, right, I mean I’m changing their diet and then fixing their gut, now we’re depleting nutrients all at one time because people have already been to 10 doctors by the time they come. They’ve already been places and they’re ready to get rock and then roll and then when you’re dealing with Grave’s, if it’s not well-controlled with the medication I mean they’re going to have to do something pretty radical if we don’t get it under control quickly. So unfortunately even those of us practicing functional medicine can even tell you anecdotally from our experience because we’re often doing so many things at one time.

Now, I mean off the subject but I can tell you a couple of things but one like rheumatoid arthritis patients. I have amazing results chelating heavy metals with them like mercury in rheumatoid arthritis like it is very clear to me that there is those two aren’t related. So it’s difficult. We’re starting to use the helmet therapy, the parasite therapy in my clinic and just in talking to some other practitioners, it’s been very clear like that can be super helpful for people so there are things, I mean there are people on low dose, now Naltrexone that’s where I’ve used it in my clinic. I haven’t had those success stories that people talk about. I wish I had. It doesn’t mean that I don’t use it for people. We definitely give it a try but I haven’t had any of those so there are definitely some things out there that are real game changers that it’s very obvious that that was the thing but for the most part it’s all much more settled than that.

Robb Wolf: Got you. Ends up being a bit stickier than this is the one thing that we’re going to do and this solves the whole problem.

Amy Myers: Toxic molds, another one getting somebody out of their environment. I mean there are definitely lime in getting treatment for that. There are some biggies but when it kind of comes to like fixing the gut or diet, it becomes less obvious.

Robb Wolf: Got you.

Amy Myers: I mean honestly the reason I wrote this book is impart to be a partnership with your doctor with the autoimmune solution that was kind of like, “Hey, forget western medicine, just follow my program and work with the doctor to get off your meds.” I mean those suppressive drugs. Anybody who has a thyroid condition and is on supplemental thyroid

hormone, we'll tell you how crappy they feel if that is not optimized. So given that most people or many of them will be on supplemental thyroid hormone, they have to work with their doctor. I mean you can change the diet and fix all these stuff but if you, your thyroid isn't working and you need...like me, if I didn't take my supplemental thyroid hormone, I'd die. So if somebody change her diet and did this all this amazing stuff but they were on the wrong does or the wrong form of supplemental thyroid hormone they're still going to feel like crap and likewise if you are on the right dose but you're not dealing with the underlying causes, you never going to have optimal health. So it's really this book is much more of a partnership with your doctor than the other book was.

Robb Wolf: Got you, got you. Doc, just to help people like if they're wondering if they or someone they know has a thyroid condition, could you talk about the differences between Hashimoto's and Grave's like there is some overlap and clearly there are some clinical distinctions between the two.

Amy Myers: Absolutely, so there is a lot of overlap and so not everybody always fits neatly into one box or another and I talk about that of course in the book as well. You can have some symptoms of one and some symptoms of another but in general, what I had was an overactive thyroid and when things are overactive then everything speeds up so people tend to lose weight, they feel anxious...me, I was even having panic attacks. They have insomnia. Their hair could be falling out. They tend to feel warmer, although, I never did always felt cold still probably from all the anxiety and like clumping down of my peripheral circulation.

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They tend to maybe have their bowels speed up so loose stools even with the Grave's. I mean either one you can have a goiter where you see the inflammation of the thyroid, increased tendon reflexes, increased temperature, increased heart rate, increased blood pressure potentially and then in Grave's, very specifically, their antibodies that end up attacking the eye muscles and so you can see that. It's called exophthalmos which is your eyes popping out which is very classic Grave's. Thank God I did not have that.

Robb Wolf: That's like the doughnuts look.

Amy Myers: Yeah

Robb Wolf: Right, yeah, okay.

Amy Myers: I had a very interesting stare or like in photos you can see and I don't know if it's like I was just like a deer in headlights because I was just like

so anxious all the time but luckily it did not get to my eye muscles. Then Hashimoto's are low thyroid is kind of in most sense, people think of just the opposite, things slow down. People can have depression, brain fogs, slowed mentation, feeling cold, gain weight, lower heart rates, decreased tendon reflexes, constipation, hair falling out, dry skin, both of them can have infertility, irregular periods, men can have low libido. I think those are kind of the main ones that I can think of.

Robb Wolf:

Right, right. Amy what...so clearly you have a strong nutritional component to this. The autoimmune protocol has been maybe the reason that this kind of Paleo ancestral health approach didn't just go the way of like Atkins on his own. Like it seems to have some really legitimate sticking power and really seems to be making its way into the larger health care provider scene. What exactly are you doing on the nutritional approach is kind of my first question and also where do you see nutritional ketosis or MCT oils, exogenous ketones, do you find ketosis at all beneficial for autoimmune state or do you use that as part of pruning back SIBO or something?

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Amy Myers:

So those are all great questions and people always ask on what's the difference. I call my dietary program the Myer's way and amidst more than just diet, it's like the whole way of life but people ask, "Well, how was that different than in autoimmune Paleo protocol?" In a very broad sense, it's very similar. It's not a whole lot different. I mean if somebody just wants to follow that that's fine. What this is as years of experience working with patients and sort of sorting out, I think it's okay to have that herb or to not have this or have that just based on my clinical experience and what I've seen worked but for a general sense it is very similar to an autoimmune Paleo protocol.

In terms of the ketosis, and my clinic can find that very helpful with people with things like seizure disorder that's been super helpful and a lot of neurologic conditions, a mass or things like neurodegenerative disorders can be very helpful. When it comes to just general autoimmunity in thyroid, that's affecting a lot of women and I'm not seeing and personally me I tried to do super ketogenic one time, I thought I was going to like just lose it. I mean literally like my anxiety was out the roof. I'm so type A. I need carbs to like calm me down. I have found that because thyroid is typically affecting more women than men and adrenal issues typically play a role in it and it also is typically happening either around times of hormonal transition like postpartum, or perimenopause or menopause, I find in my clinic that most people need the right balance of carbs and then, yes, as you mentioned, a lot of people in this condition also have SIBO or candida and so it's really this

like trying to find tuning and finding the balance of like having enough carbs to support you and support your adrenal glands and your hormonal state but not too many that you're feeding this infections such as SIBO and candida.

So our program is not low-carb but it's on the lower carb side then like a traditional like diet book would be because most people have this conditions and then when I have some quizzes in the book to test to see if you have candida or small bowel bacterial overgrowth and we even have you dial back the carbs even more. So as with anything in functional medicine it's really a personalized approach and you got to figure out what's really working for you and what's not working for you and when we're talking carbs, I mean we're typically talking the things like spaghetti, squash, butternut squash and sweet potatoes, things like that...more root vegetable type carbs and carbs coming from vegies.

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Robb Wolf:

Got you. Got you. I've been playing around a little bit with some lentils and kidney beans. Basically, the legumes are at the really, really end of the kind of glycemic index, glycemic load scale and I've actually been feeling reasonably good on those. Where do you see legumes fitting in like the challenge that I still have and this gets off in the weeds but I still find some challenge around glycemic control, I need to really pick my carbs pretty carefully both the amounts and the types. Where do you see beans and legumes kind of playing out in that story?

Amy Myers:

So I think this is where it's really left up to an individual and it sounds like you are having some blood sugar...I don't want to say problems but some issues or you're fine tuning things....

Robb Wolf:

Oh it's definitely a problem. It's a pain in my ass. So yeah.

Amy Myers:

Yeah you're experimenting with that so that's where it's individualized medicine. I mean in the beginning, I do want people to give those out because of the potential irritation to the gut and the fact that most people are not soaking them and sprouting them and cooking the hell out of them. So I do have people give them up on the 28th day program but then that's where you can really add things back in at the end and see what works for you. I mean these are general guidelines based on what I've seen working in my clinic with literally thousands of people and now literally tens of thousands after people having read The Autoimmune Solution and getting feedback from them. So this is the foundation that I see works and then we also...I have a part in the book that's like the Myer's way for life and it's about adding foods back in. I hope people continue to keep dairy and gluten out because of that molecular mimicry

and just how inflammatory they are but you can play around. I mean for some people that I see corn is far worse for them than gluten is. I mean it's just...there are people who...eggs I had a woman with Grave's disease and was completely in remission and added eggs back in and nearly ended up in the hospital from getting super hyperthyroid from having like two eggs. So there is no one right answer. I think all of us in this world are making generalizations, right, and then that's where you just learn to listen to your body. You sensed that something was going on with your blood sugar so you're experimenting with other things so I don't think that it's like, "No, you have autoimmune disease. You can never, never eat a bean again in your life." I think that it's figure it out and see what you can tolerate and what you can't tolerate and what amounts you can tolerate that.

Robb Wolf: Right. It totally makes sense. I mean we have certain classes of huge foods, grains, legumes, and dairy, some nightshades that we have some really good argument that they probably have some immunogenic potential and so pull those out, get us healthy as we can and then start reintroducing those and see how you do it with it like for myself I get acne and joint pain from basically all cow dairy with the exception of maybe some butter or some ghee but I could eat goat or sheep dairy with I mean seriously reckless abandoned and they're all fine with it and it's fascinating to me.

Amy Myers: Yeah and that's when people are doing these tests like this food sensitivity test, they also, it's like looking at one protein and it's like was it organic, was it raw, was it cooked, was it fermented and every time you're doing that it's changing the molecular structure and therefore it's going to change how you respond to it and then of course sheep and goat look very similar to cow dairy and for some people it's so similar, "It does not work. I can't do it," but other people can do it great. I mean the reason I can't do it is because I eat a little bit of goat cheese and I'm like, "Okay, well that went well. I may have that again tomorrow. Okay, that's still went well. Let me have that again. Oh that went so well. I'm going to have it twice today," and then I'm like, "Okay that no longer went well."

Robb Wolf: Right, right

Amy Myers: Mine is I could do it if I managed to do it like once a month but I don't. It's like I think you were where I saw that on Facebook, the 100% role, is that you that posted that thing?

Robb Wolf: Yes, yeah

Amy Myers: Yeah, I love that like I don't always read things that people post but actually it was like, "What is this?" I read those and I think it's perfect because when it comes to gluten and dairy I'm 100% I don't think twice about it. Somebody can put a cake in front of me and it doesn't even like register. All right, but it's like with the goat dairy or something it's like, "Oh, it's there I just had a little on a gluten free pizza," and then next week I'm like in it so I'm just like it's 100% with me with that too because it's like I've become...when you haven't had something for so long you're like, "Oh my god," the taste of like a real cheese and something melting. Oh my god and then you're down the slippery slips so I just...

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Robb Wolf: Right, it's all hookers and cocaine after that so yeah.

Amy Myers: Yeah, I found this goat cheese that was like in...it wasn't like the soft goat cheese. It was like in a bar like a real cheese so you can grate it and melt it and yeah, there was a period about a year ago that I was like every day and it was like, yeah no more.

Robb Wolf: There was an intervention that happened in the Myers household. Yeah. That's awesome so where do you usually plug folks in when they come in to clinic like I'm really interested what the triage process is. You do a really thorough intake. You're talking about their diet, their lifestyle, photoperiod, could you give people kind of a big picture of what go into you in a clinical setting looks like because I suspect that that really informs a lot of the way that the book was developed.

Amy Myers: Yes, so first of all I have another physician and a nurse practitioner who were fabulous so everybody listening and calling and it's like, "I have to see her. She said on her podcast and Robb's podcast that this is what happens when you see her." The same thing happens when you see them and they get amazing results and people love them as well. So it's very different that it had certainly evolved over the years. In the beginning, it was a lot of education and a lot of convincing and people coming in, eating a lot of gluten and dairy. Now, having had a book out there and as many blogs and things that I've written for free online, people are really...we are seeing like some of the most complex people. I mean they have been everywhere and I wouldn't even think somebody can have five, six, seven, autoimmune diseases but they do and they're coming to see us. So it's pretty intense and of course everybody is like I've already read the book. I've already done all these things and I'm following your diet. The easy days of just do this are gone.

Robb Wolf: Gone.

Amy Myers:

Yes super gone. Been gone a long time ago so everybody feels out a 30-yearself page, intake form that each of us reads before you even come and so we have a sense of what's going on and you fill out a food diary as well. Of course if there any labs of anywhere you've been that you want us to take a look at, I mean to some it's not like send us 10 years of records and we'll look at them beforehand but we let you submit some recent results and then if you want to bring your whole binder which people do, we look at in the appoint map.

So really it's 80 minutes of us just chatting of us really trying to put those pieces together where going back and going through the whole history and seeing where things went arise so that we can try to triage, right, I mean we have these pieces of a pie and typically with everybody we're starting with diet and gut because those two things go hand in hand. Then from there it's kind of like, okay, did I hear something in the history that made me think lime or did I hear something that made me think heavy metals or did I hear something that made me think toxic mold or infections and so that's where a lot of the triage comes because it is difficult to do all that stuff at one time. It's expensive. It's draining for everybody. It's a lot so we really tried to hone in from there like what's the next biggest piece of pie for you that we can begin to tackle.

So we do lots of blood work. We send out lots of functional medicine tests and of course if it's dealing with the thyroid, then we're checking that right away and looking to see if you are somebody who was already on supplemental thyroid hormone. If you're one the right dose and the right form and we talk to you about that and if you're somebody who's not already on it, if you're super, super avert like hypothyroid or hyper and somebody has just missed it, we of course intervene and if you're kind of borderline which is what a lot of people are, we've of course follow the program that I outline in the book and see if we can get that to where you don't need to be on supplemental thyroid hormone.

Robb Wolf:

Got you. When you do your supplemental thyroid, are you using armor or are you using Armour? Are you using Nature-Throid? What direction do you usually go with that?

Amy Myers:

I use whatever the person needs. So this is really a piece of advice for people because everybody isn't going to be able to come see me and you're going to work with whether it's a conventional practitioner or it's a functional or alternative practitioner and you want to interview them first. If anybody is like, all I use is this whether it's the nature's...the "natural stuff" or the conventional stuff. You don't want somebody who's set in one camp or another. I've tried them all myself. I personally take

Westroid Pure and synthroid, so I really look at the person. I listen to the person and I look at their labs and we have a conversation. If somebody comes in on synthroid and they're feeling really pretty good on it and their labs look good, I don't want to mess with the good thing. If somebody comes in on it and they feel terrible well we might change it and vice versa. I mean people do tend to do better when they have some amount of T3 and so that's typically in the form of an Armour or Westroid Pure but not everybody. I mean there are people that's in the preform concentration and sometimes that is not the right concentration somebody needs so they need to take a little bit of both or they just...people with really messed up adrenals can't tolerate the T3 at all. So we'll start them on a synthroid or Tirosint or something like that.

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The one thing I would say to listeners there was if you are on supplemental thyroid hormone particularly when it comes to synthroid and Levoxyl, you do want to get the brand name. It is worth investing in that. If your insurance doesn't cover brand names because there are a lot of studies and I have clinically seen it where people were doing great and then unbeknownst to them their insurance stopped covering the brand and they were getting generic and they started having problems so it is not as the doses aren't as consistent with the generic so that is the first place that I have people start.

Robb Wolf:

Interesting, interesting. So let's say someone has been diagnosed with either Hashimoto's or Grave's in the past. They've figured out some sort of medication regimen that they're motoring along. They feel pretty good. Is that the end of the story for them like you mentioned that a lot of these folks have potentially multiple autoimmune diseases, I think there's some pretty good literature that suggest that people with autoimmune thyroid conditions either Grave's or Hashimoto's are really exceptionally high risk for other autoimmune disease but I think for a lot of people if they feel like they've kind button up part and they're done. They don't need to look under the hood anymore. What are your thoughts on that?

Amy Myers:

Well, obviously, I feel very differently which is why I branched out and did what I did and why I wrote this book. I mean it's clear that the people who aren't on the right dose, this book of course going to help them get to the root and work with their doctor and of course this is for the book that for people have been told, "Hey, I don't have thyroid dysfunction," when they actually probably do because of how conventional medicine really gets that wrong but it's definitely for the person who is like, "Hey, I feel great on my thyroid meds," but they've never dealt with the underlying cause because you're right. I mean at least three times higher

to get some other autoimmune disease and I got a lot of flak about this when I kind of like I was talking about in *The Autoimmune Solution* like, "Hey, if you have a Hashimoto's, it's kind of..." If you're going to have an autoimmune disease it's like kind of the one to have, right, because it's like give you some supplemental thyroid hormone and people got really upset and like I've had a terrible time and it's like I wasn't trying to make it sound like everybody with Hashimoto's has an easy breezy, trust me, I mean I've been through Grave's and an ablation and that entire roller coaster but you're lucky that it's not a mass or rheumatoid arthritis or something polymyositis, something really debilitating that could literally lupus, ultimately end your life.

So I'm not pitting one against the other but a lot of people do have that thought that you have and that's really because conventional medicine feels like that's exactly what you do. You give them synthroid and their problems fixed and that's the end of the day. The first step is you need to get your antibodies checked and see if it's autoimmune or not. Most thyroid is so it probably is but not necessarily so if it's not autoimmune, I still would recommend that you read the book and figure out what some underlying dysfunction of how you gotten in that boat but particularly if it's autoimmune you really want to do that because if you don't change your diet and you don't fix your gut and you don't find the underlying factors, you definitely could be opening yourself up to something far worse down the line.

Robb Wolf:

Got you. So Amy the standard thyroid testing for most situations is appallingly inadequate. I see this on the Lipidology side like people will come in with a slice of blood work and they managed to take just enough to make things absolutely confusing and not nearly enough to answer any type of questions. What is it that usually is getting done and then how are you handling that initial testing in a different way?

Amy Myers:

So what's typically getting done is a TSH run and a TSH is a Thyroid Stimulating Hormone as were really looking at the pituitary there just a whole negative feedback loop of what happens in the brain to the thyroid and signaling it to produce more hormone. So that's inadequate because it's not really telling you about the thyroid but it's also inadequate because when they looked at the reference range or went to design the reference range they realize later that they had actually included a bunch of people with thyroid dysfunction in that reference range. So many people are using a very outdated antiquated reference range. I mean even the Academy of Endocrinology has recommended that this reference range be narrower. Even so we in functional medicine believe

as to be even more narrow to be optimal so that's kind of the one way in which conventional medicine fails. People in other way is that is not checking what I believe or the other tasks that need to be checked which is a free T4, a free T3, a reverse T3 and then thyroid antibodies.

[0:40:24]

So a free T3 is the free hormone as what goes into the cell and keeps us warm and gives us energy and keeps our mood even in level and our weight, balance and most doctors aren't even checking that. In fact, I was training my wellness coach today because I partnered with a lab company so that when people go to their doctor if they're not...if their doctor is unwilling to run their labs they can go online and order lab test. I don't get anything out of you ordering labs from them and then the link or the website is in the book and on my website for that but if they do want somebody to go over with their doctor, my wellness coach can certainly do that on the phone and at least give you some guidance so it's just going over a bunch of lab test with her today of real patients that we see in our clinic and there was the perfect example of somebody who had a TSH that is 1.8 which I consider optimal between 1 and 2 so that looked great and then their free T4 was I think 1.4 and I like it above 1.1 so that looked great.

So if they've gone to their doctor with their TSH they would have not gone any further. If they'd even gone to a doctor and they are willing to do a free T4 they would have been like, yeah, and thyroid is definitely not your problem. We got to her free T3 and it was 2. So normal is 2.3 up to like 3.6 or 4 in my lab and optimal is around 3.2 at least around 3.2. She was 2 so she was actually legitimately low on a lab range which I don't see a lot with free T3 but it does happen. I more see people around...they're like 2.3, 2.4, 2.5. That is on the low end of normal of what I would consider so there was somebody who...they've gone to a conventional doctor. What have could completely been missed for their thyroid dysfunction and then here it was like screaming. It wasn't my patient. It was one of my other practitioner's patient so I don't know the story in which the person was complaining of but that was just a perfect example of how things can be missed if you're not checking a free T3.

Robb Wolf:

Right and we've seen quite a number of people in the clinic and again like the clinic here in Reno, Especially Health are very Lipidology oriented and they had a lot of people that had exceptionally high LDL-P, little bit of insulin resistance but they had some pretty high...sky high LDL-Ps and I'm not anywhere as good at this stuff as you are but I started looking around and looked at the TSH, T3, T4 and I thought, man it sure looks like there's something thyroid going on here and maybe adrenal going on and so a number of people that have been doing some low-dose statins we pulled

them back in, started addressing some adrenal and thyroid issues and low and behold they're like their LDL-P would go from like 2600 down to 800. They were like super high risk for cardiac event and then they basically had no risk of cardiac event after that.

Amy Myers: Yeah, so I forgot to mention that because I was more thinking signs when you asked me about hyper and hypothyroidism but certainly on labs if you're hypothyroid your cholesterol is going to go up and if you're hyperthyroid your cholesterol is going to go down. I mean when I was hyperthyroid my cholesterol which can be dangerous too, with like I mean it was 100. I mean it was like super low because I was just like burning through everything so that's definitely something in blood sugar issues as well so I mean those were things...it's also in one of these things when it comes to blood sugar like what came first the chicken or the egg like in that low thyroid creating this or is the blood sugar creating the stress. Does the stress creating the blood sugar, creating the thyroid to bind up estrogen, creating that to bind up the thyroid, I mean this is all what came first the chicken or egg but definitely cholesterol is very related to the thyroid.

Robb Wolf: Right and yeah, we've definitely seen that in our clinic and I think all of our docs are much better at screening for that at this point and this helped a ton of people so I'm really excited to have that stuff becoming more generally known. So Doc this is the week of your release. Your book is going to be released on the 27<sup>th</sup>?

Amy Myers: Yeah, a week from tomorrow.

Robb Wolf: Good, okay.

Amy Myers: We are talking on Monday whether you want to tell me about that or not...

Robb Wolf: Yeah, yeah.

Amy Myers: So yeah. A week from Tuesday, the 27<sup>th</sup> yup.

Robb Wolf: Okay a week from Tuesday the 27<sup>th</sup> so what's going on with that if folks wanted to check this out on a prerelease format, I know you guys have some special offers going on?

**[0:45:09]**

Amy Myers: Yeah, we have tons so first I want to say and this will apply for when Robb's book comes out as well. We want to hit the New York Time Best Seller list not only to say that we did but when you do that it reaches

more people. You get more press. Your book gets put up more center in the book store so it can just help more people on obviously conventional medicine failed me so as my mission to not have it fail you to. It is genuinely my goal to reach as many people as possible and so the best time to potentially get on the New York Times Best Seller list is that first week so if you guys are willing and able to preorder your book or to buy a book that would be awesome. So preordering we have tons of gifts. First of all we have tons of giveaways that are going on. I'm doing lot as a Facebook live so people can tune in for those but we have \$10 gift card to my online store and over \$1000 with a free downloads of just companion stuff to the book that you'll get if you buy a book and if you buy 5 or more, you automatically enter to win a all-expense-paid trip to come here to Austin, Texas to hang out with me and four other people. Four other people will also win the trip and they'll get everything paid for when they're here, the hotel, flight and we're going to hang and just have a super cool day doing a lot of fun stuff that is on the website. I won't get into it but manicures, and pedicures and make up, all natural stuff people that I support and they support me so...

Robb Wolf: If the folks do the prepurchase and then they go your website to input the receipt?

Amy Myers: Yeah so they can...yeah, thank you for specifying so they can go to any online retailer, get...purchase their book 1, 2, 5 go back to my website and then they just put in the receipt number and their e-mail and name and then will get emailed with all of that stuff.

Robb Wolf: Great and so it'll be 4 other people and then me because I guarantee you I'm going to win this thing. So...

Amy Myers: If you want that...

Robb Wolf: I want that spot. Yeah, I want to go hang out in part because I owe a NorCal Margarita because I screwed up our first podcast so I need to buy like 100 copies of the book, one click at a time so that we boost this thing to number one on the New York Times Best Seller list to make up for my gap so...

Amy Myers: Hopefully, you do have a copy of the book that should have been in the mail too.

Robb Wolf: I do and it's fantastic like I really loved your first book and this one is equally amazing and I got to tell you, so I'm almost 20 years into this gig and when I first...

Amy Myers: No way. You're too young.

Robb Wolf: Maybe, I just started early.

Amy Myers: You started young, yeah.

Robb Wolf: But when I first started doing this stuff the idea that your gut could influence autoimmunity and that you might be able to turn the ship around, that was crazy talk, crazy talk and so it's just such an amazing time now that we have doctors like you that not only run amazing clinics to help people but of producing books like this that literally can save folks lives and it's never easy to make change for certain circumstances but man, the results were definitely worth it particularly if you're quite sick.

Amy Myers: The results are so worth it and I mean that's probably the message to impart on people that there is hope. You don't have to be feeling bad. There is definitely hope that these things can be reversed. You can get your life back and yeah, it's...the things, I mean, it's great when somebody comes and sees me, right, and you hope obviously that they're going to get well. They've flown here, most people do. They spent a lot of money. I'm not that. I don't appreciate those success stories but the things that honestly like I've goose bumps. They can like bring me to tears and make my day or like somebody taking time to send me...I really like the letters. These people send a letter and just tell me, I mean like I was having the worst day and just being down on myself. I have this toxic mold exposure and just feeling like how I'm going to recover from this in the midst of this book and I get this letter from this gentlemen who had like read my book and just like went through like everything in his life of how he'd literally was contemplating in committing suicide and now he was like symptom free and it's just like I literally was like brought to tears by the thing and trust me if you send me a letter you will get a letter back. I mean somebody is taking time to send me a letter. I usually write them a letter back and I send them a signed copy of the book and stuff so that's always super...I love hearing those things with just people who...

Robb Wolf: That's fantastic.

Amy Myers: ....read the book and did the program and had amazing results so...

Robb Wolf: That's awesome. Well, doc where can people track you down on the interwebs?

Amy Myers: amymyersmd.com, A-M-Y-M-Y-E-R-S md.com and then of course all in my social media and everything. It's just amymyersmd as well.

Robb Wolf: Okay and we will have all of that in the show notes. Thank you so much for writing the book. Thank you for being willing to record a second podcast because I screwed up the first one. I think this one was equally as good possibly even better than the first one. The first one we were on a pretty good tier and this one was good too but thank you for doing that and being gracious.

Amy Myers: Yeah, actually I'm also happy. Thank you for having me on. I really appreciate it. Thank you.

Robb Wolf: Awesome doc. Okay, we're really looking forward to see you in real life again. I always see you at Paleo effects. Hopefully, we'll see you before then.

Amy Myers: Sounds great thank so much Robb. I really appreciate it.

Robb Wolf: Okay Amy, take care, bye-bye.

Amy Myers: Bye.

**[0:50:41] End of Audio**