



Conscious Life presents

Thyroid Tidbits: Unraveling Hypothyroidism

Guest: Inna Toplier

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[00:00:09] Dr Anu Arasu

Welcome, everybody. I'm Dr Anu, hormone and functional medicine doctor and co-host of the Hormone Super Conference. And today I'm joined by Inna Toplier. Inna is a nutritionist, and she's also the founder of a podcast called Health Mysteries Solved. Inna, welcome.

Inna Toplier

Thank you so much. I'm so excited to be here with you and at this conference.

Dr Anu Arasu

Well, thank you so much for coming to speak to us today. And I guess I wanted to kick off by asking you all about the thyroid and in particular, Hashimoto's. I know you've been on your own journey with all of this, and I know you also have helped thousands of people. Tell us a bit about what you know.

Inna Toplier

Okay. Well, I think what's really important for people to understand is that there are so many people that are affected by thyroid disease, especially when we speak about hypothyroidism, which is the slow thyroid.

And what happens is, typically, symptoms of slow thyroid could be anything under the sun. I mean, the biggest that I hear about is fatigue and weight gain and hair loss and brain fog and digestive issues and sleep disturbances and hormonal imbalances and high cholesterol. There's just so many different symptoms.

And what's really important to understand is that if you have hypothyroidism, often the underlying cause of that is actually Hashimoto's. Hashimoto's is the autoimmune disease that affects the thyroid, and over time, the immune system destroys the thyroid, creating this slow thyroid.

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And I think it's really important for people to understand that when you have hypothyroidism, you have to really explore and see if you have Hashimoto's, because up to 90% of people with hypothyroidism have Hashimoto's and the Hashimoto's is the cause of hypothyroidism.

And once you know, it's not about, "Oh, wow, okay, now I have this autoimmune disease". It's, I think, very empowering, and that's how I felt in my journey, because then there is something that you can do.

Now, of course, conventionally, there is a lot of misinformation, as there is with so many different things. Right. But on a more functional level, there's so, so much that you can do, and that's really, really important to understand.

I mean, in my own journey, I've had so many different symptoms over many years. And when I was told at Hashimoto's, I was very excited about it. I thought, "Well, this is great!". But back then - we're going back 25 years ago - the endocrinologist that I saw said, "Well, yeah, you have Hashimoto's". And I said, "Great! Well, what are we going to do about it? We know what's going on".

And they said to me, "Well, we do nothing. We're going to wait and see. And eventually, when your immune system destroys your thyroid, then and only then, we'll give you medicine. And until then, we just wait and see". Now, I was 23, 24 at the time, right? Going back, I didn't know nearly what I know now, being in the field. But even back then, I had the idea, like, "Well, this doesn't make any sense to me", right? Like, "Why would I do nothing?". Like, "That makes no sense at all?".

And so that's when I really started a lot of my research and saw a lot of integrative doctors for my own health and then realized all the things and ended up changing my career and went into practice and have been doing, been in the thyroid space for almost 20 years now at this point.

And I think that it's really important for people to understand that there is something that we can do. And the important thing also is - and there's so much confusion when it comes to Hashimoto's and thyroid - because people think, "Oh, I just have to support my thyroid".

And, yes, we do. But if Hashimoto's is the reason why we have the slow thyroid, then we also have to make sure that we support the immune system. Because another misconception is, "Well, if you have Hashimoto's, you have a thyroid problem". Yes, that is true, but what is Hashimoto's?

Hashimoto's is not a thyroid disease, per se. It's an autoimmune disease. So what this means is that the immune system got confused, and, unfortunately, for various reasons - which we can get into as we talk - but unfortunately, it started to think that your thyroid is not your friend.

And there's many different triggers, which we'll talk about. But when the immune system is confused and thinks thyroid is not your friend, what does it do? It attacks the thyroid. That attack creates thyroid destruction, which makes the thyroid slow, right?

So, yes, we could take medicine, we could do natural things, there's a lot of stuff we could do to actually get our thyroid to work better. But if we don't do anything to actually calm the immune

system and teach the immune system, "Hey, immune system, our thyroid here, it's our friend. You don't have to attack it, right".

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If we don't do that then what's going to happen? It's going to keep attacking. So it doesn't matter how much thyroid medicine you take or how much you support it, right. It's going to get attacked. So what remission really means when we talk about Hashimoto's remission is that we get that immune response to stop or at least slow down so there's less of an attack.

And that's just a very important distinction that I think a lot of people with thyroid issues don't quite understand, and not to a fault of theirs in any way. It's just not explained by a lot of more mainstream doctors and even specialists that they see. I can't tell you how often clients, students, patients come to me and say, "Well, my doctor said there's nothing I can do", or "My antibodies don't matter", or "It is what it is, and it's just how it is, and you have to deal with symptoms".

Dr Anu Arasu

Right, it's so surprising hearing it again but that is such a huge and ongoing current problem, isn't it, that people have thyroid auto-antibodies and they're told not to worry about them. But we know that that alone is associated with a number of diseases, and it can cause things like sub-fertility. And there is so much that we can do.

And tell me thyroid antibodies, or the prevalence or presence of thyroid antibodies becomes even more common. I mean, up to 20% just with the natural aging process and certainly with natural hormone shifts, for example, perimenopause. Can you tell us a bit about that from your experience?

Inna Toplier

Absolutely. There's a lot we can dig into here. So I think, first and foremost, just to make sure that everyone's on the same page when we talk about thyroid antibodies and specifically the antibodies for Hashimoto's - which is what creates the slow thyroid - there's two antibodies: thyroid peroxidase antibodies and thyroglobulin antibodies.

And so if you have one of those two antibodies, or both, that are positive -which means it's above the lab's reference range - that would be how Hashimoto's would be identified.

So it doesn't matter how high they are. Some people might be at 100, someone else might be at 1000. Typically, at least within the US ranges, the TPO antibodies are 35 and up would be considered positive. The thyroglobular ones are 9 and up. And every lab is going to vary a little bit, and I know that shifts a little bit from country to country, but that's, I would say, probably like the average.

So if it's above the lab's reference range, then it would be considered positive. So if you have these antibodies, then that's how doctors would tell you or should tell you that there is Hashimoto's. Now, why does this happen more so as we get older? Well, there's many different reasons, and I call them triggers.

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So, you know how we talked about the immune system being confused and accidentally attacking the thyroid because it just doesn't realize that it's not your friend? So the things that can get the immune system confused are things that can be imbalances in the body. And so when I look at triggers, I put them into a couple of different categories.

So we have the foods that we eat, we have toxins, we have infections, and we have stressors. And there's a lot of different things within each category, which we could talk about. But specifically, when we talk about aging, even before we get into menopause and perimenopause, just aging in general, the longer that we live, right, the more that we've accumulate some of these triggers.

So on the stress front of things, right, I mean, of course, it's the emotional stress, obviously, the longer we live, the more we have times to be in fight or flight. And there's just more life events that happen, right? So we've been under more stress. In terms of foods, we're exposed to many different foods, and we can become intolerant to them and the longer we live, the more those intolerances go on, especially if they're undetected for a lot of people.

When we talk about things like toxins, those are really important. And our liver is our main detoxification organ. And it doesn't mean that there's something wrong with your liver, but it's just like an air conditioning filter. If we don't change the filter, it gets dirty.

So we're all exposed to things; heavy metals and molds and pesticides and herbicides and just pollution in the environment. And unfortunately, in today's day and age, there's a lot more chemicals than 50 years ago or 100 years ago.

So just, again, from an age perspective, right? A child who's five years old, yes, they, of course, could be exposed to things, and even from their mother in utero, but when they're 30 years old or 40 or 50, there's just that much more time that they've been exposed. And if they're not doing anything to support and cleanse their liver, right, they have more toxins.

And then the other category is infections, and those aren't necessarily things like, say, like the common cold, but infections could be certain underlying viruses, like Epstein Barr, for example, or infections in the gut, like candida or H. Pylori or other types of parasites or bacteria. And again, the longer we live, especially if we're not taking care of those things, the more we could be exposed to those infections.

A lot of those infections are chronic, so it's not that you would necessarily get extremely ill from them. They could be sort of right under the surface, and the immune system just, it's trying to get to them, but it can't quite get to them and it tires out. And that's what creates that immune confusion, because it keeps trying to go after those toxins, go after the stressors, go after the infections, right. And it's trying, it's trying, it's trying, and it just gets tired.

It's like, I always kind of use this analogy, if soldiers go off to war and, "Oh, my gosh, it's so traumatic there and it's so hard", and then they come back and they could come back with PTSD, and then sometimes someone says something loud and they startle and think that they're under

attack because their system is just so hyper vigilant. And the same thing happens to our immune system as well.

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So I think to answer the first part of your question is, "Why do people have more autoimmunity as we get older?" In general, it's because they've just been exposed to all these things for longer.

The second part of this is - and as we specifically talk about hormone changes and even more specifically, hormonal decline - what we know is that the immune system is very sensitive to hormonal changes. Now, there's changes, of course, in other parts of our life, not just menopause. I mean, first we would go into puberty, right?

And then for women, if there's a pregnancy, there's a big change from pregnancy to then postpartum, that hormones shift a lot, and then the next change is perimenopause. And I find that initial change, especially between about 41 and 43, is really significant and not talked about nearly enough, because we all talk about "Oh, menopause and hot flashes, right?".

But that initial estrogen decline at 41, 42, where people start to experience a lot of the symptoms, that could be that initial trigger to the immune system, right? And what happens is whenever hormones start to shift - and it doesn't actually matter if they go up or down, it's just that shift in them, but in perimenopause and menopause, obviously, it's the decline - the immune system becomes more sensitive.

And so that shift makes it more sensitive, meaning that if you're eating foods that you've always been okay with, the sensitivity in the immune system may create a food sensitivity to a food that you've never had an issue to because hormones declined, right.

Or the type of stress that you're normally under that your body was dealing with, it may not be able to deal with it as well, because the decline creates that sensitivity in the immune system. So while we see a lot of Hashimoto's diagnosis - especially more recently in puberty, because that's that first hormone spike up, right - we see a lot of it postpartum. And people who have Hashimoto's or thyroid issues a lot of times we'll see there's a flare up that can happen postpartum.

And then the third and also very common is the perimenopause and menopause, where people are going to see those flares. And that could be what I often see, is that sometimes people have the diagnosis in perimenopause. But other times, what can happen is they may have had thyroid issues, but they were subclinical and have gone undiagnosed just because the symptoms maybe haven't been strong enough or they haven't been to the right practitioner to identify it.

And then it becomes even worse in perimenopause, and that's when it gets identified. So was it that it just happened then? Or was it kind of in the process for a while, and then it sort of was the straw that breaks the camel's back? You know, that that happens.

And what's also really interesting is that a lot of symptoms of Hashimoto's and hypothyroidism are really similar to symptoms that people experience in perimenopause. And then, of course, also menopause, but even more so, perimenopause.

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If I had a penny for every time someone had said to me, "I woke up one day and I had a belly, like, my pants don't fit, or I feel extra bloated, or literally, there's just like, a roll of fat on my belly that I've never had before". And this happens so often to women in their 40s, right? And they haven't changed anything.

They haven't changed their diet, they're not exercising any differently. It's just there's all, like, this weight gain and brain fog and fatigue and just feeling like you're not yourself. And hair, shifts in hair, whether it's hair texture or thinning or it's not always hair loss, though it can be, but I think it's just shifts in hair. And a lot of those are similar symptoms to thyroid and if you have both, it's like a double whammy then, you know?

Dr Anu Arasu

I love that you honed in on this phase between 41 and 43, because so many people report that exact time as being the first time in their lives that they notice aging, whether that's slight achiness or, as you say, a lot of these nonspecific symptoms that can be so related to hormones and the immune system.

What about the way the interplay between hormones like estrogen and progesterone and the thyroid hormones? What goes on there?

Inna Toplier

Yeah, well, so everything is very related. And so with thyroid hormone - and this is something that I think is really important for people to understand as well, especially if they have any type of thyroid disease - most practitioners that are more conventional are going to look at something called TSH, which is thyroid stimulating hormone. And it's a very important hormone. But what's important to understand is thyroid stimulating hormone is actually not a thyroid hormone, it's a pituitary hormone.

So what happens is that our brain is going to signal the pituitary. So the hypothalamus specifically is going to signal the pituitary, and the pituitary is going to produce TSH, which stands for thyroid stimulating hormone. That TSH is then going to stimulate the thyroid, and from there the thyroid is going to produce T4, which is one of our thyroid hormones. It produces a good amount of T4 and just a tiny little bit of T3.

Now, T4 and T3 are both thyroid hormones, but T3 is actually the more active thyroid hormone. So people often ask me, "Well, wait a minute, why would your body produce so little T3 if it's the active,? Why would it produce T4?"

Well, our bodies are really smart. And the reason for that is that we need thyroid hormone for every cell in our body, literally from our head to our toe. I talk about this all the time. It's not just for your metabolism. It's not just for temperature control. You need it for your brain and your gut and everything, right?

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So the reason why the body doesn't produce a lot of T3 right there in the thyroid is because if it did that, it would have been taken up by the cells here in the thyroid and there wouldn't be enough left to go all around the body. So what the body does is it takes that T4 and that little bit of T3 and it basically shuttles it to other areas of the body, specifically the liver and the gut, where we convert the T4 to T3.

Now, that conversion process requires a lot of different things; certain minerals like zinc and selenium, that are needed for the enzyme that convert. You also, of course, need good, clean liver function and gut function, since it happens there. And that process doesn't happen very efficiently for a lot of people, and especially for those with Hashimoto's, because what we know is the autoimmune attack doesn't just happen in the thyroid, it happens in the conversion places themselves, so it can affect conversion.

And so, so often, people don't convert T4 to T3 properly, and they have low T3. And one of the things I talk about - and we could talk about this a little bit more as we go on - is thyroid typing and how your body converts the hormones actually determines the type of type you have. And yes, everyone has a thyroid type, and that's why it's so important to know your type so you could support your thyroid specifically for you.

But going back to the hormonal cascade, right? So when we look at TSH, depending on what TSH is doing and depending on how much T4 your body's producing, there's all these feedback loops, and it feeds back to say, "Oh, there's enough T4, don't raise TSH, or not enough T4, raise TSH", and then that's going to directly feed back to the pituitary. And the pituitary, of course, controls all of the other hormones as well.

But where the issue comes in is if people are too reliant on TSH and not looking at all the rest of the hormonal cascade with the thyroid, they miss a lot of things.

We talk about how your body has to convert T4 to T3. Well, there's another step that has to happen. After you convert the hormones then have to travel to the cells so that they can get absorbed into the cell. And I always tell people, if you have kids, you wouldn't let the kids just run around on their own, right? They have to be chaperoned. So it's the same thing, like, with hormones.

Hormones need chaperones because they can't just go on their own. So they get chaperoned by being on proteins. And to make this easier to see, some people think of them as getting on a bus. So, like, being attached to a protein is like hormones traveling on the bus.

And so when hormones get converted from T4 to T3 both the T4, and hopefully enough T3, is back on the bus and the bus drives around to the different cells. And then when it gets to a cell that needs thyroid hormone, in an ideal situation, the hormones are supposed to hop off the bus, then they're unbound, or also called free hormones. And sometimes, people will notice, they'll see in their blood work there's free T3 and free T4; that's the hormones that hop off the bus, and then they're supposed to get into the cell.

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But based on what happens with our other hormones, so our estrogens especially, and how our body produces estrogen and detoxifies estrogen, that can affect how much binding we have of our hormones, both the estrogen but also thyroid hormone. So there's a whole thyroid type, which I call the unavailable hormone type.

And I see this a lot in perimenopause, especially as the hormone starts to shift. What we tend to see is there's actually a little bit more, as the estrogen starts declining, it also then has these spikes and people almost have a little bit of - I don't like to use the word "dominance" because I think in perimenopause there's no such thing as really a dominance - but there is this estrogen surge that can happen before it declines.

And the body sees it as maybe too much estrogen temporarily, even though it's not overall too much. And that can actually affect how well thyroid hormones are going to jump off the bus or how poorly they're going to jump off the bus when that happens. They're actually then able to jump off the bus.

So they have thyroid hormones in this thyroid type, but they actually can't use them, which is why it's called the unavailable hormone type. There's a lot of interplays there, but that's one that I think a lot of people don't think about always or miss. And it's important to be aware of.

Dr Anu Arasu

I love the way you've explained that. And this is a huge thing, I mean, this isn't just little detail, because take pregnancy, for example. The hormones of pregnancy hugely affect people's thyroid needs. And if they're on thyroid medication, all of that needs to be adjusted. So these shifts, they may sound small or detailed, but actually they are huge and they are huge in terms of how they're affecting people.

You mentioned a bit about thyroid types. Can you tell us a bit more about that?

Inna Topiler

Yeah, absolutely. I think this is something that's so important for anyone, but especially people who have hypothyroidism. And I focus on hypo, because that's my specialty. Of course. I understand there is a whole subset of people who have hyperthyroidism, which is a fast thyroid that could be caused by another autoimmune disease called Graves.

So I'm going to talk more specifically about hypo. Not trying to ignore the hyper, of course, but all my experience is really in hypo, when there's just millions and millions and millions of people with that. So I just wanted to preface it with that.

But if you have hypothyroidism or slow thyroid, typically what happens is you would go to the doctor, if it's more of a conventional doctor, and they'll look at your labs, and if you're lucky, they'll run a lot of labs. We'll talk about what they are in a second. But for most people, it's usually just TSH and maybe T4. And they're going to tell you two things: they're going to say either a) "Yes, your thyroid is slow, here's some medicine, I'll see you in six months".

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Or they're going to say, "Your thyroid is fine, your TSH is fine, there's nothing wrong. Your symptoms are because of something else, or you're crazy or you're making it up, or it's all in your head, and I don't need to see you. There's nothing wrong" right. So what happens, though, is oftentimes if you're only looking at TSH, from everything I explained, we know that that's not enough and their chances are there is something going on.

But for those people who are told, "Yes, you have hypothyroidism. Here's some medicine, right? See you in six months". What's really important to understand is that they know they have a slow thyroid, but it's what kind of slowdown do they have? Right? And this is what I think is really not identified, especially conventionally. So that's why people are given the same medicine and the same type of diet and the same type of plan, right.

We can have at least five different types of slowdowns, which is what I call thyroid types. So, the first is probably the most common, and that is if someone does have high TSH. So, if they have high TSH, then I call it the High TSH type. I make it very easy to understand and remember, right. I'm not trying to make it, like, cutesy or anything. It is what it is, right.

So if someone has a high TSH, what's also important to understand is there's actually different subtypes of that. So if someone has a high TSH and they also have low thyroid hormones, that's one subtype and for them, usually thyroid medication is needed because it is saying that "You don't have enough thyroid hormone and hence your TSH is being driven up, right. You need to support that".

There is another thyroid subtype of the high TSH, where the TSH is high, but their thyroid hormones are actually normal. And with that, in some situations, medicine is needed and of course it's a very case by case basis, but it also could be due to inflammation, and that inflammation could be because of Hashimoto's. So in some cases, supporting that inflammation, that's where you want to look first anyway. But supporting that might even be able to get the TSH back to a normal range if thyroid hormones are okay.

And another subtype of high TSH is how high it actually is. So traditionally, and within the US, the ranges for TSH are typically between about 0.5 and 4.5. That's what's considered normal. But a lot of more functional practitioners, a lot of endocrinologists as well, are really looking at more optimal ranges.

And it suggested that really TSH that is above 3 is already indicating that something is happening, right? So it's not 0.5 to 4.5, it's really more 0.5 to about 3. And some people will say even 2.5. And especially if you're on thyroid medicine, you don't want your TSH as 4.2, that's an indication that it may not be as properly adjusted for you.

So that other subtype is really looking at how high the TSH is. So let's say TSH is 4.1. That tells us it's not like the overtly high TSH, but it's a subtype of the high TSH type, and we can intervene and do something to support that. So that's the high TSH type.

Another type is the low T3 type. So as you and I were chatting a little bit earlier where we said that your body has to convert T4 to T3, so many people, myself included, don't have that conversion

optimized. And sometimes there's ways we can optimize it naturally. Other times, because of Hashimoto's, just how the conversion happens, there's that attack there and there's inflammation, and it may not be optimized naturally and that's when people may need medication that includes T3, whether that's Armour or Westhroid or using something like a Cytomel with T3.

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But it's really important to identify that, because if you are the low T3 type - and that would be identified by having less than optimal total or free T3 - and you are taking, let's say, Synthroid - which is one of the most popular medications, which is a T4 medication - and you're not feeling better and you're the low T3 type, right. Well, now we have a reason why, and we know how to support that versus if you just test TSH and your TSH is fine, we would never know. If we don't look further down, that T3 is not being made properly. So that's another type.

Another type is that unavailable thyroid type that I was telling you about. So that is where someone has an, okay, TSH, they're producing enough T4. They're converting T4 to T3 really well. But then because of other issues that are happening with their other hormones, those hormones stay on the bus. They don't want to get off the bus or they can't get off the bus, right?

So there's not enough hormones in the free form. And then because of that, we have them, but they're not available, so they are the unavailable hormone type. And what's really important to know is the things you would do, let's say, for someone who is a low T3 type it's not the same as what you would do for those who are high TSH type, or who are the unavailable type. That's why it's so, so important to figure that out and then support it specifically.

And then we also have another type called the understimulated thyroid type. This isn't as common, but it does happen, and that's really where someone has a lower TSH. So usually, conventionally, if someone has lower TSH, say, "Well, you can't have hypothyroid your TSH is low". But if TSH is low and additionally T4 is also low, what that's telling us is that the pituitary is actually not stimulating the thyroid properly.

So it's not even really a thyroid issue. It's a pituitary issue, and a lot of that has to do with our adrenal glands and our sex hormones. So that's a whole other type, too. And then my last type, (I mean, there's others, but these are like my last big one) and this one is very common, and it's something that I had and so many people have, and I call it the All Normal Hashimoto's type.

So what this means is that if we look at their labs, their levels are great, their TSH - and when I say great, I'm not even saying within lab range, they're right in the middle of the range, their optimal TSH is good, T4 is good, T3 is good, free hormones are good. There's also reverse T3, here's all these other hormones, they're all great.

The only thing is they have thyroid antibodies. So either thyroglobulin antibodies or TPO antibodies, and they're elevated, right. And the person has symptoms, right. They have weight gain and fatigue and brain fog and digestive issues and all of the things, joint pain is another big one.

Those folks, and I was one of them, right, when we go to the doctor all the time, we hear "There's nothing you could do", or "You have Hashimoto's. You wait and see. It's nothing you could do now". And we're also told so often that the symptoms aren't related, "Your thyroid is functioning perfectly, so there's no way these symptoms are due to thyroid".

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But here's the thing. Even though thyroid function is normal, when you have thyroid antibodies, that means there is an attack on the thyroid. And a lot of those same symptoms can happen, because when there's an attack on the thyroid, it's systemic, so you could still have the weight gain and the fatigue and the brain fogs from that attack, even if the thyroid isn't officially, so to speak, destroyed, where it slows down.

And in this situation, this is where we really, really want to support the immune system even more so. I mean, anyone with Hashimoto's, you want to support the immune system, but here, that's what you go after. You go after all the different triggers, right, the infections and the toxins and the stressors and the food and the other hormones, because that's what's going to slow down that attack.

Because we don't want to wait until the thyroid is destroyed, right. We want to slow the attack down so that if they still have good thyroid function, great, let's keep it there. So that's another really important type, and a lot of people don't realize that they have it, but if you have completely normal labs but have antibodies, then you are the All Normal Hashimoto's type. And, yes, you want to support it as soon as you can, really, right, so we can preserve and save the thyroid.

Dr Anu Arasu

And it's so empowering to know that there's so much we can do. What are some of the things that you tell people they can do to get their antibodies down?

Inna Toplier

Everyone is different, but what I do and what I do specifically in my customized programs is really look at all of the different triggers, and we're all going to have different triggers. And sometimes the triggers can be in the same category, but how much that trigger affects us can differ, too.

But if someone is doing it on their own, there are definitely things they could do more generally as well. For example, when we look at the food triggers, so often people with thyroid issues and Hashimoto's can have a sensitivity to gluten as well as dairy.

Now, I'm not saying every single person does, but there's such a connection because so many people with Hashimoto's, excuse me, also have the celiac genes, which means that even though they may be eating gluten, their body is not actually, almost like, genetically meant to process it.

So it creates, even if they don't feel bad from it, it can create this underlying inflammation. So, if you haven't tried a gluten-free diet, that's always a good place to start. Now, it is very important that people understand I am not saying that anyone with Hashimoto's will do a gluten free diet and antibodies will go down. We're all different.

And I do hear sometimes people say, "Oh, I went gluten-free, and it's amazing. It changed my life" and someone else, like, "It did nothing" right? It's one trigger, it's a big one, right, so it's worth trying and then you keep working on the other triggers until you get to as many as you can, right. But that's a big one that affects so many people.

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Another thing that I think is pretty simple to do is to look at the stress bucket. So, obviously, we all have stress and we can't necessarily change our life, but what can we do that can help to support that, right? So one of the things I talk about is just even starting to think about how you talk to yourself.

So how often do we say, "Oh, I have to get to the gym today", "I have to get to the store", "I have to get healthy today, or else", right? But if we think about the energy, like, "I have to", "I must" right, it's just that harsh energy, and our body's going to feel that. So I'm not saying you should not go to the gym or not eat healthy, but just choosing the right words, right?

What if we shift that and say, "I choose to eat healthy today because I know it's going to make me feel better", right? Do you hear the difference in that energy? Your body feels all of that, or "I get to go to the gym today", "Oh, I would love to go to the gym today", right. It just feels so much lighter and better than "I have to", or "I must". So just being really mindful of the words you use and really watching your thoughts.

So often, again, of course, there's so many different things happening, and people have all types of stress and sometimes financially or children, we can't change the way that things are. But it's how we think about them that really makes a difference. Sometimes we can go into a negative spiral and we start to think, worst case scenario, right? So, "Oh, I'm going to be late for work, I'm stuck in traffic", right? Okay. And then we start thinking, "Oh, my God, I'm going to be late". And then "My boss is going to yell at me" and then this, and then "I'm going to get fired". Right now, are you really going to get fired for being late? Probably not, but our mind just, it goes there.

So can we intervene in the thought process, right? And maybe use some positive affirmations or one of the things that I actually like to do is I like to use the phrase, "What would it take?". And what's cool about that is I'm not telling people that you need to know the answer to it. It's just a way to sort of put things out. It's kind of similar to an affirmation.

But see, what I don't love about affirmations is that if you don't feel that it's true, it doesn't feel right. So, for example, let's just say that someone is feeling really tired and they're sick, right? They're just not feeling good. If they say to themselves, "I am well, I am healthy", right, and I know a lot of people recommend that, right.

But if you don't actually feel well or healthy, a lot of times if you say that, it's almost like your mind is going to go, "No, you're not", right? So it almost feels heavy because I guess you're trying to put out something positive, but if you don't really feel it, you almost feel like you're a liar, right? And who wants to be a liar? So it almost just feels like heavy energy. But just try this on: what if you say, "What would it take for me to feel better right now?", "What would it take to be healthy?".

And I'm not saying you have to answer the question, right. But just putting it out that way versus saying "I am healthy" it's another way to do a positive affirmation that I think feels more easy in the body and doesn't feel like you're fighting with yourself. And so just thinking about it that way and doing some of those positive thought interventions can be very healthy.

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And then there's, of course, ways that people can look at, maybe doing stool testing to see what's going on in the gut, to see if there's an infection there. Epstein Barr has been really big and testing for Epstein Barr, and there's protocols you know, that we could talk about, if you'd like, as well, of how people can, you know, natural protocols to help support Epstein Barr or candida or other types of infections in the body. And those could be really helpful as well.

And then looking from a toxin perspective, doing a liver cleanse is great, but if someone's not able to do that or don't know what kind to do, what's very helpful is just to start cleaning up your environment. So looking at your personal care products, right? So, yes, of course, the foods that you eat, that's clean as it can be.

But what about our makeup and our hair care and our body care? Looking at those ingredients, if there's big, long words you can't pronounce right, then there's likely chemicals, and they can be endocrine disruptors, and they can affect thyroid and autoimmunity and everything. So these are things that, where people can start if they're doing it on their own. And then, of course, obviously they can go deeper and deeper and then get support for some of the other triggers.

Dr Anu Arasu

Fantastic. So, yes, just give us a brief overview then, of the approach to infections. Just something very brief about how you...

Inna Toplier

Well, so would depend on what kind of infection that they have. Let's say if it's a gut infection - and those are really common, H. pylori is actually really common in people who have thyroid issues and Hashimoto's. And so conventionally, H. pylori is treated with antibiotics, but there's some natural protocols for H. pylori. I use a product - am I allowed to mention products?

Dr Anu Arasu

Sure.

Inna Topiler

Okay. I use a product from orthomolecular called Pyloricil, which has a lot of herbals in it that have anti itch pylori properties in it and so that could be very helpful. These are all protocols I also have in my customized program as well for people. Epstein Barr, as I mentioned, is such a big one. And so with that, a lot of practitioners say, "Well, there's nothing you could do. Everyone has it". But if it's currently active, I like to use amino acids like lysine. I also like to use zinc and selenium and quercetin and vitamin C.

And what's nice about those is they have a lot of antiviral properties while also being safe for autoimmunity. Because that's another big thing, especially with everything going on with post Covid, a lot of people are all about doing stuff to boost the immune system. If you have autoimmunity, you want to be careful about boosting the immune system, because when you

boost the immune system, what's going to happen is it'll increase everything, including your own attack of your thyroid, right?

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So it's really about balancing the immune system. And the way I like to talk about it is if someone has a virus, we boost our viral fighting capacity versus the overall immune system. So a lot of the things that I mentioned for Epstein Barr are all autoimmune safe versus certain herbs like echinacea per se, which can have an overall boost on the immune system and can negatively affect people with Hashimoto's and other autoimmune disease as well. So it's important to really know a lot of those ins and outs, and there's a lot of nuances there.

Dr Anu Arasu

I'm so glad we touched on that because that was another really key point. Where can people find out more about your work?

Inna Toplier

Inna yeah, absolutely, well, I'm very active on Instagram: I'm [@innatopiler](#), and my podcast, [Health Mysteries Solved: Thyroid and Hashimoto's revealed](#); on my course, which is <https://thyroidmysteriessolved.com/>; and then everything is under [innatopiler.com](#) as well, if you didn't want to go to all the individual places, innatopiler.com has all of that information there.

And I'm really passionate about helping people really understand thyroid disease, especially as it comes to hypothyroidism, Hashimoto's and myself personally, I'm 44, so I'm seeing a lot of those perimenopause changes myself. And so I'm finding even more kind of in that place of supporting people overall with Hashimoto's, but then additionally even more so in these periods of the initial decline, and then as it sort of continues as well.

Dr Anu Arasu

Thank you so much. It's been invaluable seeing how all of these things are just so fundamentally inseparable and how there are changes that we can make, but it can also be quite subtle. Thank you.

Inna Toplier

You're so welcome. And thank you for having me. It's been a pleasure to connect with you.