

Insider Tips for Thyroid Testing and Medication

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Jen Wittman: Welcome back to Your BEST Thyroid Life. I've been dying to meet with this amazing woman for ages. Today, I'm speaking with Dana Trentini, founder of the thyroid advocacy blog, Hypothyroidmom.com and winner of two 2014 WEGO Health Activist Awards, Best in Show: Twitter and Health Activist Hero; welcome Dana.

Dana Trentini: Hi, I am so excited to be here. Thank you for inviting me, this is great.

Jen: You know, I am just over the moon because I wanted to meet you face to face forever and I just really appreciate all the times you have let me post articles and you have just shared such great resource with everybody. So, thank you so much, we are honored.

Dana: Thank you, I have loved having your guest posts on my site and it's just so wonderful to connect with you. I feel like I know you so now I get to see you in person and it's funny, I feel like we are friends and we've only met online. It's kind of how I feel about my readers. I have met them only online and yet I feel like they are my friends. So, one of the greatest blessing of Hypothyroid Mom is just making friends with people.

Jen: It's such a great community and such a great place to go to to feel like you are not alone because everybody is going through this together and trying to support each other. So, I am so glad you created it and I want to get into how you created it and why and I know you had a pretty arduous journey with hypothyroidism. Can you tell us about your experience and your healing journey?

Dana: Sure. It's a long story so I'll try to tell you what I think are the most important pieces. I was diagnosed, after the birth of my first son Benjamin in 2006. I was struggling to stay awake, what can I say? He would cry and I just couldn't open my eyes and I thought I was just a new mom. He was my first child and I didn't know if that was normal. I was waking up in hot sweats, sweating uncontrollably and I just didn't feel right. I had severe constipation, hair was shedding, that was the worst part. The heels of my feet were all cracked and bleeding and my

skin was just drying up. My menstrual cycles were really strange, very heavy and cramping and clotty and I didn't feel right. I went for my first post-natal visit and I said these things to my doctor and I saw her quickly writing on her prescription pad and she passed this prescription over and she said, "You know, a lot of new mothers have post-partum depression and here are anti-depressants. I see you are struggling to sleep, so here are your sleeping pills." She passed them over to me and I stared at her and I said, "I'm not depressed. I think I'm sick. I'm sick." And she said, "No, you know, this is very common and you're going to be just fine." I said, "Forgive me, I don't want to take these and I will not take these. There is something wrong with me." So, I walked out of her office and a few months later, I landed in the emergency room with very painful kidney stones. I was really lucky because the ER doctor, he saw this young person who ate healthy according to what I was telling him, I exercise on a regular basis, I guess he wondered what is this young, healthy person doing with a very painful kidney stones? Not just one but multiple kidney stones. He said, well, let's do some full testing and there in the emergency room, I was diagnosed with hypothyroidism. Now, why is that so important is that I probably went 30 years undiagnosed. I can remember symptoms since I was about six years old. So, I was the child that didn't have the energy to go out and play with my friends; everyone's out, they are biking and I just like was always sleeping and napping and sleeping long hours. I probably, if not for that emergency room doctor, I probably be on the anti-depressants, the sleeping pills. By this point, I had high cholesterol and they were talking about statin drugs. By this point, I had high blood sugar where they were talking about diabetes medication. If it had not been for that emergency room doctor who just took a chance and tested my thyroid, I'd still be undiagnosed today and probably unable to wake up out of my bed. Who knows how unwell I would be today and all I say is thank God for good doctors that think about thyroid and decide to test a person. I am forever thankful for that doctor.

Jen: Wow and in that, the loss of a child was one of your inspirations for creating this blog; can you tell us a little bit how hypothyroidism played into that?

Dana: Sure. The reason I created Hypothyroid Mom really was rage. It was pure rage. I got pregnant again so I was put on Synthroid and I wasn't feeling well. But I didn't do any research, I just trusted – well, my doctors are in New York City, they had big words on their walls, I knew they were Ivy League educated, I knew some of them even taught in medical schools. So you don't question really well-educated doctors, you just assume they know what they are talking about and when I got pregnant again, the symptoms I'm describing kind of just sky-rocketed. Like all of a sudden, I couldn't wake up. It was not possible to wake up and now all of a sudden, I felt this illness and I remember the night, I said to my husband, "It's like there's a toxin in my body. Something is wrong with this baby. I have toxins in my body." And my husband said, "How can you have toxins in your body? The doctor said you're okay." And I said, "This sick, weird feeling, this is not normal" and I miscarried a few days later. So, why I had rage is that as I was sitting on that medical exam table, they were getting me ready for the DNC, I said, "There's something wrong here. Something has happened and there's something very wrong." The moment that I left that DNC, I did some research and I discovered that the Endocrine Society and the American Thyroid Association recommended TSH less than 2.5 in pregnancy. Mine had soared close to 10.0 and my doctor felt that so long as your TSH was below 10.0, there was nothing to be worried about. But mine – I had symptoms, I was unwell. Clearly, my doctor had not read those guidelines and I lost my child because my doctor did not read guidelines. I'm

not saying I love those guidelines because there's a lot missing from them but that one piece of information may have saved my child. I had to lose a child because my doctor didn't read guidelines. Now, if you want to talk about rage, I was shaking, like – you understand shaking as I was reading it and I went, "This can't happen, this is not allowed to happen. It's not allowed to happen to my children, it's not allowed to happen to people in the world." And I said, I'm going to do this. I had never used Facebook, I had never used Twitter, I am the last person on Earth who should blog because I don't know anything about technology, I had no idea what blogging was. I had to ask someone what the definition was but somehow I knew I was supposed to share my story. I was supposed to save babies and like I said, I am the last person because I struggle. I am not a technology person. So the learning curve for me has been very steep. For the first time I went on Facebook and I made some posts, I didn't know how to post. I mean, really, craziness. But when you are meant to do something and you do it because you know that's what you're supposed to do. So here I am, Hypothyroid Mom.

Jen: Yes, you are and it's such a powerful story and you've helped so many people. So many people either have a thyroid condition, suspect they have a thyroid condition or know somebody with a thyroid condition. Can you talk about the prevalence of thyroid imbalances in the U.S. and overseas?

Dana: Sure. I think the prevalence is very important. The statistics are very important. So, the International Thyroid Federation will say that there are up to 300 million thyroid sufferers in the world. Let's think about this; 300 million and over half are undiagnosed. Think about those numbers; we're talking about over 150 million people right now, walking around don't know they have a thyroid condition. I would have probably been one of them if not for that emergency room doctor. I know I would be. There are over 150 million in the world and that's probably my conservative estimates. I'm guessing. I bet you there are even more than that. So let's assume that that's the truth. In the U.S., they say 27 million although, I have read other thyroid experts and thyroid advocates say that we are getting close to 60 million and that over half of them are undiagnosed. So again, you are talking about over 30 million Americans that are undiagnosed with a thyroid condition with majority of them having hypothyroidism. They say that women are 8-10 times more likely than men although let's not forget the men; my brother has hypothyroidism, I have men that follow me. So let's not forget them. There were children, there are not just adults, a lot of the children get undiagnosed. Think about me that went 30 years undiagnosed; I had it as a child, I'm certain. Then it got worse at puberty; I wish someone would have told my mom or I wish someone would have said "Maybe her anxiety, maybe that weight loss, maybe all those issues have something to do with the thyroid." No one ever thought to test me. My menstrual cycles were so crazy that at such a young age, I was put on birth-control pills because I had such cramping and irregular cycles. My doctor, instead of testing my thyroid, put me on birth-control pills. I wasn't sexually active but there I was on birth-control pills and I bet you any money that it was thyroid related. So you see what I mean, children are probably the group that are less likely to be detected because you are not thinking of children as having it although many of them do and they go undiagnosed and probably for many years unfortunately.

Jen: Yes, they don't think everybody is aware of the symptoms. I know I wasn't aware of the symptoms. It took 12 doctors to diagnose me, two crazy ER visits and I'm kind of like a little bit of a hippie mom. I had my kid at home, I don't go to the hospital, I had a natural home birth and

after he was born, I ended up in the ER twice because of digestive attacks. So, for me to like call my husband and be like, "You've got to call the ambulance, I got to go to the hospital" when I'm not like the most – I'm kind of hospital-averse sometimes. That means I feel like I'm going to die.

Dana: Yes.

Jen: So, I remember talking to my mom and she mentioned the whole thyroid thing and I didn't really know what the symptoms were because I thought that's for over-weight people or you know, I don't have any – why would my thyroid, I eat organically, I live a really healthy life in Los Angeles, blah-blah-blah. I thought now way it was my thyroid a problem and all the test, when they said, oh, we're going to do a complete thyroid panel on you, all those tests came back normal. So, there wasn't a complete thyroid panel done. So let's talk to people about what are the symptoms of hypothyroidism because a lot of people might have a lot of stuff going on and not even attribute it to maybe a thyroid imbalance.

Dana: What you said so resonated with me because I think that the fact that low thyroid can affect every part of your body and it can come with – one of the most popular articles at Hypothyroid Mom is called *300+ Hypothyroidism Symptoms... Yes REALLY*. Today, I can't believe how popular this article is and sometimes I think about it why is it so popular. I think it's so popular because people go, "Oh my God, can it really do that to me? It can affect my liver? It can affect my gall bladder, my heart, my stomach, my skin, my hair? Can it really do that?" And it really can. So there are all these symptoms that a doctor might look at and instead of thinking thyroid, they are thinking statin drugs for the high cholesterol, they are thinking, maybe Rogaine for the hair loss, maybe they are thinking, go to a dermatologist for your skin issues, maybe they are thinking go, get laxatives for your constipation. Or how many get hysterectomies because you've got your menstrual dysfunction, let's do a hysterectomy on you. Or like me, you have high blood pressure, let's put you on diabetes medication; all of these are potential symptoms but instead of looking at the cause being the thyroid, they are giving them other drugs or sending them to other specialists to deal with those different multiple symptoms. So, often times, the people that come to my blog or my Facebook page, they are on like a list of medications and they are like this long and I would be on a list that long if I had not found a great doctor that helped me. I already told you from the very beginning, like sure, he had a list for me and the list would be longer today. If you think about just going to the drug store, think about the 'Laxative' aisle alone and the 'Digestive' aisle that helps with digestive issues. Look at how big that aisle is, look at how many laxative products there are. Constipation is something that has affected me my whole life and I know a lot of people don't want to talk about pooping and – yes, I'll say it; I've had constipation but I'm not proud of it but I am an open book and I'm here to tell you that if you are constipated all the time, then you have to have your thyroid looked at more closely. If you are losing your hair, you are thinning, you need to get your thyroid tested as well as of course ferritin and there are other things with hair loss. You need to get your thyroid tested. If you are having really dry skin, itchy skin, hives, skin infections, if you are getting lung infections, respiratory infections, you have asthma, you have any kind of lung issues, get your thyroid checked. If you are having things like liver issues and gall bladder issues and heart issues and heart disease and diabetes, get your thyroid tested. If you having menstrual issues or infertility or pregnancy complications, or you have a child that unfortunately had a pre-term birth or had

birth defects, or has developmental delays, get yourself checked, get your child checked. So you see, there are so many symptoms, we could go on and on but those are some of the very common ones. The other one that I am very passionate about is the mental health issues. I love, Jen, the article that you wrote for my site, '*Are you having a hypothyroid freak out?*' Or are you having a thyroid freak out, all about pushing the reset button for having anxiety and panic attacks. That article was fabulous that you wrote for my site; it's fabulous because so many people are having mental health issues. Whether that's depression, whether that's anxiety and panic attacks or they are they told they have bipolar. I hear from people whose children are told they have schizophrenia or some very serious things. Some of them are put in mental health wards and then they find out that they were really hypothyroid or that they had Hashimoto's and nobody ever tested them. One of the most startling things for me is how many people will write to me and say, "I was put into a mental health ward, nobody every tested me and I have now discovered I had hypothyroidism; is it possible that it was the cause?" Yes, it is possible and I wish that before we got to the mental health wards, somebody would test them or anyone who presents with mental health issues would have full thyroid testing done immediately. I wish all psychiatrists would do it, I wish all family doctors would do it as well as for the children. I hear from so many parents, their children have various issues from suicidal to ADHD to phobias of leaving their home and then they find out that they have Hashimoto's, they find out that they have hypothyroidism or hyperthyroidism and I say, what a shame, what a shame. They could be misdiagnosed when really it's a thyroid issue and for me to hear the stories is probably the most disturbing stuff that I hear and it's so upsetting to me.

Jen: Absolutely. I mean I know you get thousands of emails, I get hundreds of emails but the emails that you get sometimes will just tug at your heart and it's just people suffering and not finding the right answers right away or being misdiagnosed especially and then when you hear it's all in your head after you've gone from doctor to doctor and you are explaining the same thing and you know your body and you know like – I know something is wrong and they are not testing you appropriately, it's so frustrating. So, I want to talk about what are the tests that you would recommend people get? What a lot of doctors and even the two hospitals I went to thought it was a good thyroid panel, it wasn't the complete thyroid panel. So talk about some of the tests that you think people need to get on a basic level.

Dana: Basic level, well, before I tell you the basic level, the issue that's happening and why a lot of people are undiagnosed or they are insufficiently treated is because TSH is often times the only test run. So TSH stands for Thyroid Stimulating Hormone; this one test, I believe, that because of the focus on TSH in mainstream medicine, that that's the reason that hundreds of millions of people in the world are undiagnosed and then the many millions more and the thousands more and the hundreds and thousands of people on Hypothyroid Mom, why are they there? They are probably diagnosed but they are struggling. Why? I believe in a large part because of this TSH. So first of all, one test cannot possibly give you a full picture of any kind of health condition; forget about thyroid. No health condition should be diagnosed based on one test. So that's first. Second is that, that range that's often used at 0.5 to 5.0 is so broad. Oh my goodness, if I had a doctor that focused on that range, I'd be sick today. I wouldn't be getting out of my bed. Now, I want you to think about that doctor who believed a TSH of 10.0 was fine. Unless you were above 10.0 that she would send you to an endocrinologist for testing. She didn't believe that you could be unwell at a TSH close to 10.0. To think of the doctors in the

world, like mine who is out there training medical students right now in medical schools, there's something wrong with that. I was an unwell woman, pregnant and she could not see it. She could not see it. So that TSH resulted in the death of my child. I lost a child because she was focused on the TSH and she was using a range so very broad that most people would be ill at a range that she was using. So, TSH, many of us are even have suppressed TSH and feel wonderful on thyroid medication and that is me. So yes, TSH is important to – if you are becoming over-medicated, yes, it is very important as a piece of the puzzle but it's so important because if I had a doctor that relied on that range, I would be so ill because I feel my best when my TSH is suppressed below that normal range and I feel fabulous. Why do I feel fabulous? Because I am lucky to have a doctor who looks at the whole picture. What should that include? Free T4, Free T3, reverse T3 and your two thyroid antibodies for Hashimoto's if you have hypothyroidism symptoms. There are two Hashimoto's antibodies, thyroid peroxidase antibodies and thyroglobulin antibodies. For me, any person presenting with hypothyroidism symptoms should have these tests done as standard. It's not being done and people struggle to find doctors who will do these tests but these tests are so essential and they are not being done and that is a tragedy and why you see so many people coming to us unwell on their medication because their doctors are using this TSH range to get them well and it's just not enough. Right now, if you want to get more elaborate than that, I believe there are more pieces to the puzzle than just thyroid, right? So I would add to that like if you were very lucky and if you had great doctors like I have and I have resources to help you find great doctors on my site so please try to find a doctor who does this. But I really believe thyroid is a puzzle with a lot of pieces and I am like a walking poster-child for this. I have all the pieces wrong with me and treatment for all my pieces have put me together and I feel fabulous. So, my other pieces are adrenal testing. In my opinion, everyone should have saliva testing for their Cortisol levels because I'm telling you, in a stressful environment like ours, our adrenal fatigue, it's like rampant. People don't know they have adrenal fatigue and adrenals and thyroids are so connected. I would guess, this is just me guessing, I would bet a majority of people with hypothyroidism have adrenal fatigue and yet the saliva testing for Cortisol is not done. They do not know that they have adrenal fatigue. I am benefiting from adaptogenic herbs as – so, if you got the testing, you would know that you had adrenal fatigue. Sex hormones are also linked, that has been a piece for me, nutrient deficiencies, including selenium and magnesium and vitamin D and B-12 and iron; like all these things have been so critical for me and for me also food sensitivities in particular, gluten. Going gluten-free has been very helpful for me. I've tried going dairy-free as well, it hasn't made much of a difference, we all have different food sensitivities but the gluten-free is like a key one for me. But so you see, there are different pieces of this puzzle right.

Jen: Yes, and you really have to test a lot of things. I think I want to add also, I think it's important for people to test to see if there are any parasites in their stool because I don't think I found a client of mine who hasn't had and myself who didn't have a parasite and then removing that and that's a constant inflammatory thing going on in your body. So removing that, the thing that's inflaming you and in addition, all the food and all that stuff is super important. So I think that's another important one to mention.

Dana: And I want to add to that because you brought on, my goodness, there are so many new things that we could talk about like from blood sugar to heavy metal toxicity; I want to talk about infection. So not only parasites but chronic bacterial infections and viral infections and Candida;

Candida is a big one and I wonder how many people are walking around with Candida and they have no idea. And these infections are so inflaming to our bodies but that kind of testing isn't normally done and so why – that's why I'm drawn to these doctors like functional medicine doctors that look at the underlying cause and I'm drawn to them and I bring them on Hypothyroid Mom as guest writers because I am fascinated by these underlying, possible causes. So yes, absolutely. Wouldn't it be great if everyone had these kinds of tests, had them as standard so that if they had these kinds of issues, they would get them resolved? But medicines kind of backwards right, like we give them prescriptions to band aid the symptoms but you are not looking underneath to figure out well, why that happened in the first place? Maybe we could resolve a lot of mental health issues and a lot of health issues if we figured out what was the underlying cause.

Jen: Absolutely and I think that one of the challenges is just that in medical school – this is not a doctor-bashing thing; it's just like in medical school, they are not actually informed. I have had several doctors tell me that in medical school, they learnt nothing about nutrition or had one nutrition elective. Meaning, they didn't have to take a course on nutrition.

Dana: Oh wow.

Jen: So, that is a fundamental part of healing. So, if our own medical schools aren't educating people on nutrition, what are they leaving out about the thyroid picture? Because as you and I know, a lot of conventional doctors, they won't test you further because they basically are waiting for your TSH to get out of range and then maybe they'll look into the antibody thing. But my TSH has never been out of range, not have been out of the normal range but certainly out of the optimal range. Can you talk for a minute about the difference between the normal range and an optimal range?

Dana: Absolutely. So, the other major piece is not only they are not getting the right test but the ranges for each of these are very broad, right? There's a very big difference between optimal and normal so everyone writes to me on my Facebook page but they tell me that it's normal. They don't say it, they just say "it" is normal. Thyroid is normal; they don't even – they don't know which of the test were normal so probably it was TSH alone but they just say that the thyroid is normal and I write back and I say, "Well, normal doesn't mean optimal." So, in the case of TSH for example, thyroid advocates are trying to narrow the range. So if you are using the traditional 0.5 to 5.0 with is too broad, especially if they are using 0.5 to 10.0, that is crazy. Okay, so they are trying to narrow it and I read a lot of people that say that a TSH of 1.0 to 2.0 is ideal and others that say less than one; well, guess what, mine is far below that I feel fabulous. So, what I can tell you is that optimal is different for every person. If you talk about for example, Free T3, Free T3 is key for me. I do not feel well if my Free T3 is lower-middle of the range. I feel awful. My migraines begin, the chronic headaches begin as soon as Free T3 falls to the middle, the headaches are my warning. "I bet you my Free T3 is middle" and I go to the doctor and I do the labs and guess what; it's middle in the range. I feel my best top quarter of the Free T3 normal range. When it is in that spot, that's my sweet spot. Now, is that the sweet spot for everyone? No, I don't think everyone is identical but what I can say to you is that these ranges are very broad and that just because you are normal, it's about finding where in the range you are optimal. Some people will feel fabulous in the middle and I am happy for them. I feel fabulous when it's

nearing the top of that Free T3 range. So, you see, like optimal is different from normal. Now, Free T4 for example, you know, when you read people say, middle to the top range of Free T4, I personally feel great in the lower end of Free T4. I feel well. I love being low Free T4 and top quarter Free T3, that is my sweet spot. So, I think that even we can talk about optimal but I don't even think optimal is the right word because I think that optimal is dependent on each individual. Does that make sense?

Jen: Absolutely. Actually that is something – I work with this great, functional doctor for myself and he was – what's great about him is that we are colleagues and so we'll just sit there and talk thyroid shop all day long. We have this discussion just recently about – I said, "Why can't they pin down what the normal range should be or what the optimal range should be?" I read a ton of research and they report all kinds of different things for "optimal" and really it comes down to an individualized optimal range but that takes testing and investigation and all that kind of stuff.

Dana: Part of this problem is that maybe we are expecting a quick fix because I'm on Nature-Throid. I am on a combination of Nature-Throid and compounded, time-released T3. It took six months of investigation to get me to optimal. I'm just really lucky I have a doctor that kind of played around, was exploring options, put me on Armour, I was doing well in Armour and they reformulated Armour somehow and then Armour wasn't working for me. She switched me to Nature-Throid, I was doing great. She upped my dosage slowly, kept asking me, "How are you doing Dana, how are you doing?" "I'm doing okay, I'm doing okay." "Let's add on some compounded time-released T3 and see how you do." Bingo, the combination I went back, she said, "How do you feel?" I cried in her office and I said, "I didn't even know I could feel this good. I don't think I have ever, not even when I was a kid, felt this much energy. I feel fabulous." I hugged her and I said – I just sat there and I cried and you know, you need a doctor that's playing or open all the options and then says, there isn't one thing that is right for everybody, let's figure it out. There are different things we can try and let's figure it out and when she got me to optimal, I swear to God, my whole life changed. The whole life changed, I went on to get pregnant at 40 with my second son that was four years ago. My little baby tomorrow is turning four, alleluia! That is a blessing and it was all thanks to a great doctor that got me optimal and he would not be here today. He would not be here if I hadn't found a great doctor. So, yeah, miracles can happen right?

Jen: Yes, so let's talk about then thyroid medications. Which types of medication do you believe are the best for thyroid? Kind of explain what each type is for everybody and then how to take them properly.

Dana: Okay. Very good question; I am sure that there are different opinions depending on who you interview. I am basing it on not just my personal experience but by the hundreds of thousands of people that have written to me or joined me and told me what their experience has been. My opinion is that there is no one treatment that's right for everybody. That's what I have come to understand. We are all different, our individual body chemistry is different. Each of those brands has different fillers, binding agents and dyes so what might be great for one and then you hear from others they say, "Oh my God, I was awful on that. I felt awful." So, you see, I think it's all very individual but one thing I do know, one thing I do know for sure, the main

drug that is prescribed in mainstream medicine are T4 only, Levothyroxine drugs. The most common brand is Synthroid. What I know, I hear from people who do well on T4 only levothyroxine drugs, small number of them that I hear, so probably if they are doing well, they are not looking for me because they are doing well and they are not looking for thyroid support. So maybe that's why. The rest, the thousands, the hundreds of thousands of people that are looking for you and looking for me, it's because they are not doing well on those traditionally prescribed drugs. They are not doing well and that I think is because our bodies are supposed to convert the T4 and those drugs to the active T3 that actually is what is utilized by the cell and is the active forum that needs to be produced. But if your body for whatever reason is not converting T4 to T3 and you've got low T3, you're struggling on Synthroid. So that's what I have discovered is that the majority of us, many of us who don't do well on that do great on T4 and T3. Now, there are different ways to do that too because you can do synthetic T4 and T3 and I hear from people who say they are doing lovely on that and are fabulous. Then there are people like me who are on natural desiccated thyroid, they are different brands like Armour, Nature-Throid, there are different brands, you can even have compounded medications. Which one is right? I think you have to have a doctor open to exploring to find out what is right for your body. If you are having a bad reaction to a medication, call your doctor right away. Many people who are either allergic or sensitivity reactions to one medication or another. So, different options and it's about finding what's right for you. I mentioned to you that I hear from so many people doing really well in Armour for example and I was doing fabulous on Armour and then I think it was around 2009 there was some kind of a change in Armour and all of a sudden, my symptoms started coming back. I was lucky my doctor was willing to switch me to Nature-Throid and fortunately that does wonders for me. So, yet I hear many people doing great on Armour. So that's just an example of how our bodies are just different. Another important thing you mentioned how to take your thyroid meds properly, there are a couple of things that I didn't know about in the beginning that I think affected my absorption of my thyroid meds. I think this is really important for people to know. They recommend that you don't eat or drink anything besides water within an hour of taking your thyroid meds. That's because there could be things in the food or the drinks that we take that can interfere with absorption. If you are taking for example, vitamins that have iron or calcium, they suggest waiting three to four hours. Now remember, some orange juice has calcium in it or if you are taking a pre-natal vitamin or a multi-vitamin that has iron and calcium, so bottom line, what I do is I don't take mine with anything but water. I spread my meals, my other medications and my other supplements, everything away from my thyroid meds. I bet you there's more things that interfere with absorption than what we are discussing, so just to be safe, I just take it with water and I just wait before I eat, before I drink, before I take other vitamins or take any other kind of medications. I just make sure to keep it totally separate from everything else.

Jen: Great. So you write about – I want to talk about last five minutes that we've got here, about being an advocate for yourself. You know that's my take-two. So, why is this message so important to you?

Dana: This is the whole reason I created Hypothyroid Mom because when this was happening to me with my child when I was pregnant and I could feel that I was not well, I could feel it and then I said to my husband, "There's something wrong." I miscarried my baby a few days later. My body was whispering or shouting warnings to me that I was not listening to. I wasn't

listening to my body because I was calling the doctor's office saying, "I don't feel good." And they would say, "You're just pregnant. It's normal." I said, "I've been pregnant before and it didn't feel like this." They said, "You are just pregnant." And shut me down and then I shut down the voices and then I didn't get a second opinion because like there are words on their walls and these are like Ivy League trained doctors and I didn't get a second opinion. I failed to be an advocate for my child. I failed. I should have said, "Fire you" and go and find somebody who would have tested, figured out what was wrong with me. I should have gotten a second medical opinion and I did not and I did not listen to my instincts and I failed my child and I felt such guilt, like guilt that I didn't – because I knew something was wrong and I didn't listen to my instincts. That guilt drove me to thyroid advocacy because here I was, not being an advocate so I said, I sure as hell am going to be an advocate for everybody else. I failed back there but let's move it forward, I am going to be an advocate for other babies and mothers so that it doesn't happen to them and their babies and that is what fuelled me to do this Hypothyroid Mom. Two years later, here I am and it has come full circle because now I feel like in my child's name, I created Hypothyroid Mom and I am saving babies. So I guess it's been healing for me too. I feel like that wound has healed and I think my child watches over me when I am talking to you Jen about Hypothyroid Mom; I can feel like my child gets it, understands it. I feel bad for what I did and now I am moving forward and trying to find a way to help others so that it doesn't happen to them too.

Jen: That is really beautiful and so powerful and so true. You can't even really beat yourself up so much about it because we are socialized especially as women but in general not to question authority, not to question experts.

Dana: Yes.

Jen: And so a lot of times – and you think that they do know more than you and so you think, well, my doctor knows and I am in a safe spot.

Dana: Yes.

Jen: I think the lesson here and what you and I both believe in is, you know your body better than anybody else.

Dana: Absolutely.

Jen: If you are not getting the answers from your doctor, find another doctor and what's great, and I would say, find another health coach too. But really, find another doctor. What's great is that there are more and more functional doctors out there and becoming more accessible to us and functional doctors really do look at the whole picture. So if you are not getting the answers in the conventional medical system and it is a little pricey or sometimes you go to a functional doctor, what is it worth to you to feel healthy and to feel vibrant that's right? It may be worth the one-time shot or the two-time shot of \$300 to go work with that functional practitioner who is going to have the answers for you and who is going to look at the whole picture.

Dana: Absolutely. Now that I am optimal, I only have to see my doctor twice a year so I pay out



of pocket but the price of just visiting her just twice a year, that changed my life. Those dollars that I spent were well worth because for the rest of my life, I live a different life. I have a child as a result of it. So I know out of the pocket, it's hard for a lot of people in different financial circumstances but if you think of it that way, you are paying for good health. I guess we can find people that are within a price-range, some are obviously are more expensive than others but if we can find people that are in our price range, who really get us well, is really valuable.

Jen: Yes, what is your life worth? What is living the life worth you want worth? That's what it really comes down to.

Dana: Yes.

Jen: So, I want to thank you for all of your amazing tips today.

Dana: Thanks.

Jen: I want people to go over to Hypothyroid Mom because I love and repost your 300 symptoms article all the time so that people really understand what could be contributing – how thyroid imbalance can be contributing to a symptom that they might have that they think has no relation.

Dana: Right.

Jen: So you have a load of resources, I just want people to go over there and I really want to thank you for your time today.

Dana: What a pleasure. You are a real sweetheart and I am just – I love what you are doing, how you are giving concrete tips to people in this event that you are having and I think that how do we bring this stuff into our real world and really make changes in our own world, and I'm just happy to be here. Congratulations.

Jen: Thank you.

END OF PRESENTATION