



Healthy Moms Podcast

BY **Wellness Mama**[®]
simple answers for healthier families

Episode 118: An At-Home Approach to Balancing
Thyroid Hormones with McCall McPherson

Child: Welcome to my Mommy's podcast.

This episode is brought to you by My Green Mattress. If you've been reading Wellness Mama, you know that I have used and recommended natural and organic mattresses for years. And I've tried a lot of them. We spend a third to a half of our time in our beds, especially children. So this is one great place to optimize and reduce exposure to harmful chemicals. We've tried, like I said, several different mattresses over the years and I love all the ones that we've tried. They're all natural options. But I've been getting a lot of requests for a more budget friendly option that is good for kids. Which is why when our littlest needed a bigger mattress, we ordered one from My Green Mattress. They are GOT and GOLS certified, they are GREENGUARD certified and they're completely natural. They're also much less expensive than a lot of mattresses. So you can check them out and find out more at wellnessmama.com/go/green-mattress.

This episode is brought you to by Joovv red light therapy, which has become an integral part of my daily routine and here's why. Joovv has red lights with specific wave lengths of red light that increase ATP, which is Adenosine Triphosphate Production, in the body by supporting the mitochondria. Now since ATP is responsible for not just your energy that you feel, but pretty much everything that happens in your body, this is a big deal. This therapy is also known as photobiomodulation and it has well documented benefits for skin health, for energy levels, for recovery after injury or surgery, for improving thyroid health (which is what I'm using it for), and even as an anti-aging device because it increases collagen production and hair growth and reduces hair loss. So lots of cool benefits. You can check it out, the one that I use, at wellnessmama.com/go/joovv. You can also check out the show notes for more information.

Katie: Hi, and welcome to the "Healthy Moms Podcast." I'm Katie from wellnessmama.com. And I'm here today with McCall McPherson who I met recently and absolutely loved her. She is the founder and the co-owner of the Modern Thyroid Clinic, which is a thyroid center, functional medicine practice in Austin, Texas. She's also a TEDx speaker. She's a thyroid patient herself, and her passion is for really helping people with thyroid disease find answers, and, basically, this stemmed from her own struggle of years of mismanagement of her own hypothyroidism. And now she passes on everything she's learned and her understanding of proper thyroid care to her patients and those that she works with. And her philosophy is simple, "There's no reason to still have thyroid symptoms." And she spends time helping thousands of people recover from them. So, McCall, thanks for being here and welcome.

McCall: Yes, thank you so much. I'm really excited and grateful to be here with you, Katie. So, I appreciate it.

Katie: And I'm grateful to have you here. And I think, even though it's off-topic, to start, I would love to highlight something and have you tell a little bit of a story about it because it really shows what a huge heart you have and what an amazing person you are. And that is that you and your husband, I believe, were pretty incredible and amazing when Hurricane Harvey hit Houston. And, from what I read at least, you guys helped hundreds of people safely get out of their homes and were down there even after the government had said, "We're done for the night." So can you talk about your experience with that just so people could understand your huge heart?

McCall: Yeah, that is so sweet, Katie. You totally caught me off guard. I'm blushing. So, you know, we are in Austin, a stone's throw from Houston. And when we heard about the flooding in Houston that was going on, what was really striking... And I'm not sure if people outside of this area would know, but when I would read news articles online, underneath every video or column, there would be about 20 people literally begging for their lives. So it would be comments like, "Please, help me. Me and my three kids are here in our house and

we've got water chest-high. We've been calling 911 and the Coast Guard for days, and it's all night and it's been busy," because this was early, but that that went on for five days.

So I talked with my husband about it and he was like, "Oh, I'm gonna go. I'm gonna find a boat and I'm gonna get there. I'm gonna go rescue some people." So he left, and I was really thinking about what I could do on my part from three hours away. And what ended up happening is I created a way to crowdsource a rescue map. So victims or families of victims could pin their location and then civilian rescuers would know where to go to find them. And I created that. I created a supporting Facebook group. And over the course of just a few hours, it went viral. And by the end of it, we had over 100 boats dispatched every day. We had dispatchers on the backend, which was mainly moms at home from all across the world. Twenty four hours a day we're dispatching civilian rescuers. And we lost count at saving over 12,000 people...I mean, excuse me, 2,000 people rather, and went on for days after that. At the same time, we were left with this platform to help people. So we created... I'm so glad you brought this up. We created a benefit that was a week and a half ago, and actually, Matthew McConaughey was kind enough to host it and really come alongside us.

And we created a unique way of helping families and that we are sponsoring direct families that we rescued ourselves or our dispatchers helped, and we're sponsoring them for a year and giving them a monthly stipend on Amazon Prime, which those two are being donated for a year. So we've raised \$100,000 so far to help these people and these families. And if any of you wanna get involved and make a one-time contribution or a monthly contribution, you can totally text to donate, the number is 512-269-0797. And it's a tax-deductible donation. And I assure you as the founder of this movement that I will spend your money so well, and I'll help so many people. Thank you, Katie, for bringing that up. We're just grateful that we got to play a part in some of that rescue efforts.

Katie: That's awesome. And I have a lot of extended family in Houston. So I'm so grateful for you guys in the efforts you did. And I'll make sure all that info in the show notes as well. I just thought that would be an awesome segue because I know when I met you in person, I was blown away with just your heart and how much you wanna help people. And when I saw that online, I just, like, it really brought that home for me. So I thought that'd be an awesome intro for people to get to know you.

McCall: Thank you. I'm honored.

Katie: And speaking of getting to know you, so I've shared my thyroid story quite a bit on this podcast and on my blog because I think we might have had some similar stories and that it took me a really long time to actually find answers and start feeling better, and there seems to be so much misinformation in the medical community. But I would love to hear you kind of go through your story and how you found your own answers and then how that translated into your practice.

McCall: Yeah. So, you know, when I was 27, I was already practicing medicine, regular conventional medicine. And I went into my own thyroid crisis. And what that really looked like, for me, was I went to work every day, and I came home at 2:30, and by 3:30, I was flat on my back, recovering and preparing for the next day. And that's how I spent every afternoon and evening for about six months. Weekends were the same, just never leaving my pajamas, hardly leaving my house. And my husband is a musician, and he was actually on tour. And we were newly married, and I vividly remembered being like, "Oh, thank God, he's leaving again. Now, I can like hide and not feel ashamed that I can't do anything and I can hardly function."

Obviously, much like you, I'm sure, Katie, I was like begging my doctor for help. He was really, really dismissive. And I was already on Synthroid. And he was really only checking one of my lab numbers, my TSH and not a full panel, and actually telling me I needed less medication even though I had every last symptom of

hypothyroidism. So I was just so desperate and felt so alone. And I ended up getting on the wait list for who was then the only integrative medicine doctor in Austin back then. And I waited three months to see him. I had never had any experience with integrative medicine, went and saw him, and he really took a deeper look at my thyroid, told me my medication wasn't working for me with my biochemistry, put me on a new one. And within six weeks, I had a complete paradigm change and I got my life back.

So that really made me look at medicine in a different way and keep that man, Dr. Ron Manzanero was his name. He very quickly became my mentor. And I integrated that into psychiatry, which is what I've spent the majority of my conventional training doing before I inserted myself into functional medicine. And the strangest thing happened. When I started practicing functional medicine years ago, I began in psychiatry, and that was kind of my niche. But I obviously had several thyroid patients, because depression and thyroid are like one and one, right? If you have a thyroid problem, you have depression. And I would get these patients with depression who were really just hypothyroid, and I would treat them.

Well, eventually what happened is those people went and spread my name far and wide. And there was a shift in my new patient population a couple years ago, and 80% of my new patients became thyroid without me ever marketing myself as a thyroid expert. So I was like, "Okay, there's something going on here. I think, you know, I love treating thyroid patients. There are so many of them that are suffering and not getting great care or even seeing a doctor who knows the basics about how their thyroid works. And I think I wanna dive deeper into this." And my partner and I who... My partner is actually the physician who gave me my life back so long ago.

We created Modern Thyroid Clinic here in Austin, which is a functional medicine practice that specializes in complex and treatment-refractory thyroid disorders. So I'm grateful that my patients kind of created this niche for me. It's so fulfilling.

Katie: Yeah, I bet. I know people are gonna ask, so I'll ask you now, do you guys see people virtually at all or can people who aren't in Austin still find you guys somehow?

McCall: You know, I am happy to do consults with people virtually outside of Texas. I can't prescribe medication, but I can absolutely lead them through what needs to be done, and they can partner with a local physician. The way that I can see patients out of our area is, as long as they fly in to see me initially if they're outside of Texas, I can treat them. And then people who are inside the state anywhere, I can see virtually.

Katie: Okay, awesome. So we'll make sure to have links to your clinic as well in the show notes, because they know that's...It's a hard thing. If you're like us and you're really struggling to find answers and there's no one in your area, it can feel like you're kind of lost, like there's no really hope. So that's amazing. So you're working with all these thyroid patients, why do you think we're seeing such a rise in thyroid disease at this point?

McCall: You know, it is fascinating. It's truly my belief that if you're a woman and you have children, and even more so if you have a family history, it's not a matter of if but when. It's just becoming so common. And I think it could be innumerable in kind of the starting point, you know, inflammatory lifestyle, stress, just the overload of endocrine disruptors that we're exposed to every day. It could be so many of these things, but I'm starting to look at it kind of like vitamin D deficiency, and that it's ubiquitous, right? If you're not supplementing vitamin D, you're deficient. So if you're not, everybody start. It's just becoming everywhere. It's an epidemic.

Katie: Yeah, I definitely see a lot of comments from readers and it seems to be definitely on the rise. So I'd love for people like you to kind of take us through that like... I know there's a lot of people listening and how I was for years, but I think that they might have a thyroid problem and like you and I had been to a doctor who said

everything was normal. So if someone's in that scenario where their doctor is saying their labs are normal but they still are having all these symptoms, and they've done the research and they can't find answers, what advice would you give these people?

McCall: Yes. So, you know, part of my goal outside of direct patient care is giving people access to the information that they need to get help and to get their life back. So my goal, even with this podcast, is to pull back the curtain of thyroid treatment and information so that people can understand what labs they need, what their labs mean, how they can even get labs, and how, you know, medication can help them and what medication might be better or not. So we're gonna go through so many tools today that people can use to get that information. But I will tell you, the one piece of advice that I can give prefacing all of this is don't give up because there is hope, and my whole belief is there is no reason to still have thyroid symptoms. There are people that can help you completely get your life back and eradicate those symptoms.

Katie: Yeah, absolutely. That's been my experience for sure. So let's start with the beginning like when it comes to thyroid disease and thyroid testing, there's a whole lot of different things that come into play that you can test, and different doctors test different things. So can you take us through some of the basics of like what are the different thyroid hormones, and how do they work together, and what do we need to test to get a whole picture?

McCall: Yes, so absolutely. So the biggest kind of lag in conventional medicine right now is that they are very much still operating on the TSH paradigm and even sometimes they'll test free T4. Both of those things are in no way shape or form adequate. And I'll kind of take you through piece by piece what everything means. But to give you kind of a general layout of the labs that you need, you need TSH, free T4, free T3. Ideally, you also have reverse T3, and then the two main antibodies that are associated with Hashimoto's, so TPO antibodies and thyroglobulin antibodies. All of that will give you a lot of information and the information you need to know your true thyroid status. You know, as far as like taking you through the biochemistry piece...and I do think albeit might be a little bit boring, I think it's so imperative for you to understand how your thyroid works and for you to be able to advocate for yourself.

So, let's kind of start at the beginning, and really where the starting point happens is your brain sends a message to your thyroid by way of TSH, thyroid stimulating hormone. So that's its job, right? It stimulates your thyroid. That really just tells me how hard your brain is asking your thyroid to work or another way of thinking about it is how much energy and effort biologically your body's putting in to whatever your output is because we still haven't reached the output area. Now, regular conventional medicine uses this as the gauge for people's thyroid status because your thyroid is supposed to be on a feedback loop. So when you have plenty of output hormones, it should send a message back to your brain and lower your TSH, meaning, "Oh, we don't have to work so hard. We can relax. We have plenty of thyroid hormones," and your TSH drops. Inversely, when you don't have enough, it should send a message back to your brain and say, "Okay. Well, we need to pump up the volume here. We need more thyroid hormone. Elevate TSH." And that's why that's the indication for hypothyroidism.

The real problem is this. So by the time people arrive at my practice...and maybe that's not representative of the regular hypothyroid population. But here at Modern Thyroid Clinic, 80% of the time, that feedback mechanism is defunct, and it's not working. So then 80% of the time, if we compare that to the regular world when people are being screened by TSH, that mechanism doesn't even work. So how can we use that? You know, and the second really big thing I wanna hone in on for TSH for you guys is that anytime you're on a T4-based medication, so Synthroid, Levothyroxine, Unithroid, Tyrosine, all of those completely disrupt that feedback mechanism and then your TSH is completely invalid. So if your doctor is going off your TSH to gauge your treatment of your Synthroid or T4 medication, it's never going to work. So you need a full panel.

And what that looks like, right, so then your TSH stimulates your thyroid, your thyroid secretes a hormone called free T4. So free T4, I want you to think about it like crude oil. Crude oil, so we can't put it in our car, but we need it to make gasoline to put in our car. Unless we have the ability to convert it to gasoline, we're really not going anywhere in our car, right? So it's what I call conversion dependent. It's dependent on your ability to convert crude oil to gasoline. And it doesn't do us any good unless we can do that. So T4 is inactive. And that is actually what Synthroid, Levothyroxine, Unithroid, Tyrosine, they are T4. So they have to be converted to T3. T3 is your thyroid gasoline. It's what makes us feel good. It's what drives our metabolism, our cognition, our mood, our sex drive, our, you know, skin health, our hair, everything. It's just sort of the true dictator whether we're hyper or hypothyroid. We have to arrive there before we're going to feel good. And that's why so many people advocate for medications with T3 in them.

Now, at the same time, when we think about kind of the biochemical cascade, T4, your crude oil hormone goes one of two ways, it becomes gasoline or, inversely, it gets shunted to an inhibitory mechanism called reverse T3. So reverse T3 is actually just T3 in reverse, which allows it uniquely to bind and land in the same landing spot as T3. But instead of activating it...to think about it simply, let's think about our energy, right? It blocks it and keeps free T3 from binding. So the higher that number is, the lower absorption of free T3 that you get. And that also tends to elevate in people who have conversion disorders or difficulty converting their free T4 to free T3. So that's kind of a long-winded way of understanding what has to take place for you to feel good in terms of your thyroid function.

Katie: That makes sense. And that would explain why so many people can be on, like, one of these medications like Synthroid and still not feel good. So if someone is on, say Synthroid, and is having that T4 conversion problem, what would be something that would help them, because I feel like there's probably a lot of people listening who might be in that situation.

McCall: Yes. So I think truly it is the outside of like lack of diagnosis for hypothyroidism, which when you're basing it only on TSH, takes a decade, in my opinion, before your TSH will drift far enough that you'll be able to recruit help, right? So and obviously, you don't wanna work off of that paradigm in terms of only the TSH. But with T4 medications, so many people don't get well. And when that happens, what happens if you can't convert crude oil to gasoline right? You start stockpiling crude oil in your garage and you get a ton. When that happens, that triggers the feedback mechanism to tell your brain, "Hey, oh my gosh, we have so much thyroid hormone. You can slow down TSH," like, "We don't need that much, lower her TSH." And that's why doctors say, "You look great. Your thyroid looks great. You definitely don't need any more medication." Meanwhile, your T3 can be inexistent, right?

So what we have to do to address the issue of conversion in people on Synthroid and Levothyroxine and Tyrosine, those medications, of course, we wanna facilitate conversion. And we can do that by covering the basis of what drives poor conversion. So this reverse T3 mechanism, so when you poorly convert and your body shunts your T4 to reverse T3, there's actually a purpose in that. It's protective. And your body does that when it wants to make you tired, and it wants to make you tired so that you recover. So if we think about cases of, "Well, why would my body want me to recover?" Those are the cases when your diversity three elevates. So that's when you hadn't slept, when you're stressed, when you're inflamed, when you have poor micronutrient absorption or, you know, access, when you're pregnant, when you have a sickness. So, all of those things drive your reverse T3 up so that you get tired because you're not able to absorb any T3.

So if we kind of take back steps from that, right, we can look at what we can do. So sleeping well is huge. I have seen people who don't convert purely because they have chronic insomnia. So let's fix that. Stress, stress management is huge, mindfulness, meditation obviously, that also goes into the fact of sleeping and

recovering. Micronutrient depletion, you know, supplement companies have made this so easy for us, you know. Great supplement companies make, in one capsule, a supplement that can cover every last darn micronutrient you require for conversion. So some good companies are designs for health, zymogen, orthomolecular, all of the great pure encapsulations to the great supplement companies. That just bottle and package that up really nicely for us. Then when we look at inflammation, this is where diet is huge. And I don't know if you've ever done this, Katie, but IgG food allergy testing, have you ever dug into that at all?

Katie: I have. Yeah, I was surprised for me, because I've avoided gluten for years anyway. And so I expected that to be a problem. And shockingly, wasn't. I still avoid it. But I came up with IgG issues for dairy and eggs, which I've heard are pretty common in thyroid disease patients.

McCall: Yeah. And, you know, I love the IgG food allergy testing, because it gives us like black and white answers, you know. So we're not like, "Okay, I need you to go on this very strict diet for the rest of your life." People become sort of...after a while, they're like, "Oh, I think I'm good. Now, I don't need to keep doing that," or, "This is totally unsustainable," right? But if we have a map of what you can and can't eat, dairy, eggs, and then, you know, gluten, then they can kind of hold to that and stick to it really well for a long time. And not really...I mean, for me, diet is such a modifiable thing to regulate our inflammation. I love harnessing IgG food allergy testing. And then, obviously, if I had to pick like blindly a diet that people could do at home without IgG food allergy testing, I would say Paleo. You know, Paleo is reasonably sustainable and you can still have access to an enormous amount of information that can help facilitate support and that kind of thing. So that would be what I would go with as far as diet that supports conversion.

Katie: Gotcha. What do you see as being some of the common food allergies, like would you agree like the dairy, eggs and gluten are those big ones? And what other ones do you see?

McCall: Yeah, so when I do... It's really interesting because you'll hear these people say, "Oh, well, this gluten-free thing, it's totally just a fad." But in reality, when I do all of this food allergy testing, the number one thing that I see most commonly people react to in a large category, meaning there's like a categories of foods and categories will light up like a Christmas tree when they really drive a highly inflammatory response, dairies has been number one in my experience, then gluten, then legumes like beans, and then grains of any kind, then probably eggs, and then nuts. So I would say the bulk of people, it's gluten, dairy, and then after that, it's legumes. It's pretty interesting that I get to like objectively see what I believed for years to actually be fact.

Katie: That is really interesting. And what about on a nutrient level, because I've read a lot of studies kind of like people with thyroid disease tend to be maybe more deficient in selenium or iodine or zinc. There seem to be some links there. Do you notice that connection in people and like what nutrients would you encourage your patients to get from either food or supplements?

McCall: Yes. So there's three that I really have noticed. Iodine is probably number one. So, iodine I2 is becoming ubiquitous in people for deficiency like everyone just seems to be deficient in iodine. So I actually advocate for low-dose iodine supplementation and don't obviously advocate for the iodine in the salt, because I don't think that really does people an enormous amount of good. And then the second is zinc, and the third would be selenium. Honestly, what I tell people is get the combination of nutrients that facilitate a to z your conversion, and then even upstream in your brain with the iodine and just get one pill. So they'll feel like they're taking six pills a day. Zymogen has a great thyroid supplement that is made specifically for conversion.

Katie: Awesome. I'll make sure to find that one so that we can link to it and also the other ones you mentioned. So if someone has thyroid disease or suspects they do and they can't find a doctor where they are, if they wanna just try to start with like the diet and lifestyle factors at home, like what kind of guidance do you

usually give someone just starting off there?

McCall: Yes. So for diet and lifestyle factors... And I do wanna swing back in a minute for labs and lab interpretation. But diet and lifestyle, I would say if you can do food allergy testing, there's a direct-to-consumer one that I believe EverlyWell does. And I've heard great, great information back about it, and I've seen a couple that people have come to me with and they seem to be quite valid. If you don't wanna do food allergy testing, I would say try three months of paleo. Three months is a great amount of time for that chronic inflammatory immune response, the IgG component of your immune system, three months is a great amount of time for that to wear out from all the inflammatory foods that you've been having and see how you feel. It does take time and put a lot of effort into it for a few months so that when you get feeling as good as possible, it's much, much easier to detect when you start to feel poorly again from foods as you reintroduce them. Ideally, for me, I would have patients start with like a Whole30, and then move into paleo, and then stay on some kind of long-term paleo after that three-month period, even if it's like an 85% of the time if they can't fully commit to 100% of the time. But, you know, the way that I practice medicine is really, for me, one, I don't really ask my patients to do things that I don't do myself and I'm not 100% paleo, I'm more like an 80% paleo lady. And two, I think, for me, it's about small changes over a long a period of time that you can live with and completely accommodate yourself to as opposed to really rigid dogmatic, you know, intentions at first and then three weeks and you're like, "This is crazy. I can't keep doing this," you know.

Katie: Yeah, I think that's a good point because it's so easy to like get gung-ho and wanna jump in. But if it's not sustainable, then you're gonna burn out on that in a few weeks and then rebound.

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Katie: And you mentioned the testing and, like, so I wanna make sure we circle back to that too. So like what are some of the things you're seeing on testing when you do them with your patients?

McCall: Yes. So as far as testing goes, right, part of the hard part with thyroid issues is that you don't really get answers because your doctor doesn't really check a full round of labs. There are ways that you can get lab

work directly to you without having your doctor order it. I believe EverlyWell does one. I know there's a company called Yourlabwork.com, and I've asked them to consolidate a thyroid panel if you do /mccall, and I think it's like 130 bucks. So it's not bad. So you can actually order lab work, get objective information on your labs. I have neatly kind of consolidated what labs you need and what they mean, like interpretation as far as when are you actually hypothyroid and what should your labs look like if you're not or if you are. And you can get that at modernthyroidclinic.com/gift. That takes you two steps in, to be able to gauge your thyroid labs and where you're actually at because truly the main things that you wanna look for are T3. You want your T3 to really be around 3.4 to 3.8. And don't freak out if you are in the car and you can't write this down, you can go to that website and get all of this information. But especially people on Synthroid, I almost always find low T3 if they're in my office.

And then, obviously, an elevated TSH 2 is a definitive marker for hypothyroidism. And, really, anything above two is really indicative of hypothyroidism. So, you know, in general, the problem outside of just TSH-based treatment is your doctor's really...and I was trained this way, when we read your and interpret your labs, we just sort of hold that piece of paper up. And if it's in bold or off to the side, that means it's abnormal, right? Not a whole lot of critical thinking going on there. The problem with that is really that every lab entity has a different range for normal. So Quest labs, normal is different than LabCorp, is different than your local hospital. So there's no standard that's set in place. And when they...truly, they just create those normal ranges based on averages. And to take you a little bit into statistics here, those averages do not exclude people with the diagnosis we're trying to rule out. So they lump everybody with hypothyroidism and without into one giant average. So that skews our data points of normal. Normal should not include people with hypothyroidism, right? So most functional medicine clinicians or true thyroid specialists, and I'm not really referring to endocrinologist, really have a subset of lab ranges that they believe are optimal. And they don't just accept the standard of normal, of whatever the lab says is normal.

Katie: Got it. That does seem crazy that they would include...especially because most people, I would think, who are getting thyroid testing would assume they have a thyroid problem and likely might, so, to make that the average, would make average really unhealthy measurements.

McCall: So unhealthy. Really, like I said earlier, it's a decade of thyroid symptoms before you'll drift out of that normal range.

Katie: Wow. And so you also mentioned that someone can be on a thyroid medication and that can actually be causing, like the TSH measurement to not really be a good indicator of anything. So if someone's listening is on, say, maybe Synthroid or on a medication, like how can they know if that's not the right dosage or if they need to be on something else? Like what is your kind of general guidance on thyroid medications?

McCall: Yes. So, you know, my general guidance on and my belief on thyroid medications, maybe it's skewed, right, because I truly I get the sickest of the sick thyroid patients. I'm usually not people's first stop for thyroid treatment, you know. But no one in my practice does well on Synthroid or Levothyroxine or Tyrosine alone. So, most people, in my experience, that are on those medications, have a lot of T4, that crude-oil hormone, and very, very little free T3. So, most people require some assistance with some T3. And truly, I don't have kind of a blanket one-size-fits-all approach to thyroid obviously because it does depend on your conversion. Some people can do fantastic on like a natural desiccated thyroid. So those are drugs like Armour, and Nature Throid, and WP Thyroid, Westhroid, so that has a smaller percentage of T3 and a larger percentage of T4. And, you know, those are probably my "favorite drugs." I, myself, I'm on Amour and I've done well on that for many, many years. But there are some patients who can't even tolerate the T4 in Amour because their conversion is so poor that the T4 in Amour gets shunted to reverse T3 so much that they never really get the effect of the T3. And then those people need a more pure T3-based treatment and they can't handle any T4.

So, by and large, it does vary. But I will say this, you know, if you're on a T4-based medication, with Levothyroxine, Synthroid being the most prevalent and you're still having thyroid symptoms, the answer is most likely not a higher dose. The answer is in finding someone who can help you utilize other medications to get you well.

Katie: That makes perfect sense. So that might be a really good first place for someone to start if they are still having their symptoms but they're on thyroid medication. And when it comes to medication, a question that I get pretty often and I'm really curious your take, is it possible to ever get off thyroid medication once you've gotten on it? I'm curious because, for me, after I made a lot of lifestyle changes, I was able to actually go down in dosage a little bit. I haven't fully gotten off of it yet. But I'm really curious what your take is on, is this a lifelong thing or is there ever a situation where someone can kind of fully recover?

McCall: Totally. And your case is really interesting because what could have been happening is you were having...the most of your issues were lied in the conversion, right? So like we talked about earlier, and I do see these patients that, your thyroid is still pretty intact, you don't have Hashimoto's...and we can talk about that in a minute. But if you don't have Hashimoto's and you're not actually destroying your thyroid gland and you have functional hypothyroidism, meaning you have difficulty converting your T4 to T3 but your thyroid actually works just fine, if you clean up those lifestyle factors, so diet, exercise helps conversions, stress management, sleep, make sure you're not, you know, fighting any chronic illness or anything else that would be driving inflammation. When you clean up all of that, you can totally correct your conversion. And then you can reduce your thyroid medication or come off absolutely. And then on top of that, really where lifestyle modification makes tremendous impacts, and this is where Izabella Wentz like changes lives is in the area of Hashimoto's. So Hashimoto's is the autoimmune disease associated with hypothyroidism. And regular medicine really just views autoimmune disease as like this nameable entity, "So, okay, well, now we've named it. That's great. We don't really need to talk about it or worry about that anymore. You have autoimmune disease. I'm sorry." But where functional medicine really thrives is that we consider Hashimoto's and other autoimmune disease as lifestyle mediated and therefore modifiable. So when you come to Modern Thyroid Clinic and you have Hashimoto's, our main goal is to figure out what's driving that autoimmune disease and stop that so that we can either put you into remission and preserve your thyroid gland or minimally reduce your antibody loads so that you're not destroying so much at once. So lifestyle is huge for both kind of tiers of thyroid problems.

Katie: Gotcha. I'm curious what kind of breakdown you're seeing in your clinic and your patients as far as those with Hashimoto's versus just hypothyroidism. And are you seeing any hyperthyroidism? Because every time I just talk about low thyroid, I get a lot of people saying, "What about me? I have hyperthyroidism."

McCall: Yeah, yeah. So we are in Austin, right? So Austin is, in general, a pretty healthy city. But I also, a few years ago, I had a little clinic entity outside of Houston, a little other location for Modern Thyroid Clinic that was in a small rural town that had terrible access, and it's where I grew up. So I was hoping to expand access for them so that they could get decent healthcare because honestly, they just can't in regards to thyroid. So what's really interesting is that rural community, it was right by a giant chemical plant, I won't say which one, but poor quality of life, poor air quality, poor water quality, 80% of the time when I checked people's antibodies there, they were positive. In Austin, 80% of the time when I check them, they're negative. So that's just such a clear indicator for me that it is completely lifestyle mediated, and what an enormous impact you can make, you know, just by living a healthier lifestyle. So that's kind of the breakdown of what I see here. Now, as far as hyperthyroid driven by Graves' disease specifically, so Graves' disease is an autoimmune disease as well. And so if you come to us with Graves', our goal is to reduce your Graves' antibodies, which are a little bit different, they're TSI antibodies. If we can reduce those, then we reduce the action that's driving your hyperthyroidism. So we actually treat it somewhat similar even though it's the complete opposite.

Katie: Okay. That makes sense. So someone with Graves' disease or hyperthyroidism, since that is autoimmune, like, mitigating those lifestyle factors would seem like it would be pretty effective since there isn't, at least to my knowledge, like a medication that you can give to like bring those down really, is there, like...I know with hypothyroidism, you can give like supplemental medication but is there something even like that for hyperthyroidism?

McCall: There is that just sort of does reduce, you know, the likelihood of the danger for hyperthyroidism because... I mean, it's the reason why everyone uses the same medication too for hypothyroidism. When your T3 gets too high, it can be really risky for your heart and your brain. So that's why they treat Graves' patients with medication and to try and lower that activity while we kind of dig around and treat the root cause.

Katie: That makes sense. So I wanna circle back to kind of like give people like really actionable stuff, kind of circle back to what we talked at the beginning, which you said that there's a lot you can do at home to help your thyroid. And we are seeing these crazy increases in thyroid disease, which, like you talked about, probably indicates a lot of these lifestyle factors with the exposure to plastics and endocrine disruptors. So I'd love for you to kind of give us a rundown of what we can all do at home that supports the thyroid and especially what can we do to hopefully keep our kids from having these problems down the road.

McCall: Oh, my gosh, that's a brilliant question. So, you know, obviously, you do the labs, you get your labs, then you can interpret your labs by our lab guide. But everything after that, right, always support the most... The simplest thing you can do to start is to take a supplement. Find zymogens, I think it's just med caps T3 is what it's called. But all great supplement companies have their own formulation of a very similar product, so take that daily. Give your children a multivitamin, right? Give them vitamin D, just things to help set them up for long-term health. Really lower inflammation, so lower the inflammatory foods. And really you don't have to be perfect because you just have to keep your inflammatory load low enough to not trigger Hashimoto's or an autoimmune disease. So you don't have to be perfect. Make changes to your everyday diet that you can maintain. And those are the things that really change your long-term health outcomes.

So get rid of gluten. Get rid of dairy. Get rid of beans. Those are the top three things that objectively I see on paper in black and white in my practice that drive my Hashimoto's patients. Exercise, support your conversion of T4 to T3 by doing that. Sleep well. Reduce stress. Practice mindfulness or practice meditation. Headspace app is a great tool to use for that. With your kids, diet is huge. And I know it seems overwhelming and impossible, but I will tell you this, right, when my kids start to stray from a healthy diet and they start craving cheese and carbs and that's all they want...we don't ever get gluten in my family because I am a celiac, but they will get on the carb train, right? If that starts happening, the best way that I can reverse that in our house is to go on the Whole30 which is unmatched in its ability to break our biochemical addictions to gluten...not gluten for us but to gluten for regular people and dairy. Dairy is an extremely addictive substance. It breaks down to a morphine derivative called casomorphine in our brain. When we get rid of that, we're kind of free of it. And even though it sounds impossible, it's not as hard as you think. So changing the way that your children look at food and what their habits are is enormous, because I am seeing younger and younger kids with hypothyroidism. And it always is Hashimoto's driven at that age in my experience. You know, so make those daily changes now that will change the outcome of your kids future in regards to their health.

Katie: I love it. And I have some post about these and I think you have some resources as well. I'm gonna make sure to link to your site so people can find them. You mentioned exercise a couple of times, and I'd love to know if you consider any exercise as better or worse for the thyroid, because I've seen a few studies that like really sustained cardio over like long, long times can actually stress the thyroid, like your marathon runners tend to have like some thyroid issues potentially. So what kind of exercise do you find is optimal, especially

maybe for a mom like us who doesn't have a ton of time?

McCall: Yes. So, you know, it's hard. I have conflicting opinions on this because one real thing that most people don't know about thyroid issues is, if you have a thyroid problem, most commonly you have an adrenal problem as well, because your adrenals have been trying to compensate for your thyroid problem for years at that point, so they get kind of worn down. And at that point, long endurance cardio, like a marathon running or even high-intensity interval training, can really burn out the adrenals and disrupt the connection and communication between the thyroid and them and completely burn a person out. So I always tell people, as far as exercise goes, my guideline is, "Never do so much that you're exhausted later in the day. Do enough exercise to keep yourself more energetic later." So that kind of varies per person. For most people with thyroid problems, until I get everything perfect, I don't really let them do high-intensity interval training or hit training. I recommend even more just like jogging, not a marathon. Yoga, swimming, those, even barre class is fine in my opinion. But I do steer people away from the very intense or prolonged exercise because of that.

Katie: That makes sense. So just getting movement even if it's just like walking or swimming...like I feel great when I lift weights but not like, you know, like high reps just like heavyweights, slow reps, it builds muscle but I'm not like exhausting myself for the rest of the day. So that's a great guideline.

McCall: Exactly, exactly.

Katie: Awesome. Well, I want to respect your time and also respect the time of everyone listening, but to wrap up, can you just kind of give us any words of encouragement or first steps for someone who is in that phase that we both were of knowing there's a problem but not knowing how to fix it? And also, let people know where to find you online.

McCall: Yes. So, you know, the biggest words of encouragement is that this is not forever and people can get stuck. I was stuck in the mindset of acceptance that, "This is just what my life is going to look like and there's nothing I can do about it." And truly, you can get better and you can get your life back. Just don't give up and find someone who can help you. And before you even do that, start doing things at home so that, you know, you can get the energy to find someone to help you because that can even be an issue in and of itself. So eat well, lower your inflammatory foods. The best thing you can do to serve your micronutrients is get you some green juice and sip on that every day. That alone will help give you the energy that you need to kind of fight this battle and take care of yourself. You know, you have to be able to take care of yourself which is the hardest thing to do as a mother. When you need to recover, let yourself recover. When you get a chance to nap, nap. All those little things will give you the ability to fight for your thyroid health so that you can be a better mama.

Katie: Awesome, I love it. And if somebody wants to work with you, especially if they're in Texas or if they're willing to fly to Texas, how do they find you and how can they connect with you?

McCall: Yes. So you can go to modernthyroidclinic.com and schedule an appointment. You can follow me on my Facebook page, just McCall McPherson PA-C. And if you wanna download that eBook, you can go to modernthyroidclinic.com/gift. And that will be an invaluable resource for you to have if we never get a chance to meet.

Katie: Awesome. Thank you so much, McCall, for all the work you're doing and for being here and sharing your wisdom today.

McCall: Thank you so much for having me, Katie. I really appreciate it.

Katie: And thanks to all of you for listening, and I will see you next time on the Healthy Moms Podcast.

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