

Thyroid Health & Key Lab Tests

Ritamarie Loscalzo, DC



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Rebekah Kelley: Welcome to the Humanized podcast, all about personalizing your health. I'm your host, Rebecca Kelly, and today our topic will be Thyroid Health and Key Lab Tests with Dr. Ritamarie Loscalzo. Before I introduce Dr. Ritamarie, I want to remind everyone to subscribe and get all of our other variety of casts and audio video and transcription at HumanizedHealth.com. I'd also like to thank our lead sponsor Village Green Apothecary at MyVillageGreen.com.

Dr. Ritamarie Loscalzo is a bestselling author, speaker, and internationally recognized nutrition and health authority with over 25 years of clinical experience. Dr. Ritamarie specializes in using the wisdom of nature to restore balance to hormones with a special emphasis on thyroid, adrenal, and insulin imbalances. She founded the Institute of Nutritional Endocrinology to empower health and nutrition practitioners to get to the root cause of health concerns by using functional assessments and natural therapeutics to balance the endocrine system, the body's master controller. Dr. Ritamarie offers online programs, long distance coaching and counseling, and deeply empowering and informative live events. She's been a featured speaker for dozens of online summits, podcasts, and events, and her articles have appeared in many national magazines, as well as countless online publications.

So, we are so grateful to have you with us, Dr. Ritamarie.

Dr. Ritamarie Loscalzo: Thank you so much for having me. I'm excited to talk to you today.

Rebekah Kelley: So, I just want to jump right in and ask you, why is a healthy thyroid function so critical for our good health?

Dr. Ritamarie Loscalzo: Well, the thyroid is responsible for setting the metabolic rate of every cell in the body. And what that means is that if each of the organs, glands, parts of the body, have a low or high metabolic rate, then there's going to be some issues that come up. Sluggish function in particular areas like constipation, like depression, different things like that in terms of sluggishness. And then if it's overactive, then it sets the metabolic rate too high, then we get things like cardiovascular problems, like palpitations and sweating palms and things like that. So, it's critical to set that metabolic rate just right for each person.

Rebekah Kelley: Okay. So, then the next question is how prevalent then are thyroid conditions? Because you just mentioned a variety of different things that are affected by it.

Dr. Ritamarie Loscalzo: Very common. In fact, I call it one of the leading epidemics of our society. If it was infectious, it would be labeled an epidemic or a pandemic because it's worldwide, similar to insulin resistance, but it's so prevalent.

Years ago, when I was studying health and medicine, we were taught from a very famous textbook on medicine that thyroid problems were rare and you may not see it very much in

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clinical practice. Now, it's like dining table conversation. Oh, you're tired, have you had your thyroid checked? Oh, you're constipated, have you had your thyroid checked? Et cetera, et cetera. Yeah. So it's very common.

Rebekah Kelley: So, why do many doctors then underdiagnose or misdiagnosed these thyroid imbalances?

Dr. Ritamarie Loscalzo: Because they don't know how to test. Simple as that. In medical school, they were taught that you test the TSH. If the TSH is high or too low, mostly they're going to find it too high, it means the pituitary is working too hard to stimulate the thyroid.

So, then you test T4, and if T4 is low or high, then you prescribe medication. That was it. You prescribed T4, which is one of the hormones, but there's a bunch of others. That's just totally inept. I mean, it leaves on the table all the kinds of thyroid dysfunction that we see. And then a lot of folks are turned away and told, oh, your constipation, your dry skin, your depression, your low energy, your cold hands and feet, we'll give you medication for each of those problems, because there's no one thing that holds them together. Meanwhile, it's like, that's a thyroid problem. Right? They just haven't diagnosed it properly.

Rebekah Kelley: So, then what lab tests would you then recommend for actually assessing the thyroid function?

Dr. Ritamarie Loscalzo: Absolutely. So, I think TSH, total T4, free T4, free T3. Because that gives us an idea of how much thyroid hormone is the thyroid itself making, the total T4. The free T4 is how well is the body letting the thyroid hormone escape from the binding protein that carries it around in the blood so that it gets to the tissue. And then T3 is the active form. Free T3 gets converted from the T4. So, it gives us some ideas on how well that conversion mechanism is working. Then we need to look at antibodies. Thyroid peroxidase, antithyroglobulin, and in some cases where we suspect a hyperthyroid, then thyroid stimulating immunoglobulin, right. Sometimes we run a reverse T3, but most of the time you can get everything that you need from the rest of it.

Rebekah Kelley: So, what would then be the difference between what would be the normal and optimal range then when it came to thyroid levels, because you just put out a bunch of things that frankly, I'm not, I'm trying to take it in. Right? You've rattled off a bunch of things. What is the optimal? How do we know? Like, what's the best way to understand that?

Dr. Ritamarie Loscalzo: It's a good question. So, in medicine, in the conventional labs that we use, we have the "normal" range, right? And it's basically an average usually of the population. So, if you've ever noticed that people, you may not have noticed because you've only gotten your own labs tested in your own lab, but people will move from place to place and get labs tested in a new place and go, "Why is the normal range different? Before it didn't say I was low,

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now it's saying I'm low or high," or whatever. It's because it's kind of extrapolated from the visitors to that lab, the population in that lab, and what they try to do is make the normal be what covers 90 to 95 percent of the population. So, the only people that get diagnosed with anything are outliers.

In fact, normal doesn't mean optimal. I want to be optimal in everything that I do. I want my health to be optimal. Nobody says, "Well, the average person, you know, 50 percent of people get cancer, 50 percent have heart disease, 80 percent have fatigue, but we're just going to lump you in the normal," and you go, "Oh, well, am I healthy? I'm not healthy." So, "optimal" is the range that healthy people are in. And it's done by a lot of studies, people who don't have symptoms, they just take them and put them into labs. Because typically, a lot of the lab measures are coming from a population that's sick. And you're going to get much different ranges if the lab lives in a college town versus a geriatric community. Granted, right? Those people have different ranges, right? So we have to base it on function. How well is the person functioning? So does that answer that question? And those things I rattled off are all part of the functioning of the thyroid. And sometimes, we have symptoms of thyroid disease and they are right, the thyroid isn't malfunctioning. It's another part. It's the immune system attacking the thyroid. It's because they have too much or too little of certain nutrients and the body can't convert from the inactive form to the active form. And I haven't even mentioned something called receptor resistance.

Many people have heard of insulin resistance. More and more people are talking about leptin resistance. And what happens is the receptors on the cells develop a resistance to specific hormones. What in fact that most people don't realize is that any hormone can have the receptors develop resistance.

Thyroid resistance, insulin resistance, cortisol resistance, progesterone resistance, ester, on and on. And what happens is if there's too much of that particular hormone, the body tries to put the brakes on and say, wait, enough, enough, enough, enough, enough. There's too much. And it turns down the receptivity of the receptors and there's certain nutrients that are needed when people are under a lot of stress, especially with thyroid. We turn down the receptivity of the cells because if the body's under a lot of stress, whether it's physiologic stress or psychological stress, the body might be too impaired to actually handle upping the metabolic rate, and functioning it on high octane fuel, so to speak, needs to slow down and rest and allow the body to heal. So, there's a lot of reasoning behind it. Way too much for us to talk about in a short interview, but you get the idea. It's more than just TSH.

Rebekah Kelley: And I also love the last one that you gave. It's like your body's kind of smart and it's saying, oh, you know, it's like, let's slow down. And you're like, no, we've got to go because we are in a "go society," right? We're always constantly going. And sometimes we do know we need to rest. Can you briefly provide us some examples of some of the most common causes or contributors to thyroid imbalances? You did mention one, right? Stress, right? But what else?

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Dr. Ritamarie Loscalzo: Life. Life. Life. Our modern life, we're loaded, we're surrounded by toxins, so toxicity impairs the function. The thyroid is super sensitive to toxicity. Medications, some of the medications will slow down the functioning of the thyroid. Estrogen. So, people who are put on birth control pills or even hormone replacement when they go through menopause can affect the functioning of the thyroid. Remember, I mentioned those binding proteins, too much estrogen or taking exogenous estrogen from outside will actually cause more of those binding globulins. So, there's less of those hormones available to the cells, right? Too much testosterone does the opposite. Stress levels, cortisol levels, inflammation. Inflammation is another one. And you know, just bad dietary choices, nutritional imbalances, nutritional excesses, nutritional deficiencies. Those are all just some of them.

Rebekah Kelley: So, what are some of the key factors about thyroid health that you would like people to know? And maybe you can, can you give an example of maybe a situation or someone anonymously that maybe you had seen and how you would help them, like what you would notice, because maybe someone could see themselves in that person even.

Dr. Ritamarie Loscalzo: Yeah. What I want people to know is that the most common cause of low thyroid function is not that the thyroid doesn't make T4 anymore, unbeknownst to many people. What it is, is that there's an autoimmune process going on, like 80 percent, 90 percent, some people even say 95 percent of all thyroid imbalances are autoimmune. A condition called Hashimoto's is the most common.

And we're basically, it's not a thyroid problem. It's affecting the thyroid. It's like bullets, you know, the drive-by shooting and the thyroid gets in the way and the immune system attacks the thyroid. Toxicity is a major cause of that. Stress is a major cause of that. So, we can't not look at the antibodies, but most conventional thyroid panels, most, you know, if you average Joe MD or Jill MD in any city, they don't test anything beyond the TSH. So, they don't even know that there's an autoimmune process. And quite frankly, the reason is they don't know what to do, instead, they're just going to give the person T4 anyway. So, they test it.

And the other thing is you can have antibodies for years before you actually see the numbers change. So, there's a lot of damage going on to the thyroid before the numbers change. And I don't know about you, but I want to know if there's damage going on to a body part. I want to know before I have symptoms of a disease.

Rebekah Kelley: Of course. Of course. I think we do want to know. Right. Absolutely.

Dr. Ritamarie Loscalzo: Absolutely.

Rebekah Kelley: So, could you give an example though of maybe someone that you might've seen that didn't know they were having thyroid issues, like what those symptoms look like and how you were, I don't know if you have anything that comes to mind.

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Dr. Ritamarie Loscalzo: I was thinking of somebody who knew they had a thyroid problem and reversed it by getting their blood sugar under control, but that's a story for another day. Let's see, somebody who didn't, oh yeah, I've had people come in and they're like, I'm tired. But they didn't have all the classic signs of thyroid. They're like, "Okay, let's run a thyroid panel." So, we ran a complete thyroid panel and she had antibodies. And the antibodies were significant. They weren't like off the charts, I've seen people with the antibodies in the thousands, hers were in like 200, 300, something like that. They [the numbers] said, "Did you know you have an autoimmune process attacking your thyroid?"

"Well, I don't have a thyroid condition. I've never been diagnosed with that before. My TSH was fine." They [the numbers] said, "Well, you're heading for your thyroid destruction. Your thyroid is being destroyed every time these bullets hit it." So what do we do? We looked at what I typically do when somebody has an autoimmune disease, I look for all the stressors on the system. I look for exposures. I look for leaky gut because gut dysbiosis can contribute to that big time. And so we just worked on those things and her thyroid antibodies went way down and she felt better and she lost weight. She didn't realize the weight gain had to do with the thyroid. Nobody told her that because her thyroid was normal.

Rebekah Kelley: I love that story. Is there anything else you'd like to leave us with? As a parting thought.

Dr. Ritamarie Loscalzo: I would say, love your thyroid. Stay away from the toxins. Make sure that the, even just the kitchen things that you're using, you're not putting your food in plastic and then sticking it in the microwave, that you're actually taking care to protect your thyroid. Eat sea vegetables if you can because they have iodine which protects it. And you know there's some controversy over that so have your doctor check you for iodine excess if that's happening. But eat lots and lots of good wholesome green leafy vegetables to get all the nutrients that you need. And find something to manage your stress, whether it's meditation or heart baths or some other mindfulness practice.

Rebekah Kelley: Thanks, Dr. Ritamarie. Those are really valuable insights. Dr. Ritamarie Loscalzo can be found at www.DrRitamarie.com. Let me remind you to subscribe and get access to all Humanized videos, podcasts, and transcriptions from all of our thought leaders on personalized health at HumanizedHealth.com. Please come back and talk to us a little bit more about this and how we can love our thyroid.

Dr. Ritamarie Loscalzo: Thank you. I'll be happy to.