

DR. KEESHA EWERS: Welcome back to the Woman's Vitality Summit: Caring for Yourself, Body and Soul. This is Dr. Keesha Ewers and I have the great honor of interviewing Dr. Alan Christianson for this session. The title of his talk is "From Toxic to a Thriving Thyroid: The Gateway to All Health."

Dr. Christianson is a New York Times Bestselling Author and a Phoenix, Arizona-based Naturopathic Medical Doctor with two decades of clinical experience in Natural Endocrinology. His main focus is thyroid disease, especially Hashimoto's thyroiditis. He is the author of *The Adrenal Reset Diet*, *The Complete Idiot's Guide to Thyroid Disease*, and others. Dr. Christianson frequently appears on national television shows like Dr. Oz, CNN, The Doctors and The Today Show as well as print media like Women's World, USA Today, Newsweek, and Shape Magazine.

When he's not in the clinic or writing, he's probably in the back country balancing on a mountain, a unicycle or scaling a vertical wall. Welcome to the Summit Dr. Christianson.

DR. ALAN CHRISTIANSON: Hey Keesha, thank you so much for having me. I'm glad I could be here.

DR. KEESHA: I always start the interview with just a reminder about the word vitality, meaning it's your life energy, it's your life force, it's the juice, the passion of setting yourself on your journey with your life purpose.

So often – and this is the reason why I did this Summit in the first place – I see women in my clinic, and my clinical practice, who are just drained of vitality. So I always ask my experts who come on, what do you see as one of the primary drainers of vitality in women of this era?

DR. ALAN CHRISTIANSON: Primary drainers? Boy! Multiple factors. We could think of that from different levels in terms of chemical, nutritional, lifestyle, but there are just a lot of demands and a lot of expectations from many circles. That's certainly a big part of it – being frazzled and trying to do a lot. Also just getting deeper into this grand experiment of modern life.

In the big scheme of how our bodies work, the way we live now is very recent. The last few decades, last century – it's unprecedented. We are only just now seeing how this impacts our health and our happiness.

DR. KEESHA: I agree. I love that you call it a grand experiment because we haven't ever lived it the way we live today with all the so-called modern day conveniences. Both of us have probably had the experience of having them take us much more time – when a computer breaks down – but I see women as overscheduled, overstressed and overly self-critical a lot. All those things that you talked about are vitality drainers. What is the impact on this little thyroid gland?

DR. ALAN CHRISTIANSON: It's huge. In many ways the thyroid is the canary in the coalmine. It's one of the parts of the body that's going to show up symptoms earliest in its process.

There's an equation. Think about your vitality, or whatever you want to call it – resilience or your capacity to thrive. There's always a certain amount of power we have that is put into keeping us stable. We've got our own ability to maintain homeostasis. Then we've got whatever number of factors that are pushing us out of balance. And what is left is our vitality. So if our resilience is low, if our ability to self-regulate is impaired, or if there's some combination of external stressors, then that's what taps into it.

Therefore, the more we can identify the drags on the system – the parking brakes that are left on, the things that are holding us back – the more that we can disengage those, and the more we can maximize our own inherent ability to self-regulate. Then we're left with better net vitality.

DR. KEESHA: Often people will read or they'll hear an interview like this about the thyroid and some of the symptoms that go along with hypothyroid, and I get a lot of women in my office who say "I think there's something's wrong with my thyroid" because they read an article. So one of the things I always point out is that the thyroid isn't alone in the endocrine system. We have this system and all the glands and organs that excrete hormones, they work together.

I think the thyroid is the one that kind of pulls the plug and says "You know, we're not getting together as a team here so I'm just going to power everybody down." That's why you start losing your hair, you get really cold, or your fingernails are brittle, because those things aren't really necessary for life. Hair is not necessary to survive.

So the thyroid plays a huge role in this regulation. But I think that women get a little too focused on the thyroid as if it's the only thing that's going wrong. I'd love for you to speak a little bit about that.

DR. ALAN CHRISTIANSON: In the big context, you're right. This is just one of the glands amongst the endocrine system. These are all regulated by the pituitary and hypothalamus, and these glands can all be disrupted. But there are different ways that tend to throw them off.

The thyroid is unique in that common symptoms are caused by a disease process. Now, the adrenal glands are very important. The most common symptoms there are caused by overwhelm and stress and too many variables being thrown at the body.

The last big part of the equation, as far as glands and cells: think about the ovaries. They are affected primarily just by biological time scales, in terms of moving into menarche and having menstrual cycles, and then perimenopause and menopause.

So, we've got three things that come together: we've got normal status of life where it's expected that the hormones will change within them, which affects the ovaries. Then we have this constellation of stressors: mental, physical, chemical stressors, which really directly affect the adrenal glands. Then we have a disease process – an autoimmune disease process – that affects a quarter or more of the population that hits the thyroid.

Seeing that there are different ways these glands are altered, we realize there are very different strategies. It's not simply a matter of being healthy and lowering stress. Some of these things are working against biological shifts that are hardwired into our genes and there are ways to help with them.

On the other hand, with the thyroid, it's often an actual disease process. The difference between a disease and a dysfunction – like in the case with the adrenals – the adrenals are doing their best to make sense out of a bad situation. If they make a lot of cortisol or very little cortisol, by and large, they're doing what the body is asking them to do as an attempt to cope. But when the thyroid slows, it's because it has lost the ability to make hormones because the body has attacked it.

So yes, there are three main ways these big collective groups of hormones can get thrown off, and they're all very distinct.

DR. KEESHA: The body always desires to be in balance, and in its wisdom, it will rob Peter to pay Paul to get there. Oftentimes, by the time someone's got a thyroid imbalance, things have been going on behind the scenes for quite some time, haven't they?

DR. ALAN CHRISTIANSON: For sure. The main cause of thyroid disease is Hashimoto's. With most everyone that has thyroid suppression or change in thyroid function, that's the culprit. Even if they've not heard that, even if they've tested negative for thyroid antibodies, that's still the culprit in the vast majority of cases. You're right, as far as how long that goes on before it's measurable or evident, it's often a decade or longer.

DR. KEESHA: Which is fascinating because you'll hear "How come all of a sudden..." right? I hear that so often. It's more like "Well, the body's been trying to give us feedback, but we just don't speak that language in our culture." When one thing goes out of balance, we don't really notice. I find it's because it's not actually stopping our forward motion. Once our forward motion is halted – when we don't have the energy, we're gaining weight, our joints hurt – then we really start to pay attention.

In Ayurvedic medicine, they talk about these six different levels of disease progression, and we don't really notice until we get to about stage 4. So really paying attention to these very early stages before you get a diagnosis would be fantastic.

I love what you're doing by educating people about Hashimoto's because that's been a long time coming by the time the immune system is really starting to attack us. So let's talk about some symptoms of hypothyroid and Hashimoto's and what people ought to be looking for in those very early stages.

DR. ALAN CHRISTIANSON: For sure. I'd love to clarify for the listeners how those two things relate to one another: hypothyroidism and Hashimoto's. It's not often straightforward. Hypo means low or under, like a hypodermic syringe is one that goes under the skin. Hypothyroidism is just low thyroid function, meaning there's too little thyroid hormone to power the body's ideal needs.

Hashimoto's, that's the name of Hakaru Hashimoto, who was a researcher. Back in 1907 he discovered that most thyroid disease was caused by the body's immune system attacking the thyroid. So the overlap is that people can have an underactive thyroid and the most common reason for that is Hashimoto's.

Someone can have hypothyroidism for other causes, such as a medication reaction or because they had their thyroid removed. They can also have Hashimoto's, but not be hypothyroid. So someone can have autoimmunity in which their body is attacking the thyroid, but it may not yet have destroyed enough of the gland to where it can slow the gland down.

Then the other wrinkle is that you can also have autoimmunity against your thyroid which causes other problems that don't relate to thyroid function. That active autoimmunity can also raise the risk of other autoimmune disease developing and it can also create inflammatory stress elsewhere in the body. So those are how those things really relate.

The question you asked was about symptoms. There are two ways I like to think about this: there are possible symptoms and then there are telltale symptoms. Possible symptoms of being hypothyroid or having Hashimoto's, well you think of a symptom, it's on the list. I mean, thyroid hormones affect you from head to toe, so any symptom you can imagine can actually be tied to it. The difficulty is that many symptoms can be caused by so many other factors that they're not as good telltale symptoms.

We think about some symptoms as being more statistically meaningful. They're more tightly tied to thyroid disease than others. There was a big study done in Colorado in roughly the year 2000 in which they tracked a large number of people, over 20,000. They gave them surveys and they also gave them a lot of blood tests. They weren't people that had thyroid disease, just a random population. After it was said and done, they linked up symptoms with alterations in thyroid function based upon the blood tests and they saw which symptoms were better predictors than others.

The interesting thing was that there were no symptoms that you had to have in order to have thyroid disease. You often had some symptoms, but there was never a case to where you could say "Oh, I don't have thyroid disease, because I don't have weight gain" for example. So many of the common symptoms don't have to be there. But the biggest ones that showed up were the weight gain, a cold intolerance, thinning hair, dryer skin, hoarseness of the voice, muscle pain, unexplained fatigue and unexplained mood changes.

A couple of the nuances: those symptoms commonly cluster in groups of two or three, so it's actually less typical to have all of them. Some do, but it's more common to have a few. Some people look at their symptoms and they think "Oh well, it mustn't be my thyroid because I don't have this symptom or that symptom." Well, they generally don't.

The other thing we learned from that study was that they made the same distinction between long-term symptoms and symptoms that change over a set time period. For example, they could say "Do you have a hoarse voice, or is your voice more hoarse than it was in the past?" And the symptoms that correlated with a particular time frame you could point to. Like one person could say "Well, my weight's always been a struggle" and someone else could say "You know, ever since all of last year, my weight has been just weird. Nothing seems to work." So both cases could be triggered by the thyroid, but the second one is a real red flag. But those key symptoms, especially in clusters of two or three, and especially if they've changed over some particular time frame.

DR. KEESHA: Another trigger, of course, that's real common that I see, is childbirth.

DR. ALAN CHRISTIANSON: For sure. So in terms of times when this comes on, yes, childbirth and during the transition of menopause. There are a lot of ways by which, as you mentioned, these hormones interact and women are much more prone to get thyroid disease. We think part of that is just the nature of female hormones. So with all the stations in life in which there's a big shift in those hormones, those are oftentimes in which latent thyroid disease un.masks and starts to really show up. So transitioning into perimenopause, into menopause, during pregnancy, after pregnancy, for sure, those are really common time frames at which it tends to manifest.

DR. KEESHA: Of course, when a woman is diagnosed with Hashimoto's, thyroiditis, and goes on the internet and starts searching, she's going to see "Go on Synthroid because you're going to need that, because the autoimmunity is going to eventually kill your thyroid and you're going to need to be on it for the rest of your life." What is your response to that?

DR. ALAN CHRISTIANSON: There are a couple of things I would pull apart from that to make some distinctions. One of which is the rule of thyroid replacement therapy. Does someone need to take a pill that contains thyroid medications? The other one is what's the best kind of thyroid replacement therapy for those that have Hashimoto's?

So, the first question: if there has been significant hypothyroidism, many can have a big improvement in symptoms and also a reduction of autoimmunity with thyroid replacement. Those who are not significantly hypothyroid, that's not as relevant, there's just less to benefit that way.

There's also a thought about if you're put on thyroid medication, does that just shut off your thyroid function? It's a valid concern, especially since you mentioned Synthroid. The synthetic types of thyroid medication, especially if they're not dosed with a great deal of finesse or thought, can suppress your own thyroid hormone output.

Let's say your thyroid makes half of what you need, it's halfway underactive. Medication could close the gap of that half, but it might cause your gland to get down to where it's only making 10% of what you need. On the other hand, if someone is using thyroid medication, more so the natural types, and especially with some more thoughtful prescribing, they can actually encourage your gland to make more hormone over time.

So say you're making half of what you need and you're given a natural version of thyroid, that done well can lower the autoimmune process, that can actually make it to where your production can get larger and you can start making more than half. In that case, that medication would need to be adjusted downwards. So yes, there are times if someone is badly affected by hypothyroid, it can help them feel better and also improve their risk for autoimmunity. We can talk more about types of thyroid medication, but that's also a big distinction.

DR. KEESHA: Yeah, so the reason I threw Synthroid out there is because it's a synthetic T4 replacement and not taking into consideration the whole picture. So this is a good time to go through those distinctions between the types of medication available, I think.

DR. ALAN CHRISTIANSON: Yeah. The idea of replacing thyroid hormone is you want to mimic what the body would do in a state of health. You want to have what would be there if the body was working right by itself. The thyroid has a couple of hormone that it makes and then also a few that are made after the main hormones are released. If you put all those together, you end up with T3, T4, and T2. It turns out they all have various roles to play and it also turns out that those who have Hashimoto's may have a difficult time producing all three of those, either from releasing them from the gland, or from converting after they've gotten into your bloodstream.

I like medications that can offer all three of those active hormones. A few other thoughts are that the active ingredients in thyroid medications – and it's crazy how small the physical mass is, they're microscopic – those little bits of added ingredients in the tablet, known as binders or fillers, they really do matter. They can make you absorb a whole lot more, or a whole lot less of it.

The last thing is just standardization. Some thyroid medications are pretty consistent from batch to batch, others are rather variable.

My favorite medication is one called WP Thyroid. It's got all three of those hormones, it's pig-derived thyroid, and the perk about that is some of the thyroid proteins are the same proteins that your immune system attacks with Hashimoto's. So when you take them in pill form on a daily basis, there's a concept called oral immune tolerance, where it's like getting a little vaccine. Like taking bee pollen when you're actually allergic to pollen, you get less allergic, you get less reactive.

By swallowing pills that have thyroid proteins, that can also make your body less reactive against your own thyroid proteins. I also like that brand because it's got no binders or fillers. Its only inactive ingredients are coconut and artichoke, and it's better standardized than the synthetic versions of thyroid medication are.

DR. KEESHA: I love that one too. There have been recalls on a couple of the pig-derived thyroid hormones in the past that have made me a little bit nervous.

DR. ALAN CHRISTIANSON: Yeah, in the last 20 years since I've been practicing, there have been 13 recalls in thyroid medications. Twelve of those were on different brands that were like Synthroid, Synthroid itself, and also a few other brands of T4 that were mandatory recalls. There was one voluntary recall on Desiccated Thyroid, and it was done by Armour Thyroid, but that was the only one. There have been no mandatory recalls in Desiccated Thyroid in the last 20 years, although there have been 12 on the synthetics.

DR. KEESHA: Right. So that's something to look at and see in terms of quality because you want continuity with your dosing. Testing – you've talked about T2, T3, T4, so we should probably talk a little bit about – for our listeners – when you go see somebody about your thyroid, to look at what lab testing you can ask for that will give you the best picture.

DR. ALAN CHRISTIANSON: Yeah. A couple thoughts about that: a big overall statement I would throw out there is that if your doctor needs you to bring a list of what to test, you should probably find a different doctor.

DR. KEESHA: I agree. But you can plant a couple seeds there and mention IFM and it can do something.

DR. ALAN CHRISTIANSON: Yeah, there are more and more great practitioners nowadays. Thyroid-Info is a source that I like. Mary Shomon has a great listing of doctors throughout the country that have been recommended for superior thyroid care. There are more and more good options. So I would agree with your first statement. Also you should know some

things you should get tested and you should work with a doctor who already knows how to test that stuff.

DR. KEESHA: I agree. A full panel of thyroids is not just going to include your thyroid-stimulating hormone. It's really tragic that I still see that come through from endocrinology offices when someone brings me their old labs.

DR. ALAN CHRISTIANSON: The other wrinkle is that someone should know how to really read those tests, especially with the TSH. There is a big gap between what the scores are in healthy populations and what the scores are for routine blood ranges. So your ideal panel wouldn't ignore the TSH, we would include that, and we'd also have a sense about what are the optimal values of that. Even further, someone should have a thyroid ultrasound if they have or suspect thyroid disease. If their thyroid does show calcifications, enlargements or nodules, those can determine even a different narrower range of ideal TSH scores.

So part of the workup is the ultrasound. Further blood panels would include Free T3, Free T4, thyroid antibody panels, which include antithyroglobulin, anti-thyroid peroxidase, thyroid-stimulating immunoglobulin, and then also thyroglobulin by itself, which is a marker of chronic inflammation on the thyroid. Reverse T3 is a popular test to have done. It's not one that I do myself frequently, I don't find it very useful, but it's a common one that is mentioned. So a good evaluation and then someone who can really scrutinize all those values.

DR. KEESHA: What's the relationship between, I'm going to say food and the thyroid and autoimmune disease, but really what I mean is the gut?

DR. ALAN CHRISTIANSON: Autoimmunity in general is just the body attacking something it shouldn't attack. I think about your immune system as a guard that should keep the burglar from breaking into your house. If the guard is freaked out and working three jobs and hepped up on Red Bull, it might get paranoid and might shoot at your dog. It might get freaked out at night and hear your dog and think your dog's a burglar. That's kind of what autoimmunity is, in a nutshell.

So in terms of how food and how your gut affects that, your gut is the biggest port of entry. That's where most stuff, as far as physical mass, comes into your body. Because that's the largest port of entry, we've got the most guards stationed around the intestinal tract. Not only do they work right there to secure those borders, but they're communicating with the guards that are inside of your body. So you've got border guards and you've got police running around on the inside. The border guards radio ahead the police and say "Look, here's some bad stuff going on, here's what to look out for."

When the intestinal tract is irritated and large proteins are not properly cleaved or broken down, the guards can start treating healthy, normal proteins from foods as if they're dangerous invaders.

They can alert the circulating police within your body to attack those things, and somewhere along the way, that attack can get those guards amped up enough to where they're attacking things that belong inside your body, like the tissues of your thyroid.

DR. KEESHA: I love to hear the metaphors that people use to describe this from practitioner to practitioner. I always use the Batmobile and the parking meter, but I heard Dr. Bob Roundtree give a lecture about the bar bully. When you walk into a bar and there's the bully that just beats you up. Without asking rather than saying "Drinks on me for everybody" is the happy-go-lucky immune system. It's fun to listen to how we characterize this and figure it out and draw pictures of it.

It's a complicated system, this little immune system, and when it starts to attack us, it's obviously become hyper-vigilant and, as you say, amped up on Red Bull. So we really want to make sure that we're treating any autoimmune disease, whether it's rheumatoid arthritis or MS or lupus or Hashimoto's, at that core place rather than just thinking of it as a disease of the thyroid. It's actually a disease of the immune system.

We have a 75% chance of collecting more autoimmune diseases to us if we don't take care of it at that root place. In terms of thinking about it in that way, what are some of the foods that you recommend that people eat more of or eat less of when trying to mitigate that issue?

DR. ALAN CHRISTIANSON: A couple of thoughts. There are some things that are just across the board harmful to the immune system. There are other things that are more factors for individual people more than others. So, across the board, processed sugar: clearly a culprit, clearly an irritant and there are lots of negative effects upon the immune vigilance and upon the gut lining.

As far as particular foods, there's been a lot of discussion about the link between gluten and thyroid disease. Celiac disease affects about 1% of the population. The data is strong that it's more like 3-5% of those who have Hashimoto's, so there's some overlap that way.

There's also speculation that the non-celiac gluten intolerance may also be more typical amongst those with Hashimoto's. There's been discussion about soy foods being particular culprits. Soy has a potential of acting as a goitrogen and a few smaller studies have suggested that it may worsen the whole autoimmune cascade. There are many other foods that are goitrogens that can affect iodine absorption. There's not a strong model, or strong data, saying that the classic goitrogens, like broccoli or kale or Brussels sprouts really would have any adverse effects upon Hashimoto's. If anything, they probably have more positive effects.

Past that, there are many times in which someone may have issues with their intestinal function, their gut may not be working ideally, and they can be reactive to any given food. Some common things can be gluten, other proteins that are hard to break down, such as casein from dairy, or

algemeen from egg, but a lot of odds and ends can be reactive for given people. They are not the same from one to the next, and they're not necessarily long-term. They are important to be aware of and acknowledge and work around, but they're oftentimes reactions that may not be with someone for life.

DR. KEESHA: It's interesting because I think a lot of people will read articles and they'll come into my office and say "I don't have any of those cruciferous vegetables because I'm afraid it'll hurt my thyroid." I've come to the same conclusion that you have. I've been doing this for about 30 years and I've really watched it and I don't see a correlation if someone's having these great, healthy, cruciferous vegetables.

Plus, the benefits to them for helping to prevent breast cancer are so high. Just think about the whole system and what's going on. If it is causing problems in one individual, then cut those out. What I've found is I use the 23andMe now – genetic testing – to see if they have trouble getting rid of ammonia and have mutations in some of those areas, if it's relevant for them. But I was happy to hear you say it's not across the board because I've been seeing that too and really individualizing this from patient to patient and seeing the success.

DR. ALAN CHRISTIANSON: Even beyond that, amongst the thyroid world, goitrogens were never thought to be really relevant to Hashimoto's. So the relationship is that goitrogens have a very small effect on impairing iodine absorption.

If you have a population that has endemic goiters – say you're talking about a region of sub-Saharan Africa that does not have decent access to iodized soil or iodized fortified food. They may have a goiter rate of 30%. If one group of that population has a high intake of dietary compounds that bind iodine further, that rate of goiter may be up from 30% to 31%. So there's a tiny, tiny uptick of goiter in areas that have endemic goiter when there's a high intake of goitrogens.

But the relationship between iodine and Hashimoto's, if anything, is the opposite. The data's pretty strong that Hashimoto's was first discovered in a place that has the highest iodine intake globally. In the modern world – in America specifically – we had higher rates of goiter prior to fortifying iodine in our salt in the 1920s, and once we did that, the goiter rate plummeted. However, that's when our cases of Hashimoto's started to show up. So if anything, those with Hashimoto's do better on less iodine intake than more. This subtle effect that goitrogens have upon iodine absorption is very small.

A final point to clarify is that soy is often categorized as a goitrogen, but it's not one that works through affecting iodine absorption as much as it is one that works through, possibly worsening, thyroid autoimmunity. It's in a different group of goitrogens. But all the others are by that same mechanism, so if anything, they're helpful.

DR. KEESHA: Circling back to where we started, stress being a huge predictor of how stable or unstable someone's thyroid is going to be, I would love for you to talk a little bit about that and ways to manage that. Everyone is going to have stress, so when anyone says "Just cut out your stress" that doesn't make any sense. How you are with your stress, though, that is under your control.

DR. ALAN CHRISTIANSON: Yeah, so one thing I like to clarify is just the concept of stress. When most people use the word or hear the term, they're talking about a relationship struggle or a nasty boss or bad traffic, or things like that. We're thinking about mental emotional stressors. They're all very real and those things have big impact upon our health.

To scientists, stress is a broader category that also includes anything that pushes us out of balance, like our sleep schedule being thrown off or being exposed to certain pollutants or changes in our day-to-day temperature levels or blood sugar stability, things like that.

The reason I like to bring up that bigger concept of stress is because it's not just how much do we have of mental and emotional stress, but it's a matter of what's our total collective stress load. Sometimes there are rough patches in life where you're going through things you can't always control in the moment. But the more you can control some of the invisible stressors or some of the more background chemical stressors, the more reserve you have freed up for the stuff that's out of your control.

So, like a very tactical thing, your stress hormone cortisol, it's main job is balancing your blood sugar. The more your blood sugar is all over the place and up and down, the more things like the nasty boss or the relationship stressors and things like those will through you for a loop, because the less homeostasis you've got left. So the more you can do things like dial in your blood sugar, the more physically resilient you'll be against the stressors that you can't control. Control what you can control, but, you're right, there are always some that we can't control.

DR. KEESHA: I just want to remind our listeners that the bonus that I'm giving for this Summit is a free downloadable autogenic and progressive relaxation audio that you can use. It's so amazing. Coming from a place of having autoimmune disease myself, 20 years ago, and curing it, this was one of the primary things. I changed my diet: I don't eat sugar, I don't eat gluten, I healed my leaky gut. But in order to heal my leaky gut, I had to stop the cortisol from being released and this is another piece that I want to bring into the conversation – the study on adverse childhood experiences, and that link to higher incidents of autoimmune disease particularly in women. Of course, 80% of autoimmune diseases are diagnosed in women, as you mentioned earlier. So that adverse childhood experience, or event piece, I think is something that is really important for people to understand.

DR. ALAN CHRISTIANSON: Have you gone into that in depth with other interviews? It's a very important point.

DR. KEESHA: No, you're the first one I'm bringing it up with. I'm giving a TED Talk next week and I'm bringing this in. I think it's really important because my doctorate is in Sexology and my research was looking at the impact of held-onto hurt in female sexual desire.

If you see somebody with autoimmune disease, they don't have a libido. That's one of the things first to go and first to come back online. If you think about a bucket of vitality, if it's been kicked over, there's not a lot leftover for sexual desire. The parts of the brain that are lit up on a PET-scan that are required for female sexual desire are the same parts of the brain that are hijacked by PTSD, or chronic daily stress.

There was a researcher by the name of Mull who looked at that and said "Oh my gosh, the same parts of the brain that we're talking about for PTSD are actually showing up and lighting up for chronic daily adverse stress." People that have had stress in their childhood – they're called adverse childhood events – actually have a higher risk of this and they are more likely to be diagnosed with autoimmune disease like Hashimoto's or, in my case, it was rheumatoid arthritis.

Understanding that and saying, well, they have a scale of 0-10. If you have one traumatic event – for me, it was sexual abuse when I was 10 – that was 1. They have five on that scale of personal abuse kinds of things; verbally abused, physically abused, sexually abused, psychologically, and then they also have five questions that have to do with your family members: mom being abused, having an alcoholic parent, a divorce or abandonment. So you rate that and the higher that score is, the higher your risk for autoimmune disease.

I had 1 on that and I got an autoimmune disease. But that doesn't mean that you have to have that happen. It turns out that the autoimmune disease can be a wakeup call, where you say "Okay, what's going on right here? Why is my immune system attacking me?" In effect "Why am I killing myself?" And that was how I phrased it.

DR. ALAN CHRISTIANSON: We talked about stressors – these various categories of stressors – but a huge one is the historical stress load. If someone has events in the past, that can shape how reactive their body becomes, or how trigger-happy that guard is by future events. If you have a high score of these stressors, then that can make it to where everything else becomes more intense than it would be otherwise.

I would highly encourage the listeners, if you Google for a moment ACE score or ACE quiz, you can find the actual quiz. You can take it yourself and you can know your score. The data's really strong that the higher your score is, the more significant that is for your health outcomes. It doesn't mean that you're stuck with a bad deck of cards. It means you can play those cards strategically and you can put more thought into managing PTSD and doing things like Keesha's program, and also just being more aware of understanding your family of origin issues and

diving deeper into that. It can be one of the strongest bridges of your health outcome, more so than any blood test or any other metric that we can think of.

DR. KEESHA: It's so true. The flip side of that is at the same time that you go to the ACE testing, you can also look at your resilience score. You can build resilience. You have control over that. Your brain is actually plastic: you can rewire this stuff, you can do trauma release therapy and get that cleaned out of there. Then you can rewire everything to be more resilient. I think that's one of the biggest things that you can do that will actually reverse your autoimmune disease. I've seen it happen over and over again. It's quite liberating and freeing instead of "Oh, I had this terrible childhood, so therefore I'm just stuck and it's concrete." That's not true at all. So Dr. Christianson, are you still there?

DR. ALAN CHRISTIANSON: Yep.

DR. KEESHA: Okay. I would like to know as we move towards the end of our interview, what pearl of wisdom would you like to leave with our listeners that you want them really to know? Then I also want to have you talk about your thyroid program. It's one of the very best webinar series I've ever seen and I really want to highly encourage people – Dr. Christianson's only shared a tiny fraction of knowledge in this short period of time – to really check that out. It's an amazing course, so I want you to talk a little bit about that.

DR. ALAN CHRISTIANSON: That's so awesome, thank you so much. This has been my focus for 20 years now. There's a high number of people who have this and how much more need there is to serve them is critical.

The main pearl is really that your health is a function of very clear factors in that your happiness, your vitality, your engagement in life, how well you can serve your loved ones, your physical health is the foundation for all of it. It's like a computer: you can think about cleaning the screen or updating the software, but if it's not plugged in, none of that stuff matters. That's what the physical health is. It's just plugging in the darn computer in the first place. That's just such a foundation for a great, happy, joyful life and we're at a stage now to where we have more access to experts at our fingertips than ever before.

Your body is a function of what comes into it, what goes out of it, and it's always changing; it's always regenerating itself. When you change your nutrition, your thoughts, your lifestyle, when you help your body do better with detox, elimination, change is possible; it's inevitable. You can completely transform your body. Every atom can be turned over, 99% of them within the course of a year. Any kind of shift you're looking for is completely possible.

The thyroid program: I made that one first several years ago, but I just updated it within the last six months and I wanted this to be something that is easily accessible for anyone in terms of their travel or their means. They could sit down, they could go through this over the course of a few

weeks and really learn the steps they would need to take to restore good thyroid function, and also reverse any thyroid symptoms.

It was just distilling, sorting these things out from all the conventional training that I've been able to find, to all the natural training I've been able to find into what are the most important steps and what are the most important sequences. I wanted that to be an easy thing for someone to grab hold of and go through a transition and have the thyroid issues be a thing of the past for them.

DR. KEESHA: Beautiful, because if your thyroid's out, then you're out. Your light's out. I just want to let people know that on Dr. Christianson's speaker's page on TheWoman'sVitalitySummit.com, it has information about how to reach him. It links directly back to his website and you can find information out about his thyroid program, and again, I would encourage you to really look into this for anyone that you know. It's information that everybody should have, particularly women, because the thyroid is a big gateway to all of your health. Thank you, Dr. Christianson so much for joining the Summit.

DR. ALAN CHRISTIANSON: My pleasure. Totally honored to help out.

DR. KEESHA: Remember everybody to live, love, laugh, keep on learning, and be the most fantastic person of yourself, until next time.