



Women's Vitality Summit - September 2016 – Dr. Keesha Ewers interviews Shannon Garrett 1

DR. KEESHA EWERS: Welcome to the Women's Vitality Summit: Caring For Yourself, Body And Soul. This is Dr. Keesha Ewers, your host for the Summit.

I am so honored and blessed to be interviewing my dear friend and colleague, Shannon Garrett, who is a thyroid and autoimmune women's wellness and recovery nurse, a certified functional nurse nutritionist, a nurse educator, and a holistic health and lifestyle consultant.

She's passionate about guiding and supporting women and reversing the symptoms of thyroid disease, and helping them to discover what it feels like to get their life back. She's also an autoimmune thyroid 'thrivor' and uses her background in nursing, human development, nutrition, environmental toxins, anxiety, and stress to help women everywhere start thriving again too.

She was one of the top graduates of the inaugural class of 2015 at the Hashimoto's Institute, which is a 12 week practitioner course. She also serves on the advisory board for hashimotosawareness.org. Welcome to the Summit, Shannon.

SHANNON GARRETT: Hi, Keesha. Thank you so much. It is good to be with you today. I really love this topic, so I'm passionate about getting into it with you.

DR. KEESHA: Well, one of the ways that I always start, because this is about women's vitality, is mentioning once again that vitality means your life force, your life energy, your passion, your juice, your zest, your bounce. When you have an autoimmune disease, you don't have any of those things, do you?

SHANNON GARRETT: Absolutely not. Your joy is simply robbed. I went through it. My personal story is that I suffered for eight years and was misdiagnosed by nine doctors.

This was a period in the 90s when, if you can believe it or not, there was no Facebook. There really were no online forums anywhere to connect with other women who may have been going through the same issues that I was for nearly a decade. It was very isolating. But even today, even with Facebook and the online forums, and all the information out there, it is still tragic because so many women are suffering.

DR. KEESHA: This is interesting because there is a lot of information the Internet, as you were just saying, about Hashimoto's thyroiditis. I would love to define that before we move forward, because maybe some people haven't even heard of Hashimoto's.

SHANNON GARRETT: True. Well, I know when I was initially diagnosed, even as a nurse they barely covered it in nursing school. It was news to me. Interesting that when I explain it to my patients in this way, they understand the magnitude of what Hashimoto's is, in that just like lupus, just like MS, rheumatoid arthritis, all of the 100 labeled autoimmune conditions, they're all the same underlying process.

Hashimoto's is an autoimmune condition where your immune system is attacking your thyroid. The perception out there is that thyroid hormone replacement will just take care of the problem, and as soon as you receive your prescription, you can just go on and life will be merry. It just doesn't work that way.

What's interesting to me too is that for every other autoimmune condition that exists, practically when the diagnosis is named, say for example MS or lupus, which are all perceived to be serious conditions, for some reason I don't think Hashimoto's get the credit it deserves for the magnitude of how it affects a woman's life.

When any other autoimmune condition is diagnosed, typically an immune system suppressant is prescribed. I've often wondered if that logic is the answer for autoimmune conditions, why isn't that prescribed when Hashimoto's is diagnosed? Not that I want it to be, that's the wrong course of action, I'm just saying.

DR. KEESHA: It really is the wrong course of action for some. I was diagnosed with rheumatoid arthritis, and I had it for about a year before reversing it. Definitely those were the options presented to me; cancer drugs. I went home and looked at the side effect profile to these medications that I had prescriptions in my hand for, and I thought there's got to be a different way.

Again, this was back in the 90s when the Internet had a dial-up modem to get onto it. I went on my search engine, which was called Ask Jeeves, and I went into where we store our scientific articles, PubMed. I looked for different research articles on autoimmune disease. I started with rheumatoid arthritis, but I soon started really saying to myself "This is attacking my joints, but it's not a disease of my joints. This is actually a disease of my immune system. Obviously, because I'm the marathon runner, my joints happen to be the weakest part of my body, or the place that gets the most intense living. Here's where it's landing. What if I thought about this differently?"

So for a period of time I started really researching that and started discovering the science behind what's going on with your gut. Even back in the 90s that was available. Yet, in the medical world, it was never, ever talked about. I discovered articles on intestinal permeability many, many, many years ago. It's one of the ways that I helped to cure my own disease.

It was like this developmental progression. I went from leaky gut, then to the idea of autoimmune means I'm attacking me. Why am I attacking me? What happened here? Going through these questions of the why to come up with the solution is what got me to the point that I've never seen it again.

I think that one of the things that people with autoimmunity need to know is that you have a 75% risk of developing another autoimmune disorder once you're diagnosed. It's not because you're falling apart, it's because the same root problem is not being taken care of when you're taking the modulating drugs.

SHANNON GARRETT: Oh, absolutely. I have a free autoimmune and thyroid eCourse, and in the very first module I discuss inflammation. I describe it as a fire that's burning out of control. Your immune system is launching this attack on your body, and I call that a fire because it's inflammation. The more it becomes chaotic and confused, the more chances there will be that it attacks other tissues. That's chaotic. That's what happens.

Many years ago, in the clinical setting, I would care for women who had eight or nine, maybe even ten autoimmune conditions. Their quality of life was just absolutely miserable. As I went through the journey myself, and I got to the other side, finally I just wanted to show women that you can find joy again. You definitely can find healing, and your quality of life can be improved tenfold from where you came from.

DR. KEESHA: You can reverse this condition. I do it all the time in my clinic. When I met my husband, he had Hashimoto's, and we reversed it within about six weeks.

I think it was brand new because when I did his thyroid proxy I saw an antibody number, and it came up positive. It was just barely. I knew he hadn't had this very long. We were able to catch it early. When you start monitoring those numbers, the really high ones, of course, are indicative of more inflammation. When they're lower, you have less inflammation. You can monitor it in that way.

I find it really fascinating that people will go on the Internet and different resources on the Internet will tell you to get on Synthroid and wait until the autoimmune disease completely annihilates your thyroid. Is that what you tell people to do, Shannon?

SHANNON GARRETT: Oh, gosh no. Far from it, actually. Synthroid is not really in my vocabulary. We will use natural desiccated thyroid in most instances. One of the problems with Synthroid is that it's the form of thyroid hormone that's not active. The body can't use it, it has to be converted. Most of us with gut issues are poor converters. It's a useless, moot point.

I only see women with Hashimoto's, and I can see that they've been on Synthroid a really long time, and they're really suffering. But all that their physician's doing for them is continually raising the dose. As that occurs, they're getting worse if they're not converting, and you can see that in their reverse T3 levels being so elevated.

We work with lifestyle, nutrition, healing the gut, looking at underlying co-infections. There are three stealth co-infections that have been shown in the research to be associated with Hashimoto's: H. pylori, Yersinia, and Epstein Barr virus. We actually see a lot of cases of reactivated Epstein Barr.

DR. KEESHA: You know the Center for Disease Control says that 85% of Americans have Epstein Barr virus now. I think they just sort of rub their hands, as in washing it off the whole problem, and don't address it at all.

SHANNON GARRETT: What I see, Keesha, is that we know as nurses that if you've had mono as a child, for example, you're always going to have IGGN antibodies elevated your whole life. If that early active antigen is elevated beyond nine, it's an active infection. I actually see a lot of practitioners missing that.

DR. KEESHA: I do too. I check it in every patient that comes to me. I have never seen somebody with leaky gut not have Epstein Barr that's active, which is anecdotal in my clinic, and I've never seen research on this but it's been something - and you're the first one I've talked about with this - I'm kind of excited about. What I've noticed myself is that Epstein Barr virus is a very underlooked at issue.

SHANNON GARRETT: As someone who read just recently, and I'm doing a little research for an article I'm writing for Hashimoto's patients, something like 82% of Epstein Barr virus will be reactivated during times of high stress. Whether it be physiological, say you've had surgery, or emotional stress, or physical stress, too much exercise, whatever, those activities can reactivate the virus.

DR. KEESHA: That's just a given if you know about any virus that happens. That's when people with herpes outbreaks come forward, right? They have flares when they're under incredible stress. When someone comes up with shingles, it's usually because they've had a lot of stress.

This is what the body does as a feedback mechanism. It says "Look, you're not taking care of me, and I'm really sorry, but I've had to turn up the volume. These infections are now emerging because I cannot keep up with the way you're going right now."

That's why the Summit is something I'm so passionate about. It's about vitality, it's about caring for yourself, body and soul. I think that with any kind of thyroid disorder, this is a feedback mechanism of the body. So is the gut disorder that Hashimoto's really is.

SHANNON GARRETT: So are your emotions and your thoughts. The perfect example; when I was sad, going through my journey of eight years and nine doctors, of just hell on wheels. It was a decade really that I lost of my life. I had children, but it was just really a hard time.

What I see happening to women today who've been to several practitioners and aren't getting help, I've been there and I totally get that. When you come out of that and you finally get your diagnosis, for example, you're relived in a sense that you know you're not crazy. It's real.

DR. KEESHA: I've had women burst into tears in my office when I tell them. I have Kleenex sitting right there. I'll think "Okay, they're upset about being told they have an autoimmune disease." They'll say "No, I'm just so grateful to have it. I'm not crazy. You're telling me I'm not crazy. That it's a real thing."

SHANNON GARRETT: You start thinking back. It's sort of like post traumatic syndrome. You start thinking back "Why didn't these doctors help me? Why couldn't they help me?" You harbor feelings of anger, frustration, irritation, really just a hardening of your heart.

I have a little book called Hashimoto's: Finding Joy in the Journey and I'm teaching women that you've got to forgive those doctors in the past. You've got to forgive yourself. You've got to love yourself. You will not heal until you can heal your own emotions, feelings, what's going on in your heart. There is no medication, no protocol, no healing of the gut, the adrenals, the hormones, until you have some acceptance of what's happened. Forgive the situation, forgive yourself and others, before you can move forward.

DR. KEESHA: You know Shannon, that's so important what you're saying, and it's definitely my own story also. Bitterness and resentment only gets you further into trouble.

In fact that's what my doctoral research was. The title of it was The Impact of Held-onto Hurt on Female Sexual Desire. What I was finding is that all these women with autoimmune disease were so angry, bitter, and resentful, or were over-caregiving in their lives, and wouldn't acknowledge that they were angry because no one was caring for them. They would say "I'm not an angry person. I take on everybody else's stuff, but I'm not." I'd say "But your body is telling you otherwise. It's eating you up."

SHANNON GARRETT: Right, and it's inflammatory. These negative emotions are just as inflammatory.

If you have these emotions inside, for example, you look in the mirror and you say "I look awful today, I hate myself" or whatever it is, you're sending that message to every cell in your body. I know it's a deep subject to comprehend, but it's really so true.

Our immune system picks up on our thoughts. This is why meditation, visualizing and praying helps our immune system and helps us to heal, because we're not disconnected from our emotions and our thoughts.

DR. KEESHA: I have an autoimmune toolkit that I use on my website. In there is autogenic relaxation training. It has a forgiveness exercise. It's about getting in touch with your shadow-self. It has all of these things. I'm a psychotherapist as well as medical practitioner. I did that so many years ago.

I went back to school to do psychotherapy because I started seeing that you can't separate this. You cannot separate what's going on in your body from what's going on in your heart, and in your mind, and in your spirit. We try so hard to make these specialties, little boxes, and to pretend like our bodies divided up in these different systems, and it simply isn't so.

SHANNON GARRETT: Exactly. The autoimmune process in general means, depending on what a woman's trigger is, you didn't get Hashimoto's in a week or a day. It typically takes longer to heal as well. You just have to realize that the autoimmune process was going on a long time, many years, before the antibodies ever showed up.

DR. KEESHA: That's a testament to the miracle of the human body. It tries so hard to run interference for us for so long, trying to achieving what, in medicine we call, homeostasis, or perfect equilibrium. It robs Peter to pay Paul, until finally Peter is out and he's got nothing left to give. Then we start coming up with symptoms.

I love Ayurvedic medicine for this reason, because Ayurveda is the sister science of yoga. It's the medical arm of yoga, basically. They talk about six stages of disease progression. It's actually not until we get into about the fourth level of disease progression, where we've gotten so far out of balance, that we'll start to go seek help and start looking around for what's going on.

It's been years of this progression before you're already over halfway through, before an actual diagnosis shows up, before you're going and getting help for it. The little tiny whisperings of your body you've ignored up until that point, such as being overly tired, a little rash in the upper part of your arm that comes and goes. People ignore that if it doesn't really bother them overtly, right?

SHANNON GARRETT: I agree, and I also think that women are so self-rejecting of themselves. The way that we're not happy with the way we look, or we don't feel we have a voice, or whatever it is.

This is interesting. I see a Chinese practitioner for acupuncture, and many years ago he told me that in Chinese medicine, they believe Hashimoto's is so popular in women because so many little girls grow up in house homes where they really didn't have a voice. Think of the area where the thyroid is, at the base of your neck.

DR. KEESHA: That's exactly what Ayurveda says too. It's the same thing.

SHANNON GARRETT: It is interesting. When you think about losing self-tolerance, the immune system can no longer tolerate you anymore, your cells. It sees your cells as something that needs to be destroyed like a virus, a pathogen, bacteria. To think that that can happen! You wonder why your body is turning on itself but, of course, other things come into play. Emotions certainly play a big role. Toxins play a role, the environment in general.

DR. KEESHA: Genetics, as well. People will say their rheumatoid arthritis is in their genes.

When it first came out years ago, I did a 23andMe test. I am just wired for autoimmune disease. I have got the worst picture for it. Yet, at the time I did the 23andMe test, I was free of autoimmunity.

I thought that was interesting because I found all these amazing ways through Ayurvedic and functional medicine and psychotherapy, to really work on the reasons, the root causes, why I had those genes turned on in the first place and I found a way to turn them off. When I revisited my DNA 15 years later and saw the picture that was painted, it would seem that I wouldn't be able to get rid of rheumatoid arthritis. My grandfather had it. It's in my family. You would think, as my rheumatologist said, it's genetic so you'll need to just take these medications. That isn't true.

We know that with epigenetics now is your health is your genes, your exposure to toxins, and your ability to toxify those toxins equals your level of health. I love that. It's so easy to put your mind around.

SHANNON GARRETT: We are born with a certain set of genes, and we die with the same set of genes. What happens in between, whether they're expressed or not, is largely up to us depending on our lifestyle and our environment.

I will say that I agree that we all have autoimmune tendencies to net if we have the genetic disposition. Where Hashimoto's is concerned, I don't typically see Hashimoto's in families. What I see is, for

example, mom had an autoimmune condition, the daughter had a different manifestation that expressed differently, the sister had autoimmune conditions, but usually not all of them will have Hashimoto's. They'll have a variety.

DR. KEESHA: On the 23andMe it'll show up as a lot of snips in the AGA. There are all these different ways of it expressing. I've said this a lot on this Summit, that it's an exciting time to be alive because we're starting to wake up to a lot of this. Our food supply matters. What we put on our fork matters. What we drink matters. We can now know that we're not a victim of our genetics. We're not a victim of our upbringing and our past trauma. We're not a victim of anything. We can set ourselves free from all of it.

SHANNON GARRETT: We're only a victim if we choose to be.

DR. KEESHA: Right. I have The Libido Cure online course that's about seven weeks long, and one time I reached out to you and you said "You know that people in my world with Hashimoto's don't really even think about libido. They're just trying to put their pants on one leg at a time." I remember thinking about that and saying yes, that's exactly right.

When I had rheumatoid arthritis I didn't have any libido. That's one of the reasons that I started talking about this in terms of vitality. Libido is a reflection of your vitality. It is one of the very first things to go when we start losing vitality.

SHANNON GARRETT: You seldom feel sexy, Keesha, when you haven't really improved your health. Hashimoto's affects every cell of your body from your scalp to your toenails. When your skin is scaly, when you're just so fatigued that you can't get off the couch, or go to the refrigerator, or have lunch with a friend, or this or that, your libido is your last concern when you're in the throes of the storm, it's very difficult. You don't feel attractive. Intercourse seems like a task that would just fatigue you even more.

DR. KEESHA: Right. It's one more thing to have to do for someone else, the way that women think about it. That's why I started talking the way that I do for that reason, because actually, when those hormones are released inside of you, they counteract a lot of the cortisol and the things that are happening that are making you feel so crappy when you're in that state.

It was so good when you said that because I thought yes, that's why I do this. That's exactly right. It's the first thing to go.

There are so many women running around with autoimmunity that don't know they have it going on. I don't even know what the percentage would be, Shannon, you might know this. I don't know how we would even track it, what a statistic would be. I find that in my office, most people that have Hashimoto's that are in my patient population didn't know before they got to me.

SHANNON GARRETT: Definitely. This is probably going to confuse people, but I do have to put it out there. What we've learned, what the research shows, is that the absence of TPO Ab antibodies does not mean you don't have Hashimoto's. The presence of TPO Ab antibodies does not mean that you do. The only way to distinctively know is to remove the thyroid and dissect the tissue and examine the cells. No one's going to do that.

What they do believe is that any case of hyperthyroidism, when TSH is elevated and/or Free T3 is not optimal, that you must suspect an autoimmune condition always, and treat it as such because Hashimoto's is the cause of 9% percent of hyperthyroidism.

DR. KEESHA: Coming back to the idea that so many people have autoimmune disease and don't know it, this is exactly what we're talking about. That's why I circled around with the discussion about libido in this context because I just want to say to all of our listeners that if your sex drive is low, it's indicating, just like the gas gauge on your car, that you're low on vitality.

You have to start asking, why? Ask that earlier rather than later. Why do I feel so crappy? Really start investigating why you're not in the mood for sex. There's going to be some reason in there, whether it's emotional, mental, physical or spiritual. Somewhere in your libido story, your love map, your development there's a blockage of vital energy.

So really start asking that question before getting into a full out diagnosis of autoimmune disease. I call it the canary and the coal mine. Realizing there's something wrong is one of the gifts that is given to us, depending on what your language is, by God. This is our creative life force. When it's dropping low, and in Ayurveda and Chinese medicine we say that your entire life force is draining, start looking at the reasons why instead of just taking a Red Bull or a coffee and carrying on.

SHANNON GARRETT: I agree. I was actually in the gym yesterday and there was a person next to me, a woman, and I just wanted to say something. She got off the machine for a minute, and she came back with a piping hot cup of coffee that she drank throughout her workout. I thought this woman needs help!

She's probably in adrenal fatigue, and relying on the coffee, and her hormones are likely imbalanced.

It's the world we live in. We live in a fast world, people, as you said, are relying on Red Bull and caffeine, not really just sitting in the quiet and listening to their body, and what's going on with inside. They just go through the motions until something fully breaks down with the body.

DR. KEESHA: That's why I use the car analogy a lot. When the idiot light comes on the dashboard of your car, you actually pay attention. If it your oil light is going on, it means your oil level is low. In my college years I ignored the light and blew up the engine in my Volkswagen Rabbit.

SHANNON GARRETT: I know a woman who actually put a towel over the warning light so she wouldn't have to let it get to her.

DR. KEESHA: The car doesn't do well if you do that. All of us have had to learn in some way, shape, or form that if you drive on a tire that's flat for too long, you're actually going to ruin your wheel. If you don't listen to the squeaky breaks and get the pads changed, you're going to get into trouble. If you don't change your transmission fluid when the car starts getting tired, it's going to cost you more money in the end.

Please, listen to your body when it's doing the same thing instead of having a Red Bull or coffee. We expect to push the gas pedal down harder and go faster and further. With our car, we know if the warning light is on, it will stop because there will be no gas left, and you will be stranded on the side of the road. Many of us that are not really keen on noticing the lights have been left on the side of the road; thank you very much, that would be me.

SHANNON GARRETT: When your body's breaking down and you're going through the stages of manifestation of autoimmune conditions, your body is communicating to you. As the sounds become louder, eventually you're experiencing stress and panic attacks. That's a common thing that I see and something I did myself. Then \$15,000 later, after getting my heart checked out, I discovered there was nothing wrong with me but it's something I commonly see. Stress, anxiety, really elevated stress and panic attacks.

DR. KEESHA: What do people reach for before they get to panic attack mode? A glass of wine, right?

SHANNON GARRETT: A glass of wine and a prescription for Xanax from their doctor.

DR. KEESHA: Exactly. It's just this weird roller coaster that's the retox/detox rollercoaster. I'm always saying, ladies, get off the roller coaster. Just listen to your body and feed it what it's asking for. With autoimmunity you really do have to know, even without autoimmunity, that no matter what you put in

your mouth, whether you're drinking it or eating it, it's going to be either causing inflammation or not causing inflammation. There's no in between.

I think that's really important for people to understand; food is mood. It creates your mood. It creates your tissues. In Ayurvedic medicine, we talk about digestion and there are seven different tissue layers. Every one of those tissue layers is created from the digestion of the last meal that you did that was creating the one before. Digestion is everything, even in Western medicine now too.

SHANNON GARRETT: I was raised in the 60s and 70s - I'm giving my age away – and my grandmother knew more about vitamins and minerals and what each one of them did in the 60s. She was the coolest lady. She was the only woman I knew who talked like this. She was forward thinking. She attended college every semester until her 80s really. She's really who impressed upon me at an early age that nutrition and what you put into your body is extremely important. That's been instilled in me all my life.

DR. KEESHA: That's very fortunate for you. That's great.

SHANNON GARRETT: So having had that influence made me weird to the people I hung out with in my 20s. I still see that today, but we're getting better as far as awareness and nutrition and what we put on in our body.

A lot of it's not our fault because we're tricked sometimes by the food industry. What's a healthy food, and what's not. Sometimes it's hard for people who don't necessarily have a medical background or a health background to be able to navigate those waters.

DR. KEESHA: It's so much about taking responsibility. I wish I'd been weird when I was in my 20s and 30s in the way that you said you were weird. I was born in 1965 - I'm 51 - so I was raised on castor oils with Campbell's soup and things like that. I remember one of my favorite meals was ramen noodles with open face cheese sandwiches, which is a piece of Wonder Bread with American cheese grilled on top of it. Not the finest of food. My parents were poor so this is what we ate. I was raised like that. It wasn't until after I got sick, which was around age 30, that I started learning about nutrition, which was 20 years ago or so.

My four kids were raised with thinking that pistachio pudding mix mixed into Cool Whip with some marshmallows was a really cool St. Patrick's Day lunch. My oldest son has Asperger's, and I started reading about leaky gut, around the same time that I had rheumatoid arthritis.

I started pulling Wonder Bread out of our diet, and milk, and sugar, and all of the treats that I would make from scratch that they were used to eating after school because that's how I was raised. I'll tell you, I had hell to pay in my household. My four kids were not on board with this. They were not on board. It was a war zone at my house for a really long time.

I would just smile and say that it was just a new era and that we were going to do something new. I would slowly start replacing things. I remember one day, my second son looking at me with this malevolence in his eyes and saying "When I go to college, I'm having two microwaves." I'd gotten rid of the microwave in our house and they thought that was the everlasting last straw. So I said "Well until that point, get a sauce pan out to boil your water for your hot chocolate."

SHANNON GARRETT: Keesha, you bring up a great point about the family needing to change. This is how a lot of women go through this. They've been diagnosed with Hashimoto's and you know what comes with a diagnosis of Hashimoto's: a protocol that is gluten free, dairy free, soy free, sugar free. Then there's the food sensitivity test to take care of those issues too. It is very, very difficult if your family or your significant other is not on board with you.

DR. KEESHA: That's the reality of most of the people I work with in my clinic, which is why I brought it up. When they say this, I say "I understand. I know. I've been here, done that and got the t-shirt. Here's the strategy, and we're going to work on it together. It's one step at a time, baby steps."

Literally, when I took away bread from our family, I just stuck with bread until they were done with their moaning and groaning and griping about it. Then I replaced it with something different. Then, once they got used to that, then I pulled out milk. It's taking these things at the pace that your family can do it, at the pace that you can do it. Like you said, it takes years for you to get sick so you don't have to do this overnight.

SHANNON GARRETT: Right. Rome wasn't built in a day.

DR. KEESHA: That's right.

SHANNON GARRETT: It takes commitment and it takes an understanding of why you're doing this, and that you want to feel better. These are the steps to take to get your life back. Honestly, for me going gluten free and dairy free, I thought I would never be able to give up dairy. I still associate some foods with the taste of a glass of milk along with it. But I would no more eat gluten intentionally, or dairy, any more than I would drink a cup of gasoline. I don't miss it at all, to me it's toxic.

DR. KEESHA: Same here.

SHANNON GARRETT: I will say, having done so, that it's opened up a whole new world of food to me that's delicious, wonderful, and nutritious at the same time that I never really knew existed before eliminating gluten and dairy.

DR. KEESHA: I do food sensitivity tests on myself every year still. It's been 20 years, and I still do it every year.

I do an adrenal hormone stress index on myself, and a stool test, just as a sort of oil check that you do on your car. My kids do it now too, voluntarily!

I wanted to circle back with to my second son that was complaining about the microwave being gone. It was only his first year in college, and he'd been assigned to read Michael Pollan's book *In Search Of Food*.

He called me and he said "Mom, I am so sorry." I said "For what?" He said "Oh my gosh, I'm reading the best book and I get everything you were saying now. I was such a hard person to deal with, and I'm so sorry." I said "Honey, this is normal. It was human growth and development only appropriate for you where you were at." I said "I planted the seed, and now you're going to be able to have other people water and weed and harvest the fruit off of it. That's my job. That's perfect. That's how it is." He just said "Oh my gosh, you laid such a great foundation. I had no idea." Every one of the kids has said that, at some point, as they've grown up. They all eat whole foods. They don't do packages.

I just think that if you can be patient, and deal with the human growth and developmentally appropriate times that your kids are going through, what you and your spouse go through in the end will be worth it.

SHANNON GARRETT: Exactly.

DR. KEESHA: I talk to my patients about this too, that doors are closing but don't stand in front of them and kick them. As far as different kinds of things you've called food in the past, and that you associate with holidays, and you associate with traditions in your family, they have meaning to you because you were raised with them, and they were part of celebrations.

I tell them to turn away from the door and look in the next direction. You'll see all these open doors in front of you that you get to go through now, that contain new exciting tastes and foods. Your palate will expand now. It just depends on your willingness to take this on and to try it. You're right because I eat foods that I had never even known existed. And I put things together to make Daniel Walker's paleo sandwich bread, I love that bread.

SHANNON GARRETT: It's a blessing in disguise. For a woman who's newly diagnosed with any other autoimmune condition and is really struggling right now, it's hard to understand that all of this is really a blessing. It truly is. That's something that is discovered as you grow, as you make progress.

One thing I wanted to mention was that what I see often is when we recommend a woman go gluten free, many will opt for shopping for the packaged product, packaged foods. They purchase everything that's labeled gluten free.

DR. KEESHA: Gluten free junk food.

SHANNON GARRETT: That is junk food. It raises sugar and is inflammatory, just like any other junk food.

Also, some of the foods are labeled 'certified gluten free'. It'll have the word certified, and it'll say it's endorsed by the Celiac Disease Foundation, or whatever. A patient with Celiac disease can actually consume a certain level of gluten before it affects the villi in their small intestines.

For the Hashimoto's patient, the immune system doesn't care if it's one molecule or one million molecules. It tags it, and launches the attack on the gluten. Since gluten is created with molecular mimicry, meaning it looks just like thyroid cells, as your body's attacking gluten, it's also attacking your thyroid cells.

DR. KEESHA: This is going to be the thing for anyone with eczema, psoriasis, Sjogren's, vitiligo and autoimmune diseases in general. I just wanted to put a little asterisk on that, because it's true for any autoimmune disorder. Anyway, go ahead.

SHANNON GARRETT: For those packages labeled certified gluten free, or just gluten free, it does not mean it's free of gluten, especially the ones endorsed by the Celiac Disease Foundation. They are allowed a certain level of gluten in their food. A lot of people don't realize that. The public at large thinks that the worst case for avoiding gluten is Celiac disease. That's not necessarily the case.

DR. KEESHA: Don't you love it when someone says they did a two week elimination of gluten and they didn't feel any difference?

SHANNON GARRETT: Yes, I would say "Well of course you didn't because you can't feel what your molecules are doing." We can't feel our TPO antibodies and we can't feel inflammation in the white

blood cells necessarily. It's important to eliminate gluten anyway, because of the molecular mimicry connection.

DR. KEESHA: Something I just want to put out there is track your lab data instead of what you feel internally. Shannon just said it so beautifully; you can't feel what your molecules are doing. I think people are looking for their bloating to go away, or whatever their overt gross physical symptoms are when they're doing food elimination.

When you're autoimmune, there are a lot of silent things going on that you are not going to be able to track by how you feel. This is where your lab data becomes very important.

SHANNON GARRETT: I love how people don't really realize too, until they get that glimpse. That's the only way I know to describe it. You get a glimpse of what feeling good feels like, and you have been gluten free for a while, dairy free for a while, whatever.

One day you just get a sense that you're feeling better, like you're feeling optimal. Maybe you took a few dance steps down the hall, something that's out of the norm for you. We can actually track it back to eliminating gluten, optimizing thyroid hormones, cleaning up the diet in general.

DR. KEESHA: Just like 35% of other Americans, I have a methylation problem which came up in my genetics. I started taking some supplements to help with that, a methyl B complex compound. I remember three months into that, one morning with my supplements in my hand and a glass of water, I remember saying to myself "I feel fantastic. How long have I felt fantastic?"

If anyone's familiar with the Enneagram, I'm a type 2, which means I'm a caregiver. It's what I do for a living. I am the over-caring person. I was the rescuer in my earlier life. It's why I got sick. I didn't listen to my body. It had to turn up the volume full force to get my attention because I was so focused on things external, outside of me, caring for anyone else rather than myself. I'm a very typical autoimmune woman.

SHANNON GARRETT: Most nurses are.

DR. KEESHA: They are. Nurses fall into that category. Three months into taking the supplement, I'm saying "Wow! I feel fantastic. How long have I been feeling fantastic? And why?" As I started tracing it back, I looked down at the little supplements in my hand and thought "Wow, I'm methylating! This is what it feels like to be methylating. Wow!"

SHANNON GARRETT: Yes. That's what it feels like to feel good.

DR. KEESHA: Yes, exactly. It's a very interesting experience to have, to one day say "I've actually been feeling this good for a really long time, and I haven't even noticed. That's how out to lunch I am!"

SHANNON GARRETT: Yes, I know. I'm glad you brought up methylation. It's huge. I think 88-89% of patients with Hashimoto's have the MTHFR gene snip.

DR. KEESHA: They do. It's actually autoimmune disease in general, not just Hashimoto's.

SHANNON GARRETT: Yes, real life.

DR. KEESHA: Yep, they're my dogs.

SHANNON GARRETT: I'll just mention that I attended a microbiome and methylation seminar three weeks ago, on a Saturday. It blew my mind. There's more information coming down the pike, but it's incredible, the research that continues in that area.

DR. KEESHA: Yes, We've only scratched the surface. Stay tuned everybody because it's definitely more than that MTHFR, which isn't getting so much press, but there's a lot more to it than this. It's pretty exciting. I'm going to ask you, Shannon, are there frequently asked questions around Hashimoto's? Have you missed anything that we want to talk about before we end?

SHANNON GARRETT: Sure. One of the main questions is: am I going to have to take thyroid hormone for the rest of my life? We're all unique, we're all different. It depends on the stage in which we were diagnosed our journey, and how much damage there was to the thyroid and if it's going to be able to recover enough to meet the metabolic needs of your body.

We'll say for most women, we've been able to reduce their dose, but I have not seen many that will be able to totally go off of it for life. If they did, based on numbers, maybe they tried it and they just didn't feel well.

DR. KEESHA: The problem is the thyroid gets super lazy once you start feeding it hormones.

SHANNON GARRETT: Right. I agree. For a lot of these women, as my journey was, they've seen several different doctors. It's crazy that that's still going on today, that you have to see so many different practitioners just to get a diagnosis. What endocrinologists don't test for are the antibodies.

DR. KEESHA: No, they don't. It's so frustrating. Still, doctors are only testing the TFA's. Give us the list of what should be tested so people can write it down and take it in.

SHANNON GARRETT: Okay, so we do want TFH. Isolated it doesn't tell us a whole lot, but we do need it in concert with the other labs. Free T3 and Free T4 - these have to say the word free in front of them otherwise it's bound. Reverse T3, TPO antibodies, thyroglobulin antibodies, TSI antibodies. We also like, if you can do it, ferritin and vitamin D and SHBG, that is sex hormone binding globulin. That gives us a good picture of what's going on.

DR. KEESHA: I always add serum DHEA and fractionated estrogen and progesterone to those two, and a hemoglobin A1c, to get a good look at the endocrine system.

SHANNON GARRETT: We also run the adrenal panels for the DHEA, and the estrogens, testosterone, and cortisol. Just in your basic initial panel, for a lot of patients these days, insurance deductibles are so high and sometimes the co-pays are extremely high. Some patients opt to do the self-ordered lab option. It just depends. If that's the route they're going, what I just mentioned is a good basic start. At least we can determine if we think it's Hashimoto's or not with those labs and how much Free T3 is getting inside the cell. The sex hormone binding globulin will help indicate that.

Then from there, depending on what's going on with the woman, what symptoms she's experiencing, other labs can be very important that we'll recommend. It just depends on her willingness and what her situation is. We just meet each woman where she is, and work with her on what she's able to do because, once a diagnosis of any autoimmune condition is made, so much information comes at you.

A lot of times these patients really are struggling with the protocols, where to start, and what to do, and what to do first. They get in the Facebook groups and they see other women doing xyz first. They think they should follow the same path, then the waters get really muddy.

We just break it down for them in simple, manageable steps. We first want to find out whether it looks like we're dealing with Hashimoto's, and work to initially reduce her symptoms. That's the first primary goal. Then we can work on the associated issues from there. Healing the gut, adrenals, hormone balance, lifestyle.

DR. KEESHA: Wonderful. Any other questions that come up for you a lot, that you want to address?

SHANNON GARRETT: Well, I'm also a volunteer. I teach and raise awareness about low dose naltrexone (LDN) for the use of Hashimoto's. In resistant cases, I think it's a wonderful option. Since I was on the Healing Hashimoto's Summit, I received so many inquiries. It's really been wonderful.

A lot of women want to know if LDN is right for them. It's not right for everybody, it is a commitment. I don't recommend opting for it as a first choice option for your treatment. That's a very popular question.

Another one is that they just don't understand what the gut has to do with Hashimoto's, or any autoimmune condition, and they don't understand the term leaky gut. I had one woman say "Wouldn't I know if I saw something in the toilet if I had a leaky gut?"

DR. KEESHA: Or on my underwear? I know, I've heard that a lot. It's not a leaky rectum.

SHANNON GARRETT: Right. That's confusing for them. So I spend a lot of time explaining that which I love doing. I want women to be informed and empowered, and know what they're up against, and really know why they're doing what they're doing. It makes no sense if they don't understand the why behind it.

DR. KEESHA: Let's give the dosage, because I know that LDN can get confusing for a lot of practitioners. So it's good for women to know for themselves, the dose that you like. You can do it in a cream that's compounded as well as orally, right?

SHANNON GARRETT: Yes, you can do it in a cream. You can do it in a liquid that's hypoallergenic. You can do it in capsules. With the capsules, they offer a variety of fillers, most of which many women really react to. Abacil is one of the main fillers for the LDN compounding protocol, but if that is an issue, they offer beet and spinach powders in some of the doses. Not all of them, but some of the doses.

As I said, hypoallergenic liquid, and the great benefit is that it is hypoallergenic. You don't have to worry about anything and you don't have to take a capsule, but the downside is that it has to be shipped overnight. So you can't really travel with it because it has to be kept in the refrigerator.

The cream is phenomenal. That's what I use today. It travels well, the shelf life is a long time. It's very effective. You're bypassing the GI tract. I have a little book on my website that, rather than just giving blanket information out there, I teach women in this guide how to recognize if and when they're ready for LDN.

DR. KEESHA: Good.

SHANNON GARRETT: Also, to share it with their practitioner. It was intended to be shared with their practitioner.

DR. KEESHA: That's why I was asking you to give some information for them to share with their practitioners. I know there are a lot of people out there that are functional medicine trained, but haven't gotten this far into it with the LDN.

SHANNON GARRETT: Right, I'm so glad that awareness is being raised and we have these wonderful LDN conferences, but typically, they just address using it for autoimmune conditions or cancer in general, not specific necessarily to Hashimoto's, and it's a completely different protocol to get the body ready for LDN.

It took me nine months to get my body ready for it. Then, of course, the dosing protocol is different. For example, in general terms, a patient with MS or lupus could start at a dose of LDN much higher than the patient who has Hashimoto's could.

DR. KEESHA: I know I used it for a while with rheumatoid arthritis and I was able to start right out at 4.5 milligrams and just use it.

SHANNON GARRETT: I put in the book that the patient needs to be taught how to self-assess when starting LDN for Hashimoto's. It's really important because in most cases, the patient is going to go hyper. That's a sign that LDN is starting to work. But one of my clients said "I talked to my doctor and explained that I was hyper, and I showed the sheet you gave me for my home self-assessment, and his first answer was to stop the LDN."

DR. KEESHA: Right. That is what a standard endocrinologist would say, because to be fair, they're getting their continuing medical education, usually from the pharmaceutical industry, and LDN is not mentioned. They're limited by insurance companies to about six minutes. They don't really have that time, the way that you do when you work with clients, to be able to do the teaching and the way that I do when I do my teaching. It's really a blessing to be able to spend more time with people.

SHANNON GARRETT: Definitely. I will just mention, and I'm not blaming endocrinologists in any way, that Hashimoto's is not an endocrine issue, as you know. We mentioned earlier that they don't even test TPL antibodies typically. Most endocrinologists I know who are actually free as well, their focus tends to be on the pancreas and diabetes.



Thyroid patients coming in will just be treated for the deficiency with medication, but beyond that, there's just not much that they have to offer, really. It's sad, because in the United States, we don't have a medical specialty for autoimmune conditions.

DR. KEESHA: They're called rheumatologists.

SHANNON GARRETT: Yes, but rheumatologists, they mainly focus on rheumatoid arthritis.

DR. KEESHA: Exactly. Well Shannon, this has been such a pleasure. We're out of time. I just want to make sure that our listeners go to your speaker's page on the website, and look at the bonus material and get back to you with getting some of the offerings that you have on your website, because you're a wealth of information, and I so appreciate you sharing just a fraction of your wisdom for the listeners of this Summit. Thank you so much.

SHANNON GARRETT: Thank you for having me, Keesha. I really enjoyed it.

DR. KEESHA: Remember everybody to live, laugh, keep on learning and loving, and be the most fabulous version of yourself, until next time.