

Why Your Thyroid Deserves Some Attention



Ep 9: Your Thyroid May Need Attention with Mary Shomon

Gregory Anne

Today, my guest is Mary Shomon, somebody that I have been a fan and a follower of for probably over 20 years. You'll let me know how long you've been doing this, Mary, but it feels like about 20 years.

Gregory Anne

She is a patient advocate for people with thyroid disease, and for people who don't know they have thyroid disease, but want an answer to their many symptoms that doctors always say are all in your head. "It's just what happens at your age." Mary is going to clear away all of the cloud cover on those nonsensical things that doctors want to wash us away with. Mary, welcome and thank you so much for joining me.

Mary Shomon

Well, thank you so much for having me. *And it's actually been about twenty-five years that I have been out in the thyroid trenches fighting for decent care and awareness and doing what I can to help support my fellow thyroid patients.* So, I'm so excited to have a chance to finally get together with you and talk about our hormonal health and the importance of the thyroid.

Gregory Anne

And I think it's good that you said “the importance of the thyroid” because it's one of those little glands that has so much power over how we feel and how other hormones work or don't in the body. And yet I don't think it gets enough attention. You know, there's heart disease, gets a lot of attention or metabolism or weight, all these things. But the thyroid is critical to so many things that help us feel well and stay well. Let me just tell people a little bit about this twenty five years what you've been doing.

Gregory Anne

So, you have I've lost count of the book, seven or eight books on thyroid health.

Mary Shomon

There's actually I've written 15 books and the majority of them are on thyroid and autoimmune health and hormonal health, so quite a number of them.

Gregory Anne

Quite a number of them. And I I had a couple I went to my closet to find one and I realized I used to give them to clients when they would say, oh, well, I just send it to them. And so I just read the first chapter, just take a peek anyway. So I don't currently have one, but I've had your diet thyroid book and autoimmune one and all full of great information.

Gregory Anne

One of the reasons it's exciting to have you as part of my mission or my vision for this business, rebellious wellness over 50 is to teach people that it really, I think, it's an act of rebellion to stand up for your health until you get the answers you need. And you can tell us about your journey, because it's like I said, docs who don't understand it want to just say, go home now. There's nothing we can do because there is nothing they can do anyway.

Gregory Anne

So aside from books, you have been a patient advocate. And those books, by the way, are New York Times best sellers.

Gregory Anne

You have a PBS special. You've got all kinds of interviews in every publication for women, I'm sure. So, let me ask you, when in light of being this patient advocate, you had to first get the help for yourself? When did you decide I'm not going to take these answers for the answer. What was it that kept propelling you to do the research and find out answers for yourself to feel better?

Mary Shomon

It was my own symptoms and my own struggling, truly selfish motivation, which is often the case, I think, with people that become patient advocates. Either we're worried about our own health or that of a of a close loved one, and we're not getting the answers that we need. In my own case, it was in the early 1990s and I was getting ready to get married. And every time I went for a dress fitting, instead of bringing in the dress and tightening it up, they were letting it out of size.

Mary Shomon

And you can imagine how horrified I was. And because I had never had any issues with weight gain, I was a consistent size eight from college years. Well, through my twenties and all of a sudden here I am going to 10, to a 12 to a 14. And I got married as a size 16. But at the same time, I was tired. I was feeling kind of depressed and blue, the exact opposite of the things you should feel when you're getting ready to get married.

Mary Shomon

So, I started to explore, went to my doctor several times saying first time it was, hey, I'm gaining weight. The next time it was, hey, I'm feeling kind of down. The third time I'm really tired. And then she said, you know, I'm going to run some thyroid tests on you. And I got a call that is very familiar to a lot of women, which is, yeah, you've got a thyroid problem. Doctor said to tell you it was a bit low.

Mary Shomon

We've called in a prescription for you. Go pick it up. And that was my introduction to I have a thyroid problem, nothing more. Didn't even really know anything about it. I was not a student of science in college, so this was something completely new to me. And I went to the pharmacy, picked up my meds and thought probably pretty simplistically, like it was like taking and Advil for a headache. Somehow in a couple of weeks, I was going to feel great again and it didn't happen.

Mary Shomon

And I went back to the doctor, talked with her. She was a fairly young doctor, kind of really getting started, but very smart and holistic. And she said, you know, we're going to have to find out why you're not feeling well and so that began my odyssey, it was also the

same time as the earliest days of the Internet. So, I was able to start getting on very clunky support groups and Usenet interest groups and getting on to the National Library of Medicine publications files to try to read research.

Mary Shomon

And I discovered there just wasn't that much being said about hypothyroidism except in the patient communities where there were a lot of unhappy people like me being told, take your pill and come back in a year and you'll be fine. And anything else you're struggling with or feeling, it's probably that you're stressed, depressed, PMS, menopausal, lazy, got to get off the couch, eat less, work out more and take an antidepressant. And it was not ever really focusing on thyroid.

Mary Shomon

So that was kind of like waving a red flag at a bull for me, because now I wanted to know what is going to solve this issue, why am I not getting good treatment and why are the rest of us not getting good treatment? And so that was really the beginning of my own odyssey of research and talking to people and reading journal articles and exploring with doctors and finding out the evolution of thyroid care over the past century. And it took a couple of years and I built a website and started to share what I was finding with other patients.

Mary Shomon

And eventually I discovered some solutions for myself, which I turned around and felt really obligated to share with my thyroid community. And over time, I ended up having one of the most popular sites on thyroid disease. And then I started writing the books for those who weren't online. And the next thing I knew, not that I spent my childhood thinking when I grow up, I want to be a patient advocate. But all of a sudden there I was.

Mary Shomon

I was a patient advocate and an educator and doing my best to fast forward other people up the learning curve. So they weren't going to sit there for months or years wondering why they weren't feeling well on cookie cutter thyroid treatment.

Gregory Anne

I was thinking of the cookie cutter issue recently. My husband had knee replacement surgery and they send you home with a bag of meds and it says one as needed every eight hours as needed. And there are all these quotes, and I'm a science junkie, so I read about each one of these things. And I think now if they sent me home with the same bag of meds and I'm one hundred and thirty pounds and he's two hundred twenty pounds, they're probably going to be too much or too little in some regards.

Gregory Anne

And then that extrapolated to the thyroid when the doses that are if you go on a website for one of the Synthroid, let's say, and you look at dosing for the patient, it'll give you nothing about the person really, just like it comes in a five or fifteen or twenty mgs, whatever. And so a doctor, I was told originally they do height and weight and symptoms and that's how you get your first diagnosis. I guess it's a good place to start. But as long as the doctors then willing to retest you in, what, 90 days to find out if that's working, right?

Mary Shomon

Yes. I mean, it depends on the doctor. Some will send you away and have you come back in six months. And a really smart doctor looking at this is also going to look at those thyroid levels, because *if you are profoundly hypothyroid when you're first diagnosed, you are likely going to need a higher dose than someone who's just mildly or sub-clinically hypothyroid, just outside the range a little bit*. Maybe things are a little out of balance. You need a little nudge back into normal.

Mary Shomon

That's going to be a very different approach to treatment than someone who has a profoundly shut-down thyroid gland or has extremely high autoimmune antibodies that are attacking their thyroid gland. There's a very big difference between someone who's had thyroid cancer or surgery or radioactive iodine for their thyroid, making them hypothyroid versus someone who has Hashimoto's or a mild case of iodine deficiency that's creating it. So the cookie cutter approach is alive and well out there, but it really is not serving the patient community very well, in my opinion.

Gregory Anne

And speaking of let's talk about TSH speaking of the cookie cutter, it is the one test that almost every doctor will give a woman if she comes in with certain symptoms. "So, let's check your TSH." Tell us **why the TSH alone is not enough** to give us a profile of what the patient might need.

Mary Shomon

Well, TSH stands for thyroid stimulating hormone, and sometimes I think people get confused and that is a thyroid hormone itself, that the gland is issuing an or emitting this TSH. But that's not the case. TSH is a pituitary hormone and it's what we refer to as a messenger hormone. So sometimes I say it's kind of like a traffic cop out there saying, OK, come on over here, let's go. Keep going up, stop, halt. Keep going, stop, keep going.

Mary Shomon

Because the TSH is telling the thyroid gland, make more hormone or slow down and stop making hormone. So it is a secondary marker of what's going on with the gland itself. If we want to know what actually is happening in our bloodstream at the cellular level, with the actual hormones that are circulating in our body and helping to get oxygen and energy into our bloodstream and into our cells, tissues, glands and organs, we have to look at the actual thyroid hormones and that would be thyroxine, which we refer to as T4 and triiodothyronine, a big mouthful, which we call T3.

Mary Shomon

These are the two key hormones that the thyroid gland is creating. And even then, the T4 hormone is a storage hormone. It doesn't do anything in the body except get turned into T3. So T3 is for relief of symptoms, the Holy Grail, because T3 is the active hormone at the cellular level, TSH is simply a an imperfect, in my opinion, marker that gives us an idea of what might be going on.

Mary Shomon

So the brain says make more thyroid hormone. So, the TSH goes up because it's yelling louder at the gland to make more. If we're hyperthyroid, we have too much hormone. The TSH drops very low to say, hey, slow down and cut back the amount of hormone you're producing. But it doesn't tell us what is actually going on. That's the T3 and T4 levels that are much more material and have much greater impact on how we actually feel.

Mary Shomon

But as you suggested, a lot of doctors rely on only the TSH and actually refuse to test anything else because they feel like the TSH is a complete picture of exactly what's going on. And that leaves a lot of people who may have levels that fall into the so-called and quite controversial reference range or the normal range. They may be looking normal on paper, but they certainly don't feel normal. And if somebody actually did a dive in and looked at those T4 and T3 numbers, they would discover that there is nothing normal about what's going on with their thyroid.

Gregory Anne

Mm hmm. Finding the right practitioner to work with is key here. I mean, I'm sure the women listening are hearing this sort of give and take and retesting and paying attention to your symptoms. That's what it takes. If we really have outside the boundaries of what's normal, we have symptoms and then the tests come back outside the boundaries are more or less. And a doctor says, well, I've given you Synthroid or I've given you this thing and you don't feel better, then it must be... one of your, one of the people you had on your podcast a woman said she told the doctor that she wasn't feeling well and she

was feeling low, when the doctor said, “well, maybe you should go see a shrink.” And a) that's dismissive and, you know, it happens. But b), it will leave many women to go outside, go out the office and feel like, well, I have to go see a shrink now, and then they're going to prescribe a medication that's going to maybe mask some symptoms. But the problem is the thyroid is not getting well, not restored to healthy levels.

Gregory Anne

And what, what are some of the problems aside from symptoms, what can happen to a patient who struggles for a long time with say, hypothyroidism?

Mary Shomon

You know, you mentioned the issue of doctors that are not necessarily doing their due diligence before they hand out an antidepressant. If you look at the prescribing instructions for anti-depressants and cholesterol lowering statin drugs, both of them say very clearly a complete thyroid panel should be performed before this medication is prescribed. But how many people do you know that have been put on a statin for high cholesterol or put on an antidepressant for feeling down or blue or having mood changes who never had their thyroid checked?

Mary Shomon

So, at the bare minimum, we have probably an epidemic of people being told that they're depressed or have high cholesterol levels when both of those are common thyroid symptoms. And in fact, I can't tell you, I've talked with dozens and dozens of people over the course of my communications with patients and my coaching work who have said, hey, my cholesterol was crazy bad and I got my thyroid diagnosed and got on proper treatment and now it's fine. And people that said I was never a depressed person, I have nothing to be depressed about.

Mary Shomon

All of a sudden, I'm walking around in a funk and I don't know why. And they're trying to hand me anti-depressants and antianxiety drugs. They get their thyroid diagnosed and treated, depression lifts. They're fine. It wasn't a mental health problem. It was simply the impact of an undiagnosed or untreated or poorly treated thyroid condition on cholesterol levels, on mood anxiety and depression and the other things that happened for, for women over time who are not being properly treated is we can gain weight much more easily.

Mary Shomon

We may find it much more difficult to lose weight as well. I have worked with personal trainers. One woman, she was in her early to mid 50s and she was working out 40

clients a week at an hour, a client. And she was eating a really clean, really healthy diet and she was gaining two or three pounds a week. She went to the doctor. She said, I think something might be wrong with my thyroid. And he said, oh, no, you just need to eat less and work out more.

Mary Shomon

And she's like, how much more can I do? I'm doing 40 hours of moving and working out with my clients and I'm eating twelve hundred calories a day. And he just sort of threw his hands up and sent her on her way. And once she got her thyroid diagnosed and by the way, she was very hypothyroid, got it treated it leveled the playing field and things started to return back to normal. So, the weight gain or the difficulty losing weight fatigue.

Mary Shomon

And here we're talking about fatigue that goes beyond the everybody complains about. Yeah, I'm really tired, but they're also sleeping five and six hours a night. They're not getting enough sleep. We're talking about people that are sleeping seven, eight, nine hours a night and they still can't get up in the morning where they have to go to their car at lunchtime to take a nap, to get through the rest of the day, or they get home from work and have to lay on the couch and sleep for an hour before they have the energy to make dinner.

Mary Shomon

Or they do 13, 14 hour stints as sleeping on Fridays and Saturday nights just to catch up from their exhaustion. It's a really debilitating and profound feeling of constant exhaustion that many thyroid patients will experience. And then, of course, you mentioned the depression and we have depression, anxiety, mood issues, just feeling sort of like nothing makes you happy. And that crosses over also into the cognitive issues. A lot of brain fog, difficulty concentrating, remembering things.

Mary Shomon

I can't tell you how many thyroid patients have said to me they got in the car and got to an intersection and thought, where am I going? I have no idea where I'm going. And they have to stop and kind of retrace the steps in their head to, oh, yeah, OK, I'm going to the grocery store. We forget people. We lose our keys all the time, even to the extent that as you get past 50, you start.

Mary Shomon

I've had many people walk, say to me, I'm starting to worry, am I getting Alzheimer's, am I getting early dementia? What's going on again? Once they got their thyroid

properly diagnosed and properly treated, they said, you know, I feel 20 years younger and I'm having no trouble keeping up in meetings or at work or at school or with my kids or whatever. So those are just the the main sort of highlight symptoms. But there's so many other things.

Mary Shomon

We've got people with hair falling out and their dry skin and dry eyes and loss of the outer edges of the eyebrows. I would say, ladies, if you're penciling in those eyebrows, it's probably a thyroid get you need to get it checked. Constipation, sex drive problems especially common over the age of 50. But women always say, well, of course, I have no sex drive. I'm over fifty, I'm menopausal. No, not necessarily the case.

Mary Shomon

It could be your thyroid, get your thyroid treated and sorted. Your sex drive could come back and be perfectly normal. So those are just again, there's I think some people have put together lists of five hundred different symptoms. And I have one that's got dozens and dozens, probably well over one hundred that because of the thyroid effects, everything from the hair that grows on our head to the way we think, to the heart, to the skin. Every process depends on thyroid.

Mary Shomon

And if we don't have enough thyroid, all of those processes slow down or grind to a halt.

Gregory Anne

And you didn't mention how we feel cold or too hot, too hot, too cold. But when I know, I know if my thyroid meds have somehow I've got something or I'm not because I started to get freezing. No matter what you do, I'm just cold. My hands are cold, my feet are cold. And as soon as I get adjusted within about a week, things are feeling back to normal.

Mary Shomon

Absolutely that low. It can sometimes be reflected in a low body temperature. So if you if you took your temperature in the mornings, you'd see it was ninety six, ninety seven. Much lower than than a typical norm. You can feel cold. Some thyroid patients are the ones that are wearing sweaters in the summer because they or cannot stand air conditioning. And actually like the winter and I've actually had some thyroid patients say, hey, I can't wait for hot flashes and menopause, maybe a little warm me up.

Mary Shomon

So, but yes, that body temperature regulation is a difficult symptom in thyroid and it also affects our heart rate, too. We can see our heart rate dropped significantly when we're hypothyroid and when your heart stopped beating as quickly that can also make you feel colder as well and less energetic. So as we can see, everything is affected. There's no part of your body that's immune to the effects of hypothyroidism.

Gregory Anne

What is the right age to stop thinking I should go to a doctor and get symptoms tested because I've heard clients and my friends say, well, it's our hormones will all diminish as we age, and it's just the same as everything else. So why should I worry about it? It's just getting older. I'm going to have these problems. And there's another doctor who was instrumental in helping me get through my hypothyroid diagnosed Dr. Shamas, and he said it could be an infant, it could be an 80 year old.

Gregory Anne

It doesn't matter your body. You still want to be healthy and fully functional for as long as you can. So talk a little bit about the postmenopausal or even 50 and over. Why shouldn't we go get tested?

Mary Shomon

There's no reason, and God bless Dr. Shamash because he is a smart man and a pioneer in really listening to and providing answers for thyroid patients because he was one of the early doctors who was really saying, wait a minute, all this business about, you know, take a pill, go home, leave me alone, TSH is king. He threw that all out the window. And as a result, there are a lot of patients that got the right kind of treatment thanks to him and thanks to the information that he has shared with patients.

Mary Shomon

But there's never a wrong time to feel better and to get to the root of this. I have women contacting me in their 80s. They're totally tech savvy. They're sending me an email or setting up a consultation. And we're talking and they're saying, look, you know, I've been feeling great. I'm active, I do this, I do that. But all of a sudden my thyroid is out of whack and I don't feel good and I want to get adjusted and et cetera.

Mary Shomon

And they go in and they get things sorted out and we work out what they need to really optimize, not just treat the thyroid, but optimize their thyroid treatment. And I've had some of them come back and say, my gosh, I feel so much younger. I'm energetic, my joints don't hurt anymore. I'm out there gardening. I'm doing my dance class. I'm doing the things I love, playing with my grandkids. And so there's never a wrong age.

Mary Shomon

And I think one of the biggest mistakes that a lot of women make is that thyroid disease frequently shows up at periods of hormonal flux. So we see a small bubble around puberty in girls in their their adolescence. We see a lot of women showing up with thyroid issues during and after pregnancy and again during perimenopause into menopause. So starting in their late thirties, early forties and up until they're seniors. And the problem is those are periods when we are also told, well, of course, you're going to be tired and gaining weight or things are changing and you'll be depressed and spaced out and brain fog etc because you're in puberty or you're pregnant or your post-partum or you're perimenopausal.

Mary Shomon

And there's a tendency to just categorically blame hormones as a broad category without anybody looking at what hormone is causing the problem here. Because a lot of women develop thyroid problems in pregnancy and after pregnancy, women have problems with breastfeeding, post-partum depression, hair loss after pregnancy, difficulty losing the weight after pregnancy, frequently discover if they can get in and really dive into the information, frequently discover the problem was a thyroid issue. It wasn't the pregnancy itself.

Mary Shomon

Pregnancy was merely the trigger for the onset of the thyroid. Same thing with perimenopause and menopause. Those shifts in estrogen and progesterone that women experienced during the transitional period of perimenopause and after menopause and periods stop can be a trigger for the onset of various thyroid issues. But we need our practitioners and the women struggling with these issues to pay closer attention to our efforts to suss out what's a thyroid symptom, what's the menopause or perimenopause or postpartum symptom, because some of them can cross over.

Mary Shomon

Some of them are very distinct. But when a doctor or a woman herself just says well, it's hormones and it gives up, she's never going to get the answers and the possible solutions and resolution of her symptoms, which is what my goal is for the patients that I speak to and try to help.

Gregory Anne

In the twenty five years that you've been doing this and I've been researching not quite that long, but it doesn't seem like that much has changed for people in from the medical community in terms of listening and having and I know not everybody is going to

become an endocrinologist or even I've been to endocrinologist who still don't understand the thyroid. What's significantly different better now than in the past, like, let's just say 10 years?

Mary Shomon

Well, first of all, I think we have a lot more knowledgeable patients because we have a, we have a more empowered and more knowledgeable patient community. Back twenty five years ago, you remember, patients often had no access to medical journals, medical information. The most you might see is a pamphlet at your doctor's office about something. But there were not a lot of books about these issues. There was not easy access to this kind of information. Maybe a woman's magazine might have a small article here or there, you might read but we really weren't informed about these issues. And we also have mothers and in some cases ourselves. But oftentimes our mother's generation was from that generation where the doctor was king. And you went into the yes doctor. No, doctor. OK, Doctor. I'll do whatever you say, Doctor. And they didn't question or challenge. They did not feel they had the right and that it was improper and in fact, impolite to say, hey, wait a minute, this isn't working, doc. I really want a solution. They were not customers. They did not consider themselves a customer of the doctor. They felt like the doctor somehow had authority over them. And now I find that that attitude, even in older women, has gone by the wayside to a large extent. Obviously, we all don't want to be throwing Dr. Google Research we found every doctor we find and challenging someone who's had years of experience in medical school with every little bit we find on an Internet search.

Mary Shomon

At the same time, when we prepare ourselves for an appointment and go in with well thought out questions and some knowledge about our options and we can ask questions about those, we're going to get better treatment. So I feel like that's one very important aspect that has changed because it's created grassroots demand for different types of approaches. I mean, for example, a lot of patients back twenty five years ago were having a very difficult time getting natural desiccated thyroid, which had been on the market for almost a century at that point and successfully used as a thyroid hormone replacement.

Mary Shomon

Drugs like Armor Thyroid, Nature thyroid, WP thyroid and NP thyroid. There were prominent endocrinologists saying on the Internet, if you take natural thyroid, your bones will dissolve. It's going to kill you, give you a heart attack. They were saying all sorts of crazy things. They're not saying that anymore. And patients who go into

endocrinologists who would have fired them on the spot if they asked for natural dessicated thyroid, I am now hearing more and more endocrinologists will say, well, it's not my favorite, but I'll give it a try for you.

Mary Shomon

There's a, an increasing collaborative aspect to some of the endocrinologists and some of the physicians as far as trying some of the options outside the standard Levothyroxine, Synthroid, Rubber-Stamp, cookie cutter approach to things that has come around. And there's even been statistical studies. More doctors are willing to prescribe T4/T3 combinations versus just a Synthroid, levothyroxine typical drug and more doctors have been prescribing natural dessicated thyroid and it's a slow increase. It's not dramatic, but it's enough to show that there's been a difference and that patients who aren't satisfied and who speak up are making changes in the way that doctors are treating us.

Gregory Anne

I like that you said the grass roots movement, if you will, demand by the patients for these things. So explain to people the difference between the most common thyroid med generally like you got the first time is a T4 alone, right? Levothyroxine Synthroid, the dessicated thyroid are from a pig liver or a liver, thyroid pig, thyroid gland, thyroid, sorry, or.

Right.

Gregory Anne

And so they have all of the hormone components. The three. The four, Right? So just tell people a little bit because I started, they started me on Synthroid and I got worse. I felt absolutely awful. It didn't make any sense to me. Luckily, I had a doctor who said, well, I guess we need to try this natural thing. Right. Very fine. But anyway, explain to people why that Synthroid may not be the right answer for you and why you might want to try a natural.

Mary Shomon

Sure. Well, it goes back to the discussion of the two primary hormones that the thyroid is producing, the T4, thyroxine and the T three, triiodothyronine. And I sometimes use a sort of simple. Example, but I think it may help people understand for is like a box of dry cake mix on the counter in my kitchen, I'm not going to eat that box of dry cake mix. I have to cook it up and mix it up, put it in the oven and turn it into cake.

Mary Shomon

T3 is the cake. It's already in the form that I want to be able to eat that cake. So T4 hormone has to convert into T3 in order to be used by the body for oxygen and energy.

So when we're taking a drug like Synthroid, which is a brand name of Levothyroxine, some of the other ones are unathroid,, Levoxyl Euthyrox, and the Tirosint gels and Tirosint Liquid. We are getting a synthetic form of the T4 only.

Mary Shomon

That's that cake mix. So we're taking it in and it's relying on the body's ability to take that T4 convert it into the T3, the cake, and let it do its thing as the active hormone in the body. The problem is that not everyone converts that T4 to T3 as well as they should. Some of us have a lot of stress in the body, emotional or physical stressors, infections. We have nutritional deficiencies. We can have genetic changes which are fairly common in the population that make it much harder for us to convert tea for into tea three.

Mary Shomon

The problem there is we take the T4 medicine and we have lots of T4. But if it's not turning into T3, we're still hypothyroid at the cellular level. It's sort of like, you know, I can have a box, box after box lined up of that cake mix on my counter, but if nobody's turning it into cake, we're not having a party. So it's the same concept for our thyroid. That's where the options of some patients and doctors prefer to combine T4 with T3.

Mary Shomon

And there's two ways that we do that. One is you can add a synthetic form of the T3 hormone in with your T4 treatment. That would be a drug called Liothyronine and it's the brand name is Cytomel. So sometimes people will be on a Levothyroxine/Liothyronine for T3 synthetic combination treatment. So they're going to take one pill of this, one pill of that and that's going to give them that T3 that they're not getting from converting T4 into T3 properly in their body.

Mary Shomon

Other patients have found, for various reasons that we don't completely understand, that the original thyroid treatment, which is natural, dessicated thyroid dessicated means dried and natural dessicated thyroid came from the thyroid gland of pigs or known as porcine thyroid, and they introduced it in the eighteen eighties as the first treatment for hypothyroidism. And in fact, it saved lives because they were people who were profoundly hypothyroid and they died without any kind of thyroid treatment. So, they introduced this and fine-tuned it, and by the nineteen twenties, thyroid tablets made from the dessicated thyroid of gland of pigs was the standard treatment for hypothyroidism. And it continued that way until the nineteen fifties, late fifties into the early sixties when the levothyroxine was introduced to the market. But there were some people that never stopped taking natural thyroid and some people who were switched by

their doctor saying, hey, this is the new levothyroxine is new, it's modern, it's better they switched over and they said, no, it's not.

Mary Shomon

And they ended up going back to the AMA. And so we had periods where Armor fell in and out of favor. But once we got into the nineties and patients started to hear that there was more than just levothyroxine, and, some people were doing pretty fine and feeling great, taking this old fashioned out of date thyroid drug. People were flocking to it and we had a resurgence in the interest in and demand for natural thyroid. And it's just it's simple.

Mary Shomon

They're they're getting the T4 and they're getting that T-3 in its straight form, ready to be used by cells, tissues, glands and organs for energy and oxygen and relief of hypothyroid symptoms. I happen to be on a natural, dessicated thyroid drug after trying everything I consider myself the guinea pig. For every thyroid medicine out there, some have work better than others, but natural, dessicated thyroid ended up being the thyroid drug that has consistently worked best for me.

Mary Shomon

And I know it's the same for you.

Gregory Anne

So let's just say a woman walks in there, diagnosed her with hypothyroid, and she says, I would like a natural version of the medication.

Gregory Anne

And the doctor says it's not FDA approved. I'm sorry.

Mary Shomon

Well, the question there is, yes, it's not FDA approved, but. It is FDA regulate it and it is legal to prescribe, so there's a difference because the natural thyroid was on the market so long ago, it actually was around before the FDA. So when the FDA decided to start regulating drugs and requiring them to go through the approvals process, they were not able to take off hundreds of drugs off the market because these were drugs that were saving lives and essential for survival.

Mary Shomon

So they did what was called grandfathering. They grandfathered these drugs in. They said, OK, we're not going to call them FDA approved because they haven't gone through this formal rigmarole process we require you to go through to get approval for a drug.

But these are drugs that are legal and they've been used traditionally for decades or centuries in some cases. And we are going to allow them to be legally prescribed and available for patients to continue because we can't take them off the market now.

Mary Shomon

They're too essential for people's survival. So people need to understand the FDA is still in there looking at these drugs, monitoring them. These drugs are carefully controlled and they have to follow the United States Pharmacopeia monographs. They have very strict specifications as to content the quantity, the potency and the manufacturing process. So they are regulated drugs, they're monitored and they are pharmaceuticals just like the others. They simply have not gone through that more formalized process because they didn't need to.

Mary Shomon

The FDA said it wasn't necessary.

Gregory Anne

And thank you for your putting that on your website.

Gregory Anne

Some of it is there and that actually allay my concerns. I'm not so worried about FDA approval or not of something that I've been taking for quite a long time. And I feel fine and I know it's safe, but I didn't have any science or any history to back up my discussion with my doctor to say, well, here's the truth of that. And your website is Mary-Shoman dot com. Right. And you also have natural thyroid Dotcom's Natural Thyroid Guide, dotcom.

Mary Shomon

Right.

Gregory Anne

For people who want more information, tell me how I know that you work with people you mentioned working with the 80 year old woman. How do you work with people who feel like they need to understand what they're going through and maybe how to talk to their doc? Tell us a little bit about your coaching.

Mary Shomon

Sure. I I started to do the coaching simply because people were calling me at all hours of the day and night on my home phone and saying, oh, here's my TSH, here's what can you help me? What do I do? What do I do? And I realized that there was a need for an opportunity for patients to kind of lay out their situation and to get some brainstorming.

Mary Shomon

So and I always have made clear I'm not a doctor, I'm not a medical professional. I'm an educator and I'm a coach. And so what I do is I just fast forward people up the learning curve so that they can formulate the questions and explore the options, ask for the tests, ask for the treatment considerations and other opportunities that may help them get to the point where they're going to feel well. So I typically do it by telephone. Sometimes people like to do Skype and I've done that as well. It really depends on the person and what they are interested in doing.

Mary Shomon

And what I'm doing is sort of going over their history, looking at their lab tests and explaining what different tests mean and what the implications are. What are they taking now? What are their primary complaints and symptoms and concerns and helping them formulate sort of an action plan that they can then take out to their health care providers, to their nutritionist, to their other providers and health care approaches that they're looking at so that they are sort of armed with information.

Mary Shomon

I sort of, I say I've done the homework so you don't have to, I save you time. It's not, it's not anything that anyone can't do on their own if they have twenty five years to read ten thousand medical journals, talk to nine hundred and twenty two doctors and they hear the input from ten thousand patients, it's all out there to gather. So it's not like I have any unusual information that's coming from someplace nobody else can get it. It's simply that it's just I've been doing it for a long time.

Mary Shomon

I've talked with hundreds and thousands of people. I've read tens of thousands of journals and books and articles, and I can pull it together quickly for you so you don't have to spend all the time doing the homework. You can get to the good part, which is the feeling.

Gregory Anne

Well, yeah, the good part indeed of the many books that you've written. If somebody were just starting to think about this, like maybe I do have hypothyroidism or, you know, I know you have a weight loss book, a book that's about the food, because, of course, we're talking about the medication mostly.

If somebody were just getting started with this, which of your books would be sort of the introductory level conversation or the overall conversation about hypothyroidism?

Mary Shomon

I would say the, my book, Living Well with Hypothyroidism would be in that I think it's it's in its fourth or fifth edition. That would be the starting book, because that's going to give you a very comprehensive picture, pretty much everything you need to know about hypothyroidism.

Mary Shomon

However, I'll, I'll give you one caveat. If you are in your 40s or older, you might also consider starting with The Menopause Thyroid Solution, because that book has quite a bit of the same information that you would find in living well with hypothyroidism. But it also takes it a step further in terms of helping you assess the thyroid perimenopause, menopause relationship and how to figure out which symptoms are coming from which hormonal change and how to resolve them. And that because that's also, again, as we mentioned, it's a time when the largest increase in thyroid conditions is seen as in women over 50.

Mary Shomon

So we want to make sure that women aren't assuming it's just menopause, it's just this and that they're actually looking at their thyroid. And same thing for thyroid patients who are feeling like all of a sudden things have changed. Once they start getting into their menopausal and perimenopausal periods. We want them to know that there are things they can do on the thyroid end and on the hormonal end to feel and live well. So those two books really, I think, are the ones that are probably most pertinent to our audience of women with thyroid issues and then in particular women over forty five fifty with thyroid issues.

Gregory Anne

Now that you mentioned that that's pretty much when mine started, or at least that's what I became aware of, symptoms that wouldn't go away, that didn't feel normal. I may have had it sooner, but it didn't really bother me. Right. So interesting. I didn't know that.

Gregory Anne

Well, we could probably talk for another forty five minutes.

Mary Shomon

I know I could too.

Gregory Anne

We want to keep it. Maybe we'll have you back and talk more about the lifestyle aspect of caring for the thyroid.

Mary Shomon

Absolutely. I'd love to. OK, that would be great.

Gregory Anne

Thank you so much Mary. And for anybody listening, you heard her say it. It's never too late to think about taking those symptoms to heart and saying I need help or maybe I don't. Maybe it isn't a thyroid issue, but let me just explore. Pick up a book. Go to Mary's site. mary Hyphen Shoman, S.H., OMON dot com or the natural thyroid guide. It's been great having you such great information. I thank you so much for somebody who as I said, I've been a fan for 20 some odd years and finally getting to speak to you and see you face to face.

Gregory Anne

Yeah, for me too. I hope everybody else has the same feelings of super duper great information that they're going to use right away.

Mary Shomon

Thank you. Thank you. It was fun. Great questions, too. Really, really well thought out. I love it. I love it.

Gregory Anne

Great. Thank you so much peeps. Be back next week. Stay well till next time.

That's the end of another episode of the rebellious Wellness over 50 podcast. I hope you've enjoyed it. If there's anything that you heard or hear when you tune in that you think would benefit a friend, a sister, a mother. Hey, even some guys send him my way, would you? And if you've not ever been to the website, Rebellious Wellness over 50 dotcom head on over there, there are resources, things that I don't always get to on the podcast that might help you.

Age better be well till next time and stay that way.