

P5 Protocols - Elle Russ Transcript

For this program, we tried to reach Mark Sisson, who recently published The Keto Reset Diet, his office referred us to Elle Russ. I wondered who is Elle Russ? So, Elle and I had a nice half hour or so conversation and I was intrigued. Her focus on hypothyroidism is, to me, as poignant a topic as I can find. We have so many people I see that are stressed out by the littlest thing, or that work out all of the time and keep gaining weight plus dozens of other symptoms. And what amazes me is that as you listen or read deeper into this interview, which really takes off around minute 23, you can see she is likely on to something that should be flushed out for so many people. As Sid Baker [paraphrase] said, and I keep thinking back to how his interview is the gift that keeps giving: Sometimes, the treatment is the most powerful diagnostic. In this case, Elle Russ is suggesting that for many with hypothyroidism, trying her paleo diet and adding T3 to your medication is a relatively painless, very low risk and low cost method to see if that is your issue. A doctor should have no reason other than obstinacy to not TRY this method.

I told a few people that I was having Elle on my show and suggested they listen as they have been diagnosed with hypothyroidism and are on Synthroid but still have most of the symptoms. Their response was: is she an MD? And of course, I said no. They dismissed her. But as a patient myself, I have the perspective and the experience-driven humility to say back to them: has your doctor fixed you? And the answer evidently is no or I would not have said something to them.

Elle has more credibility than most doctors because she was ineffectively treated by the doctors, never accepted the status quo and created her own healthy outcome. At 5'2", she is a spitfire that I would not want to mess with but definitely want to work with. She coaches people and I have already recommended her to a few people. She does not mince words nor waste time. And if you have hypothyroidism or treat people with it, I really do suggest you buy the paper version of her book and use it as a manual. As well, listen to her other more detailed podcasts and subscribe to her own podcast series. It is all at www.elleruss.com. And if you want to read this transcript, which I have marked up in bold / italics for background information, underline for prescriptive areas and a few more with bold for higher emphasis, you can find it at www.p5protocols.com. That is www.p5protocols.com. And please submit your email address to sign up for our weekly newsletter that will begin Friday, January 5th, which will include a notification of our weekly podcast addition. And with that, here is Elle Russ.

[00:00:01] [DE] Welcome to the next edition of P5 protocols. I'm fortunate today to have Elle Russ, the author of The Paleo Thyroid Solution, and she is an expert in what I would call all things thyroid. I love having former and I guess recurring patients, since we all are in some form or another, on the podcast; because normally they're the ones who get to the bottom of things deeper than really any doctor can. But of course I have to work with the medical community. And so Elle welcome. Thank you for joining us and thanks for having me. And you have a wonderful website as well. Elleruss.com, very simple Elleruss.com, which has a tremendous amount of information as well as a link to a bunch of other interviews that you've done that have a lot of background information on your work. So today we're going to start with your background and talk about your philosophy and your view, but then we're going to, in fairly short order, I'd love to get into how you practice medicine with your patients, and how you coach people; so, if you would start with just your history and how you came into this going back all the way into how you came into this profession, it'd be great.

[00:01:24] [ER] Yeah well it was an absolute accident to be honest with you. I am a writer actually, I'm a comedy writer and that was initially why I was in Los Angeles and moved out here to pursue that and was doing that. And in that quest you know I, because of the way that I look, sort of was put into that ingénue category and leading ladies you know as we see in movies and TV and film who look badass like they're athletes right. They're slim, fit, trim, right there practically bikini models. So it's sort of like you knew that going in that direction you had to sort of be fit and athletic and I was doing what I thought the healthy way, which was you

know OK instead of like doing a bunch of cocaine and smoke a cigarette; you know I will go work out and you know try to follow whatever the latest you know whatever the wisdom is. And so oddly enough in my quest for that I did achieve "the body". But on the inside was ruined and that's a perfect example and we'll get to that later of looking at someone and saying wow I really wish I had their body. And I would say yeah I'd like to see their blood work first because just because you know there's a lot of skinny fat and a lot of skinny diabetic and unhealthy and inflamed.

So in the quest for you know the ultimate body being fit and trim, I achieved it. But a couple of things were going on at the time. One I was suffering so badly still with food addictions. I was hypoglycemic; I was like, just all over the place with blood glucose management and I'd freak out if I had food or something after four or five hours I'd have a total meltdown have to drive to the grocery store and get food in my mouth. And I was suffering in this way of having to constantly exude willpower and I felt like something was wrong with me. And I thought to myself all right so either all the other fit people out there are not talking about this and they're suffering too. Or is this just the way to do it. I have a problem inherently and what I realize is no it's nothing to do with me and no one else is hiding it. It's just that I'm on the wrong paradigm entirely and that paradigm led to a thyroid problem.

And so you know I was just in the quest for this and achieved it but still didn't feel right, didn't make sense; it felt punishing and I still was obsessed with food despite you know having the body I wanted and then everything fell apart and I was in a major city with the best hormone doctor, celebrity doctors, Los Angeles, you can find anywhere. And I was mistreated, misdiagnosed. I went through 25, 50 doctors on this in about ten years. Two bouts of hypothyroidism and ultimately the reason I wrote the book is because I ended up dosing myself back to health and not using a doctor. I doctored myself and while I don't suggest that people do that there's a lot of patients that are left in the dust and have to. That being said, I'm so glad I did. Because those six years of my life that hypothyroidism ruined I feel are worth it. Now to be able to save and help other people get from A to Z in terms of feeling like crap to wellness in a much shorter time than I did.

I went undiagnosed for two years; 60 percent of the population is undiagnosed. And so you know it was a total disaster. I had to figure it out myself and the one part of that that's important for everyone to know is my level of perseverance was inexhaustible, how badly was I willing to do anything I had to. That I was not going to live like that. And I was not going to listen to doctors. They kept hurting me. They kept proving themselves to be not the people to understand the situation and you know frankly they, the ones that I went to didn't. ***And so the only person to help me help me was myself and I'm so glad I did. But you know it was a very scary lonely place to be. And you know the end result is wow would I trade it. No. The experience was worth it for a million reasons. And so obviously I'm out of it now. But I wrote the book too because it was the book I was looking for when I was crying every day for months and years, could barely stand being in my own body and not just because you get fat and bloated, it's because you're literally dying slowly. And so I you know for me now it's, it was so worth it to be able to help others not go through that suffering.***

[00:05:51] [DE] So it's amazing, 60 percent of people, is that globally, our just in the US?

[00:05:55] [ER] ***That's globally, 200 plus million people worldwide have thyroid problems is the number one prescribed medication in the U.S. Synthroid is anyway, which by the way is not necessarily the most optimal prescription. It has failed many people and it has a very sordid history and it is not endocrine mimicry. So Synthroid has become something that is almost the first order of business for doctors and should not be.*** So there's issues there but yes 60 percent are undiagnosed. And I mean ***I remained undiagnosed for two years because the doctor kept taking the wrong test*** and said it's fine. Go work out and then eat less. So you know I mean it was a disaster. ***I had exploded in weight. So many health problems I have over 30 symptoms in that book. It was a disaster. If you're hypothyroid***

you will get a disease you otherwise would not have gotten if you were in a hypothyroid state because you're slowly dying. You have no metabolic activity. It's going to go wrong. It's going to go wrong. So yeah it was a really scary lonely place but you know overcame it and then so I accidentally got into this and the paleo primal connection is not a gimmick on the cover of a book to just throw out a popular catchphrase right now, it's really because it's ultimately aligned with how the thyroid works and how are genetics and DNA are expected to work. And so I didn't discover that until I ran into and started working for Mark Sisson who's the bestselling author of a book called *"The Primal Blueprint"* and he's also the New York Times best selling author of *"The Keto Reset Diet"* and it was the first I had heard of this thing paleo primal ancestral health and I jumped right in. It changed my life and so much so I ended up you know getting certified as the fifth person in the world to be certified and it through Mark's essence program and then really the light bulbs went off about the connections. And so I'm the first person in the world to connect these two things together with thyroid health and it was something that was not apparent years prior.

[00:08:01] [DE]. Got it. And so maybe, maybe this is good a time as any to talk about how you work with patients and kind of the, give them a sense of what you know, of the testing you do, the frequency of the testing and maybe we could look at it from a couple different patient personas, if that's the right word which I use for different when I address what's the typical patient and how you practice.

[ER] Let's just start with those terms are more for medical doctors and I do not have an M.D. but I do thyroid coaching and it's really to educate and teach people how to look at their blood results you know where and how to work with doctors if their doctors are uneducated and in what way are they and can we educate them and if not then you need to find someone who is.

[00:08:52] And so it's really that's, that's what I work with people all over the world on and the majority of the time unfortunately and it's on the cover of my book, the cover my book says stop feeling fat, foggy and fatigued at the hands of uninformed doctors. ***And so ninety nine point nine percent of everyone that calls me, their doctors have no idea what they're doing, literally.*** And some people might be like Well that just makes no sense when they are going to some you know you know back of a Kentucky Fried Chicken doctor like what kind of. No these are Harvard educated doctors. These are the best of the best. And so in my book I have a doctor who explains and describes in the Q and A in the back of my book why doctors aren't educating this, why they're uninformed, why don't they know what they're doing. So a lot of times too when people call me in their blood work their doctors made a suggestion to them that literally in terms of what it would do to the person would absolutely hurt them tremendously. Borderline malpractice. So unfortunately, it's really tough because you have a lot of people and I was there too, where ***there's a lot of, on part of the patient feeling bad that they didn't take control sooner to learn about their disease further because they just put their health in the hands of a doctor. And then also really coming to grips with the fact that they've been mistreated for many years. That is a really hard day for a lot of people you have to understand.*** People have had organs removed. They do not have to have removed. You know I mean stuff happens to people then later on they find out you mean to tell me I didn't need to get my thyroid radioactively zapped or you know I didn't need to get a hysterectomy like it was all related to this and my endocrinologist just never even tested me to see if I even had Hashimoto's for 10 years. I had two miscarriages. That's the kind of stuff. So the bummer about the phone calls aside from you know the sadness on the part of the patient who's struggling with all these symptoms is no one's listening. No one seems to care and in their mind, oh my god their doctor doesn't even know. So now they feel left where I was like What do I do my own here you know. And that's a scary place to be so I don't suggest that anyone do it on their own. You know I can't be in someone's head and understand their level of intelligence risk and conservativeness when it comes to this stuff. I did it myself. Millions of patients have. But it's really too yeah.

So I work with people to guide them to educate them and looking at their blood work seeing

you know where needs to be optimal suggesting that they look into supplements and talk to their doctor about some things. Low ferritin, low iron storage is classic with thyroid patients. So that's one thing that we focus on with testing. I can rattle off all of the tests that I suggest right away. But for the baseline for anyone listening if you think that you might have a thyroid problem or you're on thyroid hormone and you're still not feeling great and your doctors like you're fine and you're kind of going then you should get the following tested: TSH 3 T4, free T4, free T3, reverse T3 and then two Hashimoto's antibody test. One is called TPO antibody that stands for thyroid peroxidase. And the second one is thyroid globulin antibody TGAB. That's the baseline. Beyond that we're looking at ferritin, Vitamin D, B12, homocysteine, DHEA sulfate. And then there's endless amount of tests. Heavy metals affect thyroid, being exposed to black mold. I mean there's, there's a million other things that come into play effecting but that's a baseline beginning for people listening if they're like what are their correct tests. And if you're on thyroid hormone and you don't have any of those tests in your blood history your doctor has no idea what they're doing. And you need to run and you need to get another doctor who does that.

[00:12:37] [DE] Yeah that's not always so easy. I still believe most doctors have the best of intentions they get overwhelmed and then I think that being a long term investor, the fallacies of group think, of always being one of the smartest people and self reinforced and I know you actually talked about that in your interview transcript of which is in the back of your book with Dr Gary Forssmann. And it's very predictable but what's interesting is at least in the gastrointestinal world starting to see major shifts and in other areas are seeing shifts, but from what you're telling me, thyroid seems to really be lagging dramatically.

[00:13:27] [ER] No, there's been some shifts over the past 10 years. **People are getting smarter. There are you know, now there's websites, there's free podcasts.** This information was not available when I was suffering, OK. I couldn't even find what paleo primal was, moreover anyone who could you know tell me anything about a reverse T3 or what it was and what that meant. So I believe this day and age is a great time. The problem is you need to seek out the information and that problem is most people are just like I want to go to a doctor and say help me and when you go to a doctor specially a regular HMO or an endocrinologist doctor, you're looking at someone who's there to prescribe you something or surgery. That's pretty much it. You can't expect that they're going to know about nutrition or not. You can't expect that they're going to know about the latest lipid panel and how to analyze it. You really can't. Oftentimes they're steeped in 30/40-year-old outdated protocols that they learn in medical school. They haven't gone above and beyond to learn the new stuff yet and so they're still operating on an old paradigm. And so you know you can go to one of those doctors and have them look at you for 15 minutes and just prescribe you Synthroid. But if that doctor understands the rest of your body and how that hormone can be received then you're not going to get better. You know there's a whole package there to this, right. So this is sort of the classic thing so where do you go then. Well you know **you have to seek out functional medicine doctors in truly integrative physicians. You know Doctor of osteopathic, you know DO's, people who go above and beyond, you have to sometimes go out of pocket and you know these doctors spend sometimes an hour an hour and a half with you. They will get to the bottom of it. They will help you. But that's a bigger investment.** So you know how badly do you want to get better, how quickly and how much is your health worth to you?

[00:15:22] [DE] So diet. So since that's right up in front of the, actual title of your book. What, I mean for you, what percent of your diet is fat at this point, cause you're in a consistent state now.

[00:15:42] [ER] Yeah I don't, you know what I don't measure. I don't measure my macros at all. I really don't. What I do measure those carbs and at this point I'm so fat adapted and primal, that it's pretty intuitive what I need to eat and what I've had too much of something. And so I think in the beginning it's valuable to look at you know carb content things and look at fat and look at macros and kind of understand like OK well, I've been eating this kind of size steak and that when I eat steak and what is that really. Eight ounces. Like how much is that. How many

calories is that, like how much fat is there. It's good to get to know that stuff but I kind of already know that now, so I don't have to be plugging things into a calculator. And also here's the thing. At the end of the day it's really intuitive, it gets super intuitive as you go down the road of becoming calorically efficient and fat adapted because you've gone primal and paleo and at that point it's not about match matching.

Every macro and each meal you know it's OK to eat an avocado by itself with salt. It's ok to just eat a steak and not have vegetables with it. You know it's OK to eat vegetables on their own. You don't have to follow the strict rigid thing on a regular basis. In fact I would suggest that it's more fractal. You know I don't. I eat the rainbow but I don't eat the rainbow every day. But within a week maybe one day there's swiss chard in there and then there's a bunch of different colored peppers or whatever I'm doing. I mean it all gets in their right. To try to cram it all in every meal and every day, that's impossible you know and it's not how our ancestors live. They didn't come across a cornucopia of beautiful stuff. I mean this is not how we're designed to live. People eat too much in general, even over eating healthy food is inflammatory. And so you know we're just an overfed society and the overfeeding part is mostly carbohydrates and that's why people are fat and miserable. Every single commercial in television is for something that is blood glucose.

Well you don't need a pill because the only thing that manages blood glucose is the diet properly aligned with human DNA. That's called paleo primal ancestral or evolutionary. And what does that mean. That means that unless you are a serious professional athlete like David Beckham and Michael Jordan, like for real athlete or a serious bricklayer for a profession you should not be eating more than 150 grams - total grams of carbohydrates every day. For someone like me who's five two and a female and who's small, under 50 grams of carbs would be too much. For women who are around my size, you know started 80 grams of total carbohydrates a day and then you find your own personal threshold. Listen Gabrielle Reece the famous Olympic volleyball player you know she's just a bestselling author. You know everyone knows her she's 175 pounds and 6'4, which she can eat versus what I can eat is totally different. It's totally different. She probably can even handle more protein and carbs than I can. She's a different you know machine than my small machine that can't handle as much. So it's really individual and it gets personal and that's why it is a biohacking personal thing. Now you can follow a primal food list or you know menus. And that kind of will start off on the right path but that will never stay the same because one day you wake up and you won't want a breakfast and you'll go what. And then. So then that changes. And that's sort of the beginning of what fat adaptation means, moving into intermittent fasting and also what it means to be calorically efficient. What you once ate and what fuels you now will be so much less in the long run that it will be a conundrum you won't believe when you get there. So that's a little bit of that.

[00:19:31] [DE] And so I'm taking a step back to the testing and you're coaching when a patient comes. Or you know there's Dr. Foresman at least at the beginning does testing every month. Is that is that what you recommend?

[00:19:44] [ER] He doesn't test every single month but he offers his patients a standing order for bloodwork so that you know if they feel something's off or they want to check in with him more they can just go and do that. But the rule of thumb is this. If you, if you wanted reverse a thyroid problem naturally, then you know give it 8 weeks of hardcore hitting the books on all my suggestions in there and then you can get retested. If someone has to start thyroid hormone then the general rule of thumb is this, when you start thyroid hormone you want to get tested within the third and fourth week after beginning that and then you'll probably need to get tested again every like four weeks or so until you reach whatever your optimal doses and that's an individual thing. Some people hit it right out of the park. It's very rare but some person might get put on a starting dose and it's like oh I guess that's all I needed. Things look pretty great but if you're someone who needs four times the starting dose then that might mean like getting tested every month for three months because it would take that long to piecemeal up the medication and the way that it has to for, how the way thyroid hormones work.

[00:20:56] [DE] So can we talk a little bit about the specifics of T3 versus T4 and I mean we can avoid the whole concept of getting your doctor to listen, cause for now at least. But I mean I'd love you to equip people with a little more information so that they have it and they can obviously get your book which I strongly recommend. And I've gone through it; has lists of foods, it has just a host of things that make it really easy, like insanely easy. It's one of the best laid out books I've come across. But if we could get into the specifics of T3 and reverse T3, T3 versus T4 and the mechanics of it and also if someone is already on armour thyroid what, in order, and that's not right for them. They can't just, my understanding is they can't just stop taking it.

[00:21:59] [ER] Well, I well it's actually a misconception, because I would say well what isn't right for them about it? And then what would the entry be, so what, so then what, what would you say that? Like you're just not feeling good on it. That doesn't mean it's not wrong for them it just means they might not be on the right dosing or the right way of scheduling the dosing. The time it would be wrong for someone is if they had a diversity problem. Yeah then armour thyroid would be wrong. Anything with foreign it is wrong. So let me explain this to clear it up for everybody. I'm just giving everyone a quick tutorial but this is all everyone needs to know from the start before I even start this conversation.

There is only one thyroid hormone that is biologically active and that works and that we need to live. Period. End of story. And it's called T3. Now you can hear me talk about T4, TSH and reverse T3 and I'll explain how they're related but at the end of the day the only thing that matters is that everybody. The only difference between someone being hypo thyroid underactive or hyper thyroid overactive is their levels of T3 OK. Period, end of story. So this is how it works at the base of your brain. You have a pituitary gland and it's like a sensor OK and it senses when your blood starts to get low and thyroid hormones and when that happens it sends a signal a wakeup call to the thyroid gland and that's called the TSH. Now this test is a 1973 test. It should never be used ever ever to assess thyroid health, period end of story; unless it's in conjunction with the other tests I mentioned earlier.

And if you have a doctor that's treating you based on a TSH, you better run because that is going to be a horrible story for you. And here's why. So it sends a signal. Now I'm I'm talking right now about a normal person with normal thyroid function. So it sends a signal. The thyroid goes, got it and it wakes up and it starts to pump out thyroid hormones and here's how pumps it out. It pumps out about 80 percent of something called T4 and about 20 percent of T3. And then throughout the day 50 percent of that T4, of that 80 percent that was pumped out about 50 percent of that is going to be converted into T3 as you need it. Now. Why does this happen if T3 is really important then why does the pituitary just go, yo thyroid pump out T3, and it does that. Why not? Here's why it's really elegant. T3 is extremely powerful, extremely powerful. You as a normal person right now if you took like a hundred micrograms of T3 right now you could have a heart attack, it raises heart rate. It's in control of everything. Every metabolic function in your body. OK. So it's really powerful and T4 is this lovely pro-hormone. It's like, it's a spurge hormone and so it's kind of getting stored up and buildup and then it releases and converts into the thing that matters. T3 as you need it. And it's lovely. Now why would it do that. Because T3 is so powerful and because direct T3 peaks and dissipates within four hours. So it's not a steady, it's in and it's out. It's powerful, boom I'm going to hit it in and then I'm dropping. So T4 is this lovely like dispensing slow release kind of mechanism that our, that our bodies do. Now whatever T4 has not been converted into T3, the thing that matters, gets fleshed out through a process called reverse T3 and reverse T3 is the inactive form of T3. So basically why would it do that. Here's why: T3 is very powerful, it's in charge of your heart rate, your temperature, everything. Let's say you get into a car accident and your leg is severed. Oh my God. In that moment the thyroid is going to down regulate because it's not going to throw any more metabolic gasoline on this fire because now you're inflamed, shiz is going down, it's bad and it's not going to create anything that inflammation.

[DE: A primal perspective for what might be happening to your body]. [ER] *There's a threat now and it's going to go whoa whoa whoa let's hold back or let's say you're overweight and under eating and not being satiated and eating the right diet. The body is going to go the primal perspective is this chick is starving. We're going to down regulate this. We're also going to give her a miscarriage if she gets pregnant. We're not going to be able to let her get pregnant because this is no time for her to bring a child into this world. Why do I say all of this. Like I'm talking like from the body's perspective because your body's trying to save you every minute all the time. Type 2 diabetes that's your body trying to save you, you're lucky if you get fat and you're type 2 diabetic your body's trying to save your life if you're skinny diabetic, it's dangerous, because now it's in your bloodstream. See what I mean, your body is trying to save you all the time. So in this area, it's always going to try to save you too. So what messages are you sending.*

All right. *So the messages come in the form of like over exercising or stress, not enough sleep or just an antagonistic lifestyle with bitter relationships. Right. Any kind of stress will also give the body the fight or flight, it doesn't know the difference between the stress of talking to the lawyer from your ex debacle or whatever married. You know like it doesn't know the difference between that and running from a tiger. OK. It's the same adrenal fight or flight response. And the message to the thyroid is: "trouble" or if you're eating, overworking out, you're not satiated the body thinks it starving, it's going to go: this chick doesn't have enough fat so we're not going to give her more of the thing that burns fat which is T3 and by the way only fat burned in your entire body is T3. It's the only one. So everyone in this world has a thyroid gland. If you don't have it it was surgically removed. If you were born without it you are like one in a gazillion and you cannot live without it aka you cannot live without proper thyroid hormones. So what's life. So if you're on a stranded island and you don't have a thyroid, you're dead. So what do you think life's going to be like if you live with sub optimal, sub par thyroid hormone levels. It's a slow death riddled with horrible disease and misery. That's exactly what it is and you'll eventually die of something you get because you were in that state that you wouldn't have, had you gotten if you weren't hypothyroid. Same goes for hyper, overactive is very dangerous. Those people are in threat of having heart attacks. It's very scary situation. So that's something that is very severe as well.*

This is a thermostat. It's not too hot, not too cold. It's Goldilocks. Humans will have an average temperature in the afternoon and upon waking for a reason there's enzymatic processes there's all sorts of things going on there. So T3 is the thing, that's why hypothyroid patients are freezing all the time because their temperature is like 96 degrees. When I was hypothyroid my temperature was 96 degrees all the time, even at 3:00 in the afternoon. Now I'm 98.6, like a normal person. And so the thyroid if you care about fat burning and you care about life, then everybody should care about the health of your thyroid and how to prevent these problems by treating it right.

With the right messages, with the right foods, with the right supplements, with the right nutrient levels you know and so here's the thing. So let's get back to TSH Free T3, free T4. So you can give a patient all the Synthroid you want which is T4 only. Now I mentioned earlier that that's not endochemtry. So now that you know that your own thyroid when it's working properly pumps out 80 percent T4 and 20 percent T3, giving a patient T4 only is not Endochemmetry. Our bodies do not rely on conversion alone. Does that make sense? So here's the thing. Now let's say, you're running a wrong paradigm in life, doesn't matter your stress, you get nutrient deficiencies and you've been on Synthroid for a few years. You start getting fat, you're not feeling great, you're still tired. Whatever it is if your doctor keeps telling you you're fine, your thyroid is fine. Is he testing the free T3? I doubt it. I bet everybody on this show is on Synthroid go back and look to your bloodwork. Has your doctor ever tested anything other than the TSH and T4. and you're going to go back your blood work and go oh my god that chick on that radio show is right. Why didn't they.

And here's the problem. Why are they not testing the thing that matters. T4 means nothing.

I've lived without T4 in my body for five years. I take T3 only as a hypothyroid patient. You need it to live. Is it lovely to have. Yes because of the elegant pro hormone, slow release, it's doing the thinking for you. It's great. You want it to be that way. However it doesn't always work that way. And so you can give a patient all the T4 they want. But what if it's converting into reverse T3 instead. And that happens, what causes that? Low selenium, heavy metals, a toxic body, lyme's disease, EBV, a million other things. OK. There's lots of things that will conflict with this conversion happening. So if that doctor doesn't know anything about reverse T3 or T3, they just keep giving the patient T4. Why are they testing the thing that matters? It's the only thing that matters.

So let me give you *example of how powerful T4 is here. Side note. If you google triiodothyronine which is T3, if you google liothyronine sodium that's T3, about 500 million body building websites will pop up and it's like oh what's this. That's what it is, it's because T3 is such a powerful fat burner that bodybuilders will overtake their thyroids - very dumb, not healthy, not safe - and they will jam themselves with T3 for about 8 weeks so they can burn as much fat as humanly possible as quickly as possible before competition. That should say everything about T3 that you need to know.*

Now, there's also a danger in that, because you take too much right. Not good for the heart. It also could be inflammatory if you take too much if you're on too much eventually. So it's not a game of Oh great I'll go get some T3 solve my thyroid problem, lose all that weight. No, it could backfire. It could really backfire. So. So it really is a delicate situation, it's easy to achieve but it's something where it's like you can't half ass and willy-nilly thyroid hormones. And again also just continuing to take them doesn't mean our getting to where they need to go. Are they being metabolized right.

Because there's a lot of people on Synthroid suffering. So here's the thing. How did Synthroid become this, you know, like endocrinologist you know Nazi like, Synthroid Nazis, we call them. It's because this. In the 1800's, this physician extracted thyroid from a sheep and he injected into someone who had hypothyroidism and it worked. Thus they developed natural desiccated thyroid which is essentially chopped up dried pig thyroid gland which is in the ratio of 20 of T4 to T3. Okay so T4 T3 combo is the best medication for most people whether it's in the form of natural desiccated or you take Synthroid and Cytomel and you do a combination of both, but T4 only is not optimal. Actually neither is T3 only and I'm on T3 only as well. I have a reverse T3 problem so I'm still on it. So someone could remain extremely hypothyroid, even though they're on thyroid hormones, because they don't know any better and they keep going the doctor and the doctors are not any better.

And so you know for example there's a thyroid patient in my book. One of the success stories that had two miscarriages, suffered for 10 years, was told she was crazy. When we look back at all of her bloodwork, the endocrinologist had only told told her that natural desiccated was for pigs not humans, told her the only medication for her was Synthroid, told her that there was nothing wrong with her and she probably had a closet eating disorder even though she was training for a marathon and he never tested her for Hashimoto's, of which she was riddled with and by the time that 10 years ended, and she went to go see a functional doctor, she had the immunity profile of someone who had just gone through chemo and she was 32 years old. Because that's the mismanagement that happened with Synthroid with an endocrinologist. They never,

It's just Synthroid failed her. And it fails a lot of people now. It can work for a lot of people too but I'm going to tell you this right now and this is something Dr. Foresman said in the Q&A if anyone listening or you know anyone in your life and you're listening, that takes Synthroid, make sure you ask them: "do you take the brand name or the generic" and if they say oh I take generic I take level thyroxine, you better get them to my book or to my Web page or to this podcast because here's the thing. Something about the brand name is better than generic, and it's one of the things that doctors especially Foresman, he prescribes tons of medications as any M.D. does. But the only medication in his practice that he will not prescribe generic is

Synthroid and that's because something about generic levothyroxine has been known to throw off people's numbers, liver enzymes, thyroid values etc.. So if you're listening now or you know anyone in your life that's on generic level thyroxine T4 only for thyroid hormones, have them switched the brand name at the very least that I do know.

Now, natural desiccated is a very cheap great option and it works for most people but it's made from pigs so if you don't eat pork, or are against eating animals, then you would have to be on maybe a compounded T4 and T3, but at the end of the day, it doesn't matter. All that matters is is this stuff converting and is it at the levels that are eliminating symptoms in the free T3 result usually correspond with how someone feels. And so that's why it's tested and when it's not tested you can now see what a joke it is because, here's the thing you can test the TSH all you want. It's just a signal, it's a snapshot. It fluctuates so much during the day. I could go work out and the TSH after my workout could go up to like 3.5 just because, it's like yo yo time for thyroid hormones right. Yeah it's a snapshot so it's a useless, it's a useless way to look at it. It's also the signal. I don't order from Amazon and if the package doesn't come I don't keep ordering it. I call up and I go yo, tracking, where's the tracking where the tracking number, let's call UPS. Right. All that matters is you get the package and the package is optimal T3 levels. End of story. For for hyper, for hypo, getting to the right T3 levels is really what it's about.

[00:36:01] [DE] So you know what I like you also talk about and you kind of addressed it on the adrenals side but not to brush over it and maybe go back as the other things that you can stress it puts on the body or just all stress on the body. And getting out of that fight or flight mode and giving your body a chance to heal itself, right? And what did you use? I mean you talk about using all different methods for a I wouldn't call it psychotherapy standpoint but, to manage stress. What do you recommend, or what you mean, and everyone has their own I understand what works for them, but could you just talk a little bit more about that relationship and what you recommend people do, to control their stress?

[00:36:51] [ER] Well most, **[DE emphasis – because this is what I see in so many people!]** if you're hypothyroid then your adrenals are likely suffering because so the body doesn't have any T-3 right. Or it's got extremely low levels. So you're freezing, your constipated, everything slows, sluggish, hairs falling out right, then there's a million other symptoms. Right OK. So everything slow sluggish there's just no fire. Right. And so in that scenario the adrenals then are like we've got to get her out of bed. Right. So it over and outputs too much cortisol and they get exhausted and you get adrenal fatigue. And so that leads to a lot of shakiness, anxiety attacks, sometimes people that are hypo get anxiety attacks for the first time in their life. They think it's and then again their doctors like nothing's wrong your thyroid, must be your crazy right. You just have, you know I guess you're just having you're freaking out and it's not. it's because the adrenals are suffering. So they have to really, what led to the other, chicken egg. We don't know. You could exhaust your adrenals and have it affect your thyroid, it would still be antagonistic to thyroid. Usually it's the thyroid drops and the adrenals get exhausted. And the only way to fix that in that situation is to solve the thyroid adrenals together. So that's that.

But for someone who's out there and is fine, doesn't have a thyroid problem but has stress and needs to look at kind of supporting her adrenals which everyone really does in that case I would say you know getting adequate salts. You know look at something like Redmond real salt or Celtic Sea salt and waking up the morning taking a you know sprinkle on the hand, lick it, take a salt lick, lemon water in the morning, you know for some liver healing as well. So salt is one way and people don't get enough of the good stuff. And I'm not talking the top Redmond Salt, we all know that that's the crappy kind, behind vitamin C, and proper B complex and things like that can really support the adrenals. And there's of course optogenics herbs and things like that. There's brands like Gaia herbs who have an adrenal support, you know herbal formula that anyone can try one of those things as well, but that's not going to correct an adrenal problem that then will correct a very severe thyroid problem. That would be something you'd have to do hand in hand as you're also treating the thyroid or as you're going through a natural

protocol to heal the thyroid, for sure. But it really has to get worked out because excess cortisol so people who are hypothyroid often have really low cortisol.

And that's why they take some three hours to get going in the morning or they have a fluctuation of like high nighttime cortisol and they can't go to bed at night. They get this high cortisol at night and it's just really wonky adrenals and you don't want that, you wanted to have its proper rise and falls and it's valleys. And you know it's the most production of cortisol in the morning for everybody. Get out of bed. And so we need that, and cortisol and your adrenals need T3. So they can't work without each other. And so you know, it's something that's really important for everyone to get in line. And the people that are still playing that game where they're going to bed at midnight and getting up at 6. It's not going to work out people, you have got to prioritize sleep, unless that really does work for you and feel great, but for most people that I know with families and jobs and friends who are complaining about being tired all the time and then you ask them about their sleep and they're not prioritizing it. They're really not. So you know at some point, friends of mine even and I've said this before, I'm not interested in having a [00:40:12] nonversation. Stop complaining about being tired, when you are an adult and don't prioritize then, making sleep a priority. You had the decision to shut down stuff at 10 o'clock and start to wind down by 11 instead of 12 or whatever. It's the same thing if an adult were chronically late. Unacceptable. You know this world, haven't you learned time management? Come on people right. So. So some things are just cop outs and that would be probably in line there.

[00:40:41] [DE] So is there anything else that you recommend that you know for a patient that you think, we haven't specifically covered? I mean, I have to say, for those listening.

[00:40:51] [ER] A Million.

[00:40:51] [DE] What?

[00:40:57] [ER] A lot of things, for one there are selenium and you know, yeah

[00:40:59] [DE] That's the issue, is getting is, once we go past that layer, you know you're digging in but this book is actually beautiful, highly organized and if you knew me and for those listening if you knew me, I don't give out those compliments very often.

[00:41:21] [ER] Thank you. No, it's funny you said it was beautiful and it is aesthetically probably one of the most gorgeous books and the reason is that I know how what it's like to suffer. And I just wanted it's also hard like I mentioned in my book, like sometimes you might need to have a friend read the book with you because your brain doesn't and we have more T3 receptors in your brain than anywhere else, ***so when you're hypothyroid, you can't think you start to speak like a dyslexic and mix up your words, you have to reread pages, you forget numbers, your mind is going. And so sometimes it's hard to comprehend the information. I wanted to put it, in a visually palatable way to understand it and also make it like a lovely positive you know bright journey. A lot of all the photos are almost from Hawaii and all the colors are very tropical and you know that was sort of what I was going for.*** So I'm glad you said that because I wanted it to be a little bit something extra special, instead of just a white book with black writing on it.

And I think at the end of the day you know, **Selenium is really important for everyone.** When we talk about the conversion from T4 to T3, Selenium is highly depleted in our soil and taken a couple of Brazil nut a day isn't going to do the job, if you have a compromised gut. Now, let's just go back to hypo for a second. You're hypo, it's slow, you take a bite of food. You're producing less hydrochloric acid, it's not breaking down the food, it's not breaking down the nutrients, you can't absorb it. That's why you become deficient, because you can't hold onto these things, when you're hypothyroid. Do you know what I mean? So Selenium is really important. The best, I'm just going to mention the brand, if you can find the same form anywhere it's fine but the form is important and **Life Extension makes selenium in the right form, in**

the most absorbable form. It's Se-Methyl L-Selenocysteine, the form and everybody out there right now listening can take 200 micrograms a day at least for the next couple of months and then fractally take it once a week or a couple of times a week to get up selenium levels and keep those steady, you know unless you're eating a ton of sardines or whatever but a lot of people are deficient in it. So that's a new trade that everybody can do to help prevent and keep that conversion going well and that's a real simple cheap no brainer, that doesn't really conflict with other supplements and things like that. So that's just like a basic one that everybody probably could use a little selenium and get that knocked in there. You know what I mean.

[00:43:35] [DE] Yup, and so you know one of the things I see your progression of your phase is just to, as we started to bring things to a close, you do start getting people increasingly active with what I would call healthy stress, and which obviously increases you know healthy stress and the mitochondria and helps. And then you do talk about full blown ketosis a little bit. And just curious do you cycle in and out of ketosis.

[00:44:14] [ER] Oh yeah, all the time. ***I consider myself keto. I don't test my blood but I just know, you can feel it at this point. That's another thing too that I like that Mark Sisson clarifies in his new book and in his interviews which is you know, again it's about how attached are you to the macros, the list, ... you know at some point you've got to let go and just feel how you know unless of course you are recovering from type 2 diabetes and you really do need these diagnostics you know they can be helpful. But you can measure blood, but does that mean you're in because I'm not I'm in and out and it's kind of like you know you're probably in I don't know that it's just measuring the blood ketones but it's not necessarily measuring like how efficiently you're using them so I don't suggest anyone go in ketosis when they're hypothyroid because it won't work. It would be like you asking me like you and me on a camping trip and it's been raining for a week and it's pouring rain and you go Should I go out there and like light a fire and I would look at you like you're nuts because it would make no sense. And the same thing goes here. You cannot get into ketosis. You already have mitochondrial dysfunction when you are hypothyroid. So it's, Oh, it would be, it would feel bad to the person and it wouldn't work anyway and it could be harmful because you're hypo, you're not processing fat so yeah you're cholesterol labs and hypo patients cholesterol labs are usually out of whack because again slow, sludgy, not burning anything.*** See what I mean?

So that and again hyper, oh my god I'm eating all the time, I'm burning. You know what I mean? That's a different ballgame. So yeah **I don't suggest that.** And the other pitfall is this a lot of people because they gain weight when they're hypothyroid, because they have no metabolism, they have no T3 and they get fat, and they're like I can't lose weight. So then they're working out all the time. And that is a, it's a, it's real, it's a mind screw because you as a person see yourself, feel yourself getting fatter and you want to get ahead of it. So the inclination is to go work out. But then you go do that and you're taking five steps backwards because now you've over exhausted, your adrenals that are already exhausted, and you don't even have any T3 anyway. And then a patient will go I know, but I feel better after a workout and I go right, because you got to cortisol surge from your adrenals, but you're killing yourself. See what I mean. So it doesn't it does it, like it's hard to get past that logic. Like it logically, you go but I get him getting fat again. The best thing to do is when you're seriously hypothyroid and fat and hanging out is chill and just be as religious as you can and willpower with food, even though that's hard because you're craving lots of junk. You can't get fat adapted when you're hypothyroid but you can start.

Or if you've at the beginning phases you know again you could approach this process like the natural protocol in my book: if you know you have some thyroid problems you want to try to turn it around naturally I've seen people do that in six weeks. I've seen labs. I mean I've seen miracles in six weeks. So you can hit it hard and be strict but it still won't turnaround everything in six weeks. [But] it'll turn around a lot. But it takes you know takes a while for these hormonal

singles and stuff. Not too long. You know you get better better progressively but at the end of the day you don't want to go work out and do things like that when you're in a really awful state. Even though it seems counterintuitive but it's best to just either do nothing or lights stretching or just like light long chill walks because and again I've had people challenge me go. But I know but I haven't lifted weights in a while. I used to be a bodybuilder and like so I just don't wear my muscles go to waste. And I'm like Listen why you're asking me, you're asking me, if you can go light a wet log. The question alone doesn't make sense. Does that make sense? So it's tough to wrap your head around but I want to hit that clears, that going and working out when you're getting fat and you're feeling awful in your hypothyroid is going to hamper your progress and it's actually better to chill out.

[00:48:02] [DE] Interesting. So I think last question, and that is, so are you. you're still on T3?

[00:48:10] [ER] *I was on thyroid med, I was on natural desiccated thyroid for many years. Then I got a reverse T3 problem, where the T4 wasn't converting, so I had to go on T3 then I was on T3 for about four years and I went off recently, about five months ago I went off altogether and my thyroid did come back. However, I still had a reverse T3 problem so we said all right well what have I not fixed because I've fixed almost every underlying problem of reverse T3. You know all the underlying causes so what could it be? We realized we had never tested for heavy metals and I had forgotten that I still had a silver fillings left in my mouth so I got my heavy metals' test, was not good. I had very high mercury, that is also a mitochondrial hamper or so and is a thyroid hamper too so I've for the past several months have been doing a detox from the mercury and I did get my silver filling removed. I'm only on 20 micrograms of T3 per day, I split dose it and before at one point I was on 100. So that just goes to show you right there at the drop in that and also half my thyroid is currently working after 13 years which is you know so I'm I'll probably attempt to go off it again but I want to get the heavy metals treated and you know see see what's going on there and then if that doesn't work, oh well then there's something must be inherently about me where I'm not able to and there's enzymes involved in that conversion. There's some other things involved there that, it would be rare for a person not able to convert but if that happens to me in, my lot in life, then thank god there's T3, only because T3 is the, does not convert into reverse T3. So it's the lifesaver. The only thing that converts into a reverse T3 is T4. That's why the patient has a reverse T3 problem. You do not give them more T4 for; we're only giving them more of the thing that's converting the thing that does matter and they're hypo right. So T3 does not convert into reverse T3. So it is the last choice of business and the last order for treatment. However some patients are treated with depression with T3 like people who don't have thyroid problems. Sometimes doctors will just give them like five micrograms of T3 and that will solve a depression. It's truly amazing. So I did get hypothyroid about five months after I went off and so I went back on T3 and then within 48 hours, like a whole new different world. So I actually recently went through a brief bout of hypothyroidism and I started to get chunky and you know I noticed and I had to kind of accept it because I was like all right well I'm doing this experiment and you know could take three months to recalibrate a thyroid and then it became obviously unbearable and we did some more tests and realized, yup, still a reverse T3 problem. So that's when we looked at the heavy metals. So yeah I'm still on T3 only which is very rare, and another thing too is most people who write books about thyroid have never been on T3 only because it is a very rare thing to do and a lot of doctors don't even know where to begin with that. So that personal experience which is important and valuable for people that need that.*

[00:51:15] [DE] That's awesome. It's always, it's always a challenge because everything's always shifting. I greatly appreciate your coming on today. And this has actually been fantastic. Even more of a tutorial than I thought.

[00:51:35] [ER] My pleasure. Well it's really important you know. This is one thing I want to

leave everyone with. **First of all this is totally solvable. OK don't let any doctor or anyone tell you well you have hypothyroidism. So I guess you're just going to struggle with x. That's not true. That's just a doctor that has come to the end of their knowledge base and does not know how to get you to where you need to go. Hypothyroidism is fixable. Totally totally.** So someone might have to be on medication forever. But again you're not hypothyroid then because you're giving yourself the hormones that you need. Right. So this is totally solvable and you never give up. Perseverance is what got me to where I am you know I always say I jog around and I go you know what hypothyroidism really chose the wrong person to mess with because I am that person that was going to get to the bottom of it. I'm not surprised in retrospect that I ended up writing a book, but persevere, keep going. You will find the answers and there are so many free podcasts out there and also no one needs to buy my book even. I tell everyone, listen I have an email for everybody. If you contact me and go hi give me I read info. Done. That's it. I will send you an e-mail. Here are the blood tests. Here's where to find the right doctor in your state. Here's information. Here's podcasts, here's articles like, I want people to get free info because I spent fifteen thousand dollars of my own money as a broke actor, many years ago, trying to figure this out and it didn't need to happen. Had I just gone to the right person or had you know, that's why I was undiagnosed for 2 years. So anyone can contact me on my website. Elleruss.com just contact me through the forum and go Hey Elle sent me the info. Happy to send it.

[00:53:12] [DE] Great. I appreciate it. And for those listening again it's it's Elleruss.com and for that form, it's just forward / contact and of course, if it has been forwarded to you, or you want to register with us to get updates, you can go to p5protocols.com where this will be along with the transcript, that we will be as we always, bold and italicized background information, and typically bold and underlined what we would call, prescriptive information. So again Elle thank you.

[00:53:54] [ER] My pleasure, thanks for having me.

[00:53:55] [DE] Really appreciate your time today.

Well, that last 30 minutes was chock full of great information on hypothyroidism. Some of Elle's almost rants were just spectacularly focused on issues that most doctors and thus patients ignore. Please make sure to go to www.elleruss.com and check out links to her other podcasts and go to www.p5protocols.com and find this transcript and sign up for our weekly newsletter, which begins January 5th of 2018 – or just in a few weeks. It will always be short and painless but lead to tons of reading if you want it! Thank you for joining us here at P5 Health Ventures and P5 Protocols. Have a wonderful holiday!

Resources

www.Elleruss.com

The Paleo Thyroid Solution

- Amazon

https://www.amazon.com/Paleo-Thyroid-Solution-Fatigued-Uninformed/dp/1939563240/ref=sr_1_1?ie=UTF8&qid=1513276154&sr=8-1&keywords=elle+russ+paleo+thyroid+solution

- Barnes and Noble

<https://www.barnesandnoble.com/w/paleo-thyroid-solution-elle-russ/1122630956#/>

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