Overcoming Hashimoto's SUMMIT

LDN for Hashimoto's
Guest: Shannon Garrett

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Inna: Hello and welcome to another interview of Overcoming Hashimoto's Summit. I'm your host Inna Topiler and joining me today is Shannon Garrett. Shannon is the founder of Holistic Thyroid Care. She is an autoimmune thyroid recovery nurse consultant and certified functional nurse nutritionist and recognized as a trusted LDN nurse educator.

She teaches women with Hashimoto's hypothyroidism how to improve their health and their lives. Shannon is the author of *Hashimoto's: Finding Joy in the Journey* and the *Hashi's Sisters Guide to Low-Dose Naltrexone*. In her latest book, *Hashimoto's R and R*, Shannon shows women how to be strong through the cycles of relapse and remission related to autoimmune thyroid disease. Shannon learned so much of this as she fought her own health after losing a decade of her life to disabling symptoms and multiple diagnoses. Shannon is a prominent personality and regularly featured guest expert for online educational events, summits, radio, and more. Shannon, I am so excited to have you on this summit. Welcome, welcome.

Shannon: Oh, thank you so much for having me. I am so pleased to be here.

Inna: Of course! And thank you. And today, we are taking a deeper look at LDN, which is low dose naltrexone, and how it can be helpful for Hashimoto's, especially for some of those more difficult cases. Now, Shannon, for those who may not be familiar, can you tell us a little bit about what LDN is please?

Shannon: So LDN stands for low dose naltrexone. Naltrexone in its standard dose, which is 50 mg, has really been around for a long time in its generic form. Naltrexone as a drug is used for opiate addiction and such. A doctor by the name of Dr. Behari, several years ago, a few decades actually, discovered, when he was working with AIDS, that, when it is compounded in low doses, it could modulate the immune system into essentially tricking the body to heal itself. Over the course of several years since his passing – he passed away – unfortunately the pharmaceutical industry and academic settings did not pick up his research. Penn State, there is some limited research that they have done on LDN but it is really, since it is not funded by big Pharma, they depend on donations for their continued research.

Anecdotally, we have found that it can be beneficial for a variety of autoimmune diseases including Hashimoto's. It is dosed in a certain way, there is a specific protocol. It doesn't work for everyone but, when it is does, it is quite compelling. In addition to helping the body get into remission, research has found, anecdotally, and some with Dr. Suzy Cohen, she has reported on this as well, that it can help with retractive pain syndromes. So, the thought is that it helps to reduce inflammation in the central nervous system and that can help with pain, which is very common in Hashimoto's and, really, in all autoimmune conditions. As it relates to Hashimoto's, however, there are many, many, many cases. I'm a living study. I've been in remission for quite some time.

LDN has very few side effects. Really the only side effects are in the first two weeks of administration, but I don't consider it as a first line option or intervention, especially if someone is newly diagnosed and their symptom burden has not been that great for too long. In my case, I would say I was resistant to nutrition changes and, you know, the standard interventions we recommend today in the functional and integrative approaches. However, I was misdiagnosed for eight years by nine doctors, so I really had a decade there of a very, very high symptom burden. And, even though I implemented, all of those interventions that I recommend today, I was resistant. The oxidative stress was simply too high, and the immune system was simply too chaotic, so LDN was an excellent option for me.

Inna: Thank you so much for explaining that. That is really great to know. And, I know, from just your own health struggles and then with everything you do now with clients, you known as the person that people go to when they have the more difficult type of cases. When the regular gut stuff is not work or just going gluten free is not working or just taking thyroid medicine is not working as well. So, it is really good to know that LDN can be used in those

cases. When should someone consider LDN? Are there certain things they need to specifically try first or is it more that it is a certain amount of time that they need to wait? How would you typically look at that and recommend that?

Shannon: I only work with women and each woman is different. Every woman has her own story, her journey is unique. Her root-cause issues are unique. So, I really help a woman who is ready and willing, you know we have to be ready and willing to the do the work required which can be sort of intense, but I like to at least help her identify her root-cause issues. Because if it is something like Epstein-Barr or H. pylori or some other virus or pathogen, LDN may not work. So, I will also have those women who, you know, we discover the root causes and it was just severe food sensitivity issues or stress.

Stress plays a huge role in this process. Autoimmune disease is not just isolated, like if it is thyroid autoimmune disease, it is not just isolated to the thyroid, it is actually a completely different disease process and stress plays a role contributing to the oxidative stress, whatever it may be, physiological stress. When we talk about stress, I think a lot of people assume it is mental or emotional but physiological stress – the body the way it perceives it, whatever it may be, a nutrient deficiency, food sensitivities, just some imbalance in the body, post-trauma, some sort of physical stress from surgery, a fall, whatever it may be, it's all compounded, if that makes sense. And that plays a role in the inflammation.

So, inflammation and what I teach in one of my free e-courses, is that it is like a fire burning out of control. We need to address that. We need to address food sensitivities, hormone imbalance, neurotransmissitter imbalance, all these issues and see if we can determine, is there anything obvious that stands out in terms of her symptom burden, in terms of what she is reporting as her primary. I always ask for what are your top five problems? How is this affecting your daily quality of life? And try to match those up with some testing that we may do and then we just start doing our research, what are the pieces of this puzzle coming together for this unique and beautiful individual to help her get on the right path. And, then when we have exhausted all efforts and we see that we have corrected food sensitivities. We have corrected everything that we can.

If her goal is to go on a prescription medication like LDN, I will definitely work with her on that. We have to rule out that candida is not an issue because candida is the one thing that will block LDN from working for sure. We can

make progress. I can help guide her through – there is a special titration protocol for Hashimoto's patients because LDN can cause an abrupt termination in the autoimmune process which means that, if she is taking thyroid hormone replacement, she can quickly go hyperthyroid while on LDN. What I am saying happens in those cases, she may call her doctor and say, "Oh my gosh, I feel hyper. I have a rapid heart rate and I am sweating and I am not sleeping." What do you think they are going to say? If they are not really knowledgeable about LDN, they are going to tell her, "Well stop the LDN."

Inna: Right.

Shannon: That's not necessarily the correct course of action. There is a way to handle that. If someone is not really willing to go on a permanent medication like LDN, then there are immune system modulators we can certainly try and consider like Moducare is a plant sterile-based immune system modulator. It has worked well for some of my clients. ImmunoMod-A is another formula that works very well a lot of times, especially if it is a new diagnosis and their symptom burden – When I say symptom burden, some doctors are testing for the antibodies now, even though a patient may not really present or complain of typical hypothyroid symptoms and they will catch the antibodies but the patient is not symptomatic yet. So, they may not be willing to say, "Oh, OK, I need to go on a prescription." Does that make sense?

Inna: It does. Yeah. And I am so glad that you are mentioning looking at the whole body because this is really something that we talk about-- This is really the point of this whole summit is that, like you said, it's not the thyroid's fault, it is the immune system that has gone awry and is attacking it. It sounds like, before LDN, you are really looking at all the different triggers. And a lot of these triggers we talk about on this summit, the gut and candida and liver and stress. And I completely agree with you from a stress perspective, it is not just emotional, it is physical and even just as simple as like blood sugar dysregulation. That's such a huge stressor.

Shannon: I just had that conversation yesterday with a client actually whose waking up at one to two in the morning, which you know if you are waking up at one to two in the morning, that's usually the liver because that's when the liver does it's work. But cortisol very elevated in the morning can be related to blood sugar during sleep. A drop in blood sugar, the body is going to release cortisol. That is physiological stress.

Inna: Absolutely, so it is so important to look at all of those, but it is more that when those don't fix it or maybe they fix some of it but, like you said there are still some other symptoms there, then that is when we would look at LDN. That's so good to know.

Shannon: But first though, we would probably look at too, we've done everything functional and integrative medicine guides us to do, but if there still not improving or they have only improved somewhat, we want to look at pathogens like the Epstein-Barr or H. pylori or yersinia enterocolitica. Those are three of the top stealth infections in Hashimoto's. I see a lot of those actually.

Inna: Yeah, I do too. That is actually something I had myself. Klebsiella, I think. Do you say that one, because that is another one?

Shannon: Yes.

Inna: Yeah. And, for everyone watching, we actually have a talk specifically on the Epstein Bar virus and Hashimoto's and then there is a talk on some of these other infections because they are all so important. Sometimes people have them and we eradicate them and sometimes they don't but, if they are eradicated and they're still not better, then something else is going on.

Shannon: Exactly, yes. It can be a mystery. We don't always know. Were we breast fed? Were we born natural, through the natural birth process? There's a lot where we are given a lot of antibiotics as children. If our constitution is weak, I refer to prebiotics as the soil for our probiotics, probiotics being the lawn. So, a lifelong insult of antibiotics can be really hard to overcome. It is not impossible but it's a challenge.

Inna: It is. It is, yeah. I have been there too. I am proof that it is not impossible, but it certainly can be difficult but definitely something to work on. Now, Shannon, with LDN, I know that you talk about it being prescribed a little bit differently for Hashimoto's. Anything that we should know about that and, obviously, of course, every case is different, and they would have to see a practitioner, but what are some of the differences as to how it is prescribed for Hashimoto's versus other autoimmune diseases?

Shannon: So other autoimmune diseases, say for example MS or rheumatoid arthritis – and I will say and she doesn't mind me sharing, but the trustee of the LDN research trust in England has been in remission from MS with LDN for many years – but aside from that, Hashimoto's patients have to be really,

really careful because they are typically on thyroid replacement hormone. Your MS patients, rheumatoid arthritis, any other autoimmune disease, they can basically go to the standard modulating dose of 4.5 mg without any really negative ramifications. However, for Hashimoto's patients we like to start at a much lower dose, 0.5 mg or 1 mg, and, depending on their sensitivity – I work with a lot of interstitial cystitis patients, so they really need to start the low, low end. We could start at 1 mg with other patients that we titrate every two weeks or every 30 days. I prefer every 30 days to be a little more conservative, allow the body to adjust. And we gradually raise the dose, so 0.5 or 1 mg to 2 mg to 3 mg and then 4.

Inna: So eventually we are getting to that 4, 4½ dose.

Shannon: Yes, they are. So, with those titration doses, they will either be on them for two weeks at a time or 30 days at a time. It depends on their sensitivity issues if they have any. Does that make sense? Then, when we get to the modulating dose, we can stay there six months. I was personally on it for nine months and then we can return to the maintenance dose which is 3 mg. But, while we are titrating, we test, not the full thyroid panel, they are only two markers that we test during the titration phases. I realize everybody gets excited or wants to test their antibodies, but it is really pointless and it is not really giving you good objective data, so we wait until after the modulation to retest those.

Inna: So, then what are you testing during the modulation period?

Shannon: Just the free T3 and free T4 and it is not an assessment of what LDN is doing, it is an assessment of do we need to titrate their thyroid medication down, usually, hopefully down. When I have clients who, they are in a titration process, I monitor – I was previously a cardiac nurse years ago – so I monitor their heart rate, blood pressure, and their symptoms, basal body temperature and those things. So, it empowers them to really get in touch with their body and understand how LDN is helping and how we titrate down on thyroid hormones safely during the process. In place, they get to show their doctor their log and show them what a responsible Hashimoto's patient they are.

Inna: That's great! And do you find that most people are able to bring down their thyroid medication when they get on LDN?

Shannon: Yes absolutely.

Inna: That's great.

Shannon: Not necessarily go off it. The extent to which someone was left out there misdiagnosed or undiagnosed or whatever for months or years, they're probably not going to be able to eliminate their medication. I see a lot of labs. I see a lot of people get into remission, but remission doesn't mean that you've given up your thyroid replacement hormone, it only means that the immune system is no longer against the thyroid.

Inna: Yeah, I'm glad you are mentioning that because I think a lot of people kind of chase that. I was actually, personally, when I started doing this work and realized that Hashimoto's – at first, I was misdiagnosed as well, and I was told be a very traditional endocrinologist that there's nothing I can do, and I just wait and see.

And eventually, my thyroid will get destroyed and then I will go on medication. I knew, obviously, there had to be another answer with that. But what was interesting is that my TSH was always a little bit high and my T3 and T4 were always a little bit low. But I was convinced that I am going to do it naturally. And I did a lot of different things, which helped but my levels were still not quite there, and I think because I have had Hashimoto's for a long time, part of my thyroid has been destroyed.

Going on medicine for me was actually really great. I felt better. I noticed a lot of symptoms and my hair started growing and my skin was better. And I think that being in the natural functional sort of medicine-based, I had this thing that medications are bad and all-natural stuff is good. Right?! So, many people think that way and it is really not necessarily the case. And your thyroid hormone is needed for everything in your body so a little bit of that isn't bad. So, I am really glad you're mentioning that. It is not about just getting off completely, we need a little bit, but if we could take less.

Shannon: Absolutely. I mean the body needs what it needs to function. And we have to meet its needs. I'm a fan of natural desiccated thyroid, specifically NP thyroid, but we can't deny what it needs in the name of being totally on our own. Medications are certainly overprescribed these days but as it relates to thyroid hormone or even bioidentical hormone, the body needs what it needs.

Inna: Absolutely. Now just going back to LDN, once people start it and they go through the titration and then they kind of figure out what their modulating dose is, is that something they have to stay on forever?

Shannon: Typically, yes. And there are many benefits to that, for example, LDN has been shown to be cancer preventative.

Inna: Wow.

Shannon: Pain prevention. One drawback is that, if you are going to have surgery and you're going to need post-op pain medication, you are going to need to come off LDN, typically the week prior, otherwise your post-op pain medication is not going to work. The reason for that is that LDN, I mentioned earlier that it tricks the body into healing itself, that mechanism, in a nutshell, is it blocks opiate receptors on the cells. So, when they are shut off it results in this influx of endorphins that are released in the body and not the type of endorphins that you produce during exercise. I have actually had people ask that me that, "Can I just exercise and get it?"

So, this occurs while you sleep. If you are taking and LDN and an opiate medication for post-op pain, the receptors are going to be blocked and you are not going to receive the benefit of the pain relief. Now some people confuse that with, "Oh my gosh, what if I am in a car wreck and I go to the hospital and I need to have surgery?" They are going to give you something that trumps LDN altogether. I think they are confusing that with an anesthetic agent, and they think anesthesia won't work and that's just not true.

Inna: OK. That makes a lot of sense. So, it is the opiate medications, it is not the anesthesia, which is a completely different pathway. Now, when you talk about the immune system calming down and the LDN tricks the body into healing itself, eventually do antibodies for Hashimoto's go down?

Shannon: Yes! Yes, they typically go down by the hundreds. You will see a drop at the end of the modulation period which can be six to nine months and you will gradually see a continual drop. At some point, they will sort of wax and wane. We don't have an explanation for that necessarily, but they will continue to drop over time. Now this is in consideration of that you've continued with your gluten-free protocol, you've got a good handle on stress.

LDN can bring forward candida and people need to be mindful of that because candida is a natural part of immune system. So, as it is modulating, candida can come forward, so it is really a time to avoid sugar for sure. For me personally, it has been a wonderful experience for me. LDN has changed my life. Previously to Hashimoto's, I had interstitial cystitis and it was really the first condition that appeared and disappeared with really no rhyme or reason to it but, since I have been on LDN, I've not had a single episode of interstitial

cystitis, celiac disease. I am not saying I am perfect. There have been times I've slipped and eaten gluten just like everybody else. But all in all, LDN has truly saved my life, I think. I don't have any intentions of going off of it personally.

Inna: Wow! That's amazing that it has done much for you and I know it's done so much for so many clients that you see. And so many people that have tried it. So, that makes sense, if the antibodies are down and you are feeling good and, on top of that, you are not experiencing any side effects that you know of, then that makes sense.

Shannon: The one issue that I really want doctors to understand, as well, and patients, is don't just haphazardly prescribe LDN with the mindset of, "Oh let's just see if it works." You want LDN to have the best chance to work and that is by laying the foundation, looking at candida, looking at food sensitivities, getting your nutrition down, uncovering any viruses or pathogenic issues because we want to LDN to work.

I do see both cases where patients have heard about LDN and they go to a doctor and ask for prescription and it may be, in all due respect to the doctor, it may be a doctor that really doesn't know much about it but will prescribe it because they have relationship with their patient. Doesn't necessarily know how to monitor it, what to look for and then they test the antibodies and they say, "Oh, well nothing changed so they think the LDN didn't work and that's really not it. There is some work before LDN can be a consideration or should be a consideration.

Inna: Yeah, that makes a lot of sense. Now is there any reason that someone should not take LDN, and this is after they have fixed their candida and Epstein bar and anything else, they may have?

Shannon: Yes, I have several cases of those, where persons who have a significant amount of sensitivity to everything, don't always fare well with LDN. Patients with retractive interstitial cystitis I've seen not do well with it. In those patients we will try to use the topical form of LDN, but it can heighten their stress and anxiety and just overall symptoms if they can't get through those first two weeks. The first two weeks, it can interfere with sleep. It's really not that a person is not sleeping, it's just that they're waking up as those endorphins are produced during sleep but that typically passes after two weeks.

The more sensitive a patient is, just environmental issues, foods, you know whatever, internal stress and anxiety, they may not always tolerate LDN very well, so we have to be careful and just work those individuals, very, very, very carefully.

Inna: It sounds like those first two weeks are the hardest, so it is probably the time where people, if they do try it, you want to make sure that they are really kind of getting all their ducks in a row. So, get on a gluten-free diet to stay on that and really eat clean and really manage stress.

Shannon: And monitor themselves. I do a readiness and willingness assessment and I have to assess – they need to understand that they have an involvement here where they have to follow at least my log and monitor themselves, I need daily feedback, in our weekly calls. I need your heart rate, your blood pressure. I need everything daily. We need to really understand. I need your symptoms written out, how you are feeling. So, some are willing to take on that responsibility and others are not. It just depends. That's fine. I work with them either way, but I want to help the patient get on the right track that best suits her.

Inna: Yeah. That individualized care. It sounds like you are really going so in depth. I mean if you are talking to them weekly and then getting all of these daily logs. You are looking at everything it sounds like.

Shannon: Everything. It is a passion. It's a gift. It's a blessing. The typical woman who comes to me is me. She's been misdiagnosed so many times. She is not getting better. She has read all of the books. She has followed everything the books say to do and is still not getting better. That's just how it works.

Inna: What are some of the other labs that you run if someone's on LDN long-term? Obviously, I know you test thyroid, but is there anything else that people would need to look at like liver, labs or anything else?

Shannon: Not really. Not as it relates to LDN, no. It's in such a low dose and, if we have addressed the oxidative stress and we see that liver – you know we always test liver enzymes, AST and ALT – it's cleared from the body fairly quickly. That's why when I said earlier, if you are going to have surgery, come off of it like a week before. It clears the body fairly quickly without any negative effects.

Inna: That's great! That's really, really good to know. Why do you think more people don't know about this?

Shannon: Well, you know, there's no money to be made. Naltrexone in its 50 mg dose that's used for opioid addiction – it's been in generic form for decades, so the patent expired many, many, many years ago. There's just no financial incentive for research dollars to go into its use or continued research. It's just not there unfortunately. I wish it were. I don't know how without some large collaboration of the general public funding some research.

Fortunately, there are many, many, many more functional and integrative medicine practitioners who are aware of it and who are willing to learn more about it, so I think that's progress for sure. We have the LDN research trust in England where I am listed as a nurse educator for LDN with them. There are other educators, too. I work with many, many physicians who I can refer patients to for telephone consults for LDN when they've gotten to the state that they're ready for it, after they have worked with me, so that's a plus. I don't know. It is unfortunate but it comes down to lack of funding.

Inna: Yeah, it is unfortunate, but it is good to know, like you were saying, that people like you who do the research and who educate people, both practitioners and patients about it. And so more functional medicine doctors are understanding more about it so that more people can have access to it if they need it. So, that's great. Is it typically dosed in the morning or the evening?

Shannon: Typically, in the evening. You take it bedtime because the immune system does it magical work while we sleep. So, it works in conjunction with our immune system to heal the body; however, some people have insomnia and, if that continues, there is a sublingual morning dose that we can use in a drop form that can be helpful. Ideally, though, it is taken at night.

Inna: I've heard from some people that it can sometimes give vivid dreams. Do you ever hear about that?

Shannon: Oh, yes! Yes, and I still have those. Pink elephants with umbrellas. I have had that dream. When I can recall my dreams, they are in color and I don't recall that before LDN.

Inna: Which I guess is a good thing, right?! We ideally want to dream in color, right?

Shannon: Well it is just kind of a cool thing, I guess. It is interesting, I will say.

Inna: But it doesn't sound like it gets bothersome for you in anyway?

Shannon: Not at all. Not in any way. I did have a surgical procedure in 2015 and I was really nervous about coming off of it. I had drain tubes and these things and I had to go on an antibiotic for the drain tubes and I was really nervous. I was on pain medication, but I did use an immune modulator, which was Moducare as a supplement. I got back on LDN as quick as I could. I did not fall out of remission, but I was really afraid that I was going to.

Inna: Yeah, I can understand that when you know something is working and you rely on it for a while. It can be scary. But it's really good to know that you got your body to the point where it was kind of balanced, where you have that time and that week or two didn't make such a difference. That's great.

Shannon: Yep. As it relates to remission and I know you and I have discussed this before, that's not necessarily the end goal. It is and it isn't. Remission doesn't necessarily mean that you are 100% symptom-free. It just means you're improved significantly. But autoimmune disease, and I don't think this is mentioned enough – just like any other autoimmune disease, Hashimoto's can be a cycle of relapse and remission.

It doesn't mean that you have failed if you relapse at all. It only means that something has happened. It could be a major stress issue. It could be trauma. It could be different things for everybody. We are not a mechanical instrument so we can be different. It doesn't mean you failed. And I see that a lot, that women are like, "I've done everything I can, and I was in remission and now this has happened, X, Y, Z." It only means that you take a step back and try to consider what has happened, not that you've done, but what has happened in my life.

My friend Stacey Robbins is an advocate for Hashimoto's. She is very well-known and has a book out and, I wish I had thought of this, but this is her quote. But it's "If your body is at war with itself, where are you at war in your life?" That can happen with relapse. Something happens, family drama. Depending on your coping mechanisms and how significant the stressor is, whether it is a virus or whatever, it can cause relapse. It just means take a step a back, consider what's happened, forgive the situation, forgive the virus, get back on track. Maybe ramp up nutrition or where you may have slipped

up a little bit not realizing it. We all get comfortable when we are in remission. We think, “This isn’t a part of me anymore,” but it is.

Inna: Yeah, I am so glad that you are mentioning that. And I know that’s the name of one of your books, [*Hashimoto’s:*] *Finding Joy In the Journey*. You are right, our body’s constantly going through cycles. If we stayed the same, then yes, we may not go down, but then we also are never going to grow, so there is going to be that back and forth. I love that quote, too. Kind of finding out where you are at war with yourself or what else is happening because, really, everything that happens, there is a lesson to learn from that, whether it is through health or through another means.

I know for me, I had my antibodies down for a while and then, after I had my son, I had a flare-up, which is really common in post-partem and, at first, I really was angry and upset. I was like, “How could this happen. My antibodies were over a thousand. They weren’t even quantifying with that lab.” It could have been 7000, who knows, it just said over a thousand. Then I had to kind of take a step back and remember, and I think for people that go through this, it is remembering that you know what to do because you have done it already, right? So, like you said, Shannon, it’s the food or the gut or the infections or the stress. In my case with post-partem, it was lack of sleep and stress, that was the main things. We know all of that. It is just kind of looking at where it is and then supporting that.

Shannon: Exactly.

Inna: What I also find interesting with that is that, once you have gone through it, I think, I mean not that you want to go through it again, but, at the same time, I don’t know if you agree, but I feel like it is a little bit easier the second time. So, if you know that it is a stressor, you know how to take care of it or, if it is a food issue, you know how to take care of it. I think we just have to remember, that if it took us, let’s say 10 years, to get into remission, it doesn’t mean that next time it is going to take us 10 years again because we know what to do.

Shannon: We are farther along in our knowledge and signals from our body, or at least we should be and we can better gauge – one thing that I do is I try to teach patients there’s this form of communication that is used in the health care setting. It’s to nurses to doctors, doctors to doctors, nurses to nurses or whatever. And it’s called SBAR. It is something we adopted from the Navy, a special form of communication and this is how we communicate with one another all day. Just stay with me here.

Inna: I'm with you.

Shannon: When patients come into the office and they are explaining all the symptoms and going round and round and I have been one of those patients, so I know how it feels to be on that end, but some of our symptoms run together when you are hearing from patients all day every day. Well everybody's fatigued, everybody's having trouble losing weight, and you hear that. Sometimes it falls on, I won't say deaf ears, but practitioners are human too. So, if we can learn to speak in sort of the format that they do, not exactly, not with all the medical language, but just in a format, their ears will perk up and you will get more out of your practitioner. Also, if you use this format for yourself in identifying, "OK, I've relapsed, what's going on here."

It is called SBAR, like I said, it stands for Situation, Background, Assessment, and Recommendation. The first two and maybe the third one can relate to communicating with your practitioner. So, you just go in and you say like here's the situation, whatever it is, suddenly I have got X, Y, Z symptoms. I didn't before but I do now. Background, like in your case, you would have said, "I've been pregnant, and I've given birth." It could be anything. This is just a way to really help make progress with your practitioner in terms of them listening to you.

But as it relates to you listening to yourself, you can write this down on notecards. What's the situation, X, Y, Z. Something is not right. My labs aren't right. Background, go back three months and think to yourself, "What has been going on." Write it down in a journal. Assessment, you can say, "I think I may have relapsed" or "I think I may have a virus" or "I think I may—" whatever it is. Then recommendation could be, if you are knowledgeable about what can help your body or what's helped it in the past. Does that make sense?

Inna: It does. It does, yeah.

Shannon: I've actually taught patients to take index cards and write these out. Write the situation out. Write the background out. If you have to go in and read it to your doctor, take your cards with you and read them. And you will get so much further.

Inna: Yeah. That's so smart because that really is half the battle a lot of the times is getting your doctor to listen. So, this way, you know what they are looking for and then you can say here it is like you were saying. So, it is not exactly glazed over or deaf ears. That's great!

Shannon: I've had patients who do that and I'm like, "Wow! I've got somebody ready and willing and they are in touch with their body." Love it!

Inna: That's great! Now, Shannon, as we wrap up here, what would you say are your three best pieces of advice for those that are watching this that are dealing with Hashimoto's that are looking to improve their symptoms and overcome this?

Shannon: Well, food is medicine and medicine is food. So, we've got to understand that we are what we eat, and we need to dial in our nutrition. You may not need to go out and do a food sensitivity test and all those things right away, you can at least, with all the information out there today, understand that avoiding gluten is going to be in your best interest and that doesn't mean going down the fast food aisle or not the fast food aisle but the package aisle and buying everything that says of free of gluten because that doesn't mean it is gluten free.

Inna: Or healthy.

Shannon: But just avoiding those things and eating real food. If someone's coming from the standard American diet, they could try the autoimmune paleo diet. I don't necessarily recommend that long-term, however, but as a starter it can certainly help.

Dialing in on stress and sleep. Sleep is when the body heals. If you're up on your I-phone until bedtime and you've got your TV on when you get into bed, your sleep quality is not going to be that great. So, dialing in nutrition, sleep, stress. We don't take breathers as much as we used to anymore. Society is so fast, and the pace is just unbelievable. We are inundated all the time with ads and messages and texts. Take 15-20 minutes out a day for nothingness. Those are really very, very, very important.

Aside from that, just understanding that this can be a difficult journey but today it doesn't have to be. If you are working with practitioners and, on the second visit, or whatever, you are still being told, you could eat less and exercise more, you need to understand when to move on. I talk in my book, *Hashimoto's: Finding Joy in the Journey*, the FLT triangle, forgiveness, love and trust. The more doctors that we see who don't help us, the more irritated, aggravated, agitated and angry we become. That's not helping us in any way in our healing journey. So, we have to practice that forgiveness, love and trust triangle. Forgive the situation. Forgive the doctor. And move on and continue to move on until you find someone who can help you because they are out

there. It is often the case that you can actually interview a doctor. You can say I'm not necessarily coming in to establish my patient status today, but I would like to talk with you. That's a possibility.

Inna: Yeah, yeah. A lot of people don't think about that but that's good advice.

Shannon: So those are really it in a nutshell, to get started.

Inna: That's great. That's so helpful. Thank you so much for all of this information, Shannon. And for those that want to connect with you, how can they contact you?

Shannon: OK. Just go to my website, holisticthyroidcare.net or holisticthryoidcare.com, we have that domain as well, and we have tons of resources on the website that are free to get you started. I've got a great newsletter and, if you want to work with me, get on the waiting list and we will see. Just look us up through there. Facebook page, we are there, Holistic Thyroid Care.

Inna: That's great. Well it's so nice that you have all of those resources. Shannon, thank you so much again for all of this information, I really appreciate you being here.

Shannon: Thank you for having me. I enjoyed it. Thank you.

Inna: Of course. Talk to you soon. Bye.

Shannon: Bye.

