

Episode 154 Transcript

00:00:00:00 - 00:00:10:11

Inna Topiler

When I mention stress to people, they think, oh no, no, you don't understand my life. I'm very busy. I'm not going to meditate for a half an hour. I don't need you to meditate for half hour. Hear me out here.

00:00:10:13 - 00:00:35:23

Dr. Jaclyn Smeaton

Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness and personalized health care. I'm Doctor Jaclyn Smeaton, chief medical officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a health care professional or simply looking to optimize your own well-being, we've got you covered.

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Dr. Jaclyn Smeaton

The contents of this podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. Hello and welcome to this week's episode of The DUTCH Podcast. Now, this is a topic that I'm really surprised we haven't talked more about on the DUTCH podcast, but it's something that affects so many men and women, especially women.

00:01:00:08 - 00:01:27:15

Dr. Jaclyn Smeaton

And that's thyroid health, especially hypothyroid. And today we're talking specifically about Hashimoto's thyroiditis, which is an autoimmune thyroid condition, typically of hypothyroid. Today's guest is Inna Topiler. She's a board certified clinical nutritionist with over 20 years experience in clinical practice. She has in practice. She's also formulated thyroid love, which is a supplement for those with Hashimoto's. And she's the host of her own thyroid podcast, The Thyroid Mystery Solved.

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Dr. Jaclyn Smeaton

She's a health detective, out of the box thinker and a Hashimoto's rebel herself. And she is very passionate about getting the root cause of hypothyroidism and

Hashimoto's. Now, what's so interesting about this episode is that you might know about Hashimoto's. What happens, how it happens. But what lida adds to the table is things like how to get a more complete assessment of your thyroid not looking just at t s h free T3 free T4, and thyroid antibodies.

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Dr. Jaclyn Smeaton

We also talk about some of the things that lead into the domino effect that results in Hashimoto's at the end, things like stress, environmental toxins, gut health or gut dysbiosis, antibiotic use, and so much more. So I think that you're going to get so much out of this episode of maybe other things you should be thinking about. And of course, we're going to talk about the DUTCH test too.

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Dr. Jaclyn Smeaton

So providers, there are markers on the DUTCH test that one can point you to, whether a patient may be suffering with imbalanced thyroid. It's not a diagnostic test for thyroid disorders, but we see patterns that make us sometimes say, have you checked this patient's thyroid? You're gonna learn what those are today. And then also for a patient with thyroid dysfunction, there are elements of the DUTCH test, especially looking at cortisol that you really should be looking at and assessing to make sure your patient gets to full recovery.

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Dr. Jaclyn Smeaton

So anyway, so much we're going to cover in the episode today, I want to give you all the time to listen. Let's get started. So I want to start with I mean just some questions about you because I find it really interesting because you're you've been a clinical nutritionist for so long. And with this interest in Hashimoto's, tell us a little bit about how you became an expert or why you chose to really become an expert in this area.

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Inna Topiler

Of course. And I think, like so many providers, it really stemmed from my own health. And I started out as a normal kid. But then as I got to junior high school and high school, I started having a lot of issues. I actually was born in Lithuania, and we moved here when I was ten, and they didn't have the best dental care there.

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Inna Topiler

So when we moved to America, my parents took me to the first dentist that, you know, they knew, and I got a lot of amalgam fillings, 16 to be exact. Just because and to be honest, I don't know if I actually had that many cavities. I think this dentist was just unfortunately drilled happy. And so it was a lot of that.

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Inna Topiler

It was a lot of antibiotics because I constantly had sore throats. When we moved to America, we didn't eat that well because in Lithuania everything was very natural. But here I was like, oh my gosh, there's potatoes in a box. How cool is that? We don't have to cook the to back in the 80s. Right. And it was just all of these convenience foods that we never had.

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Inna Topiler

And it just seemed so wonderful and amazing. Like why would you ever cook when you have all of this stuff? And so, as you can imagine, when you put all of that together, the mercury fillings, the extra stress, the processed foods, the antibiotics, the nutrient deficiencies that come from a lot of those processed foods, I started to feel really off and I went to so many different doctors, and for me, I was really tired.

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Inna Topiler

But the other big thing that was going on, and this was in high school and college, is I had really bad acne. And as a young girl, that's a big deal. You almost don't care as much about being tired back then because you know, you're looking at yourself every day. And look, why do I have all of these breakouts?

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Inna Topiler

And so that's really what drove me to start to figure out what's going on. Because I went to Dermatologist Road, I did more antibiotics. I did Accutane, I did all of these things, and they helped for just a little bit. And then my skin just broke out again, and it really wasn't helpful long term. And so as I got a little older once I graduated college, I'm like, okay, I want to get to the bottom of this.

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Inna Topiler

And on top of that, at that point, and I went to school originally for finance, so I was working on Wall Street, and it was a stressful job, and I lived in New York City at the time, and all of my friends were going out and doing different things after work, and I just wanted to go to sleep.

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Inna Topiler

So I had the acne, I had the fatigue, I had headaches, I had so much cycle irregularity. I had a lot of PMS, a lot of digestive issues. I was constantly bloated. I gained weight, I mean, literally every symptom you can imagine I had. And so I went to my primary who said there was nothing really wrong with me.

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Inna Topiler

They said that I should go see an endocrinologist. I saw a few of those. They told me I need to go see a gastroenterologist who told me that I'm tired because I need to exercise more, and there's nothing wrong with my gut. And what I ate didn't matter at all, by the way. Because, I mean, why would I?

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Inna Topiler

Right.

00:05:51:06 - 00:05:51:15

Dr. Jaclyn Smeaton

Right.

00:05:51:15 - 00:06:08:08

Inna Topiler

And so then I went to a dermatologist, more dermatologist. They gave me more antibiotics, which caused more digestive issues, and those back and forth and back and forth. And literally I was just told that there's nothing wrong with me. And it was in my head. And honestly, at one point I was starting to believe maybe this really is in my head.

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Inna Topiler

They kept telling me that I'm depressed and I was trying to explain. I promise you, I'm not depressed. I'm just not happy because I don't feel well. But I'm not a depressed

person. I'm really positive, upbeat person. Finally I saw, I think this was like my fifth endocrinologist and they're like, oh, oh, we know, we know, we know exactly what's wrong with you.

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Inna Topiler

You have Hashimoto's. And I was in my early 20s at the time, and I was like, I have Hoshi. What? Like, oh, it's an autoimmune disease. And I'm like, oh, great. And I was so excited. They were looking at me like I had five heads. Why are you excited? And I'm like, well, because now we know what it is, right?

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Inna Topiler

Because this is this mystery illness. Now we know what it is like. What do we do? Let's go. And they're like, well, your thyroid is fine, so there's really nothing to do. We're just going to wait and see. And eventually when your immune system destroys your thyroid, then and only then will you give you medicine. That medicine is something you'll have to take forever.

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Inna Topiler

But until then, we'll just wait and see. And of course, naturally, I was inquisitive person. So I said, well, is there something I should be eating more or less of? And this is before I had my training in nutrition. But just thinking logically, like, what could we do to prevent it from destroying my thyroid? Like, can I change something?

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Inna Topiler

Can I take something, can I take medicine? Now? I even said, you know, was it against medicine? Like, no, no, nothing. You just do nothing. And, you know, even though I didn't understand all of the nutrition and the functional medicine, then I knew that this didn't make any sense. And that's really what, I set out to figure out.

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Inna Topiler

And I finally found a clinical nutritionist who was also naturopathic doctor, and he showed me so many things. We did lots of tests, many more in-depth tests than just the typical blood tests. We did a touch test, we did a stool test. We did an organic acid, a hair test, like way more in depth blood panels and oh goodness, had, you know, did

I have stuff.

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Inna Topiler

And my thyroid, interestingly, was not optimal. It wasn't hypo in sort of the medical sense. My TSH was below five. However, it was 3.7, which is still on the upper end. My T3 was low, but no one's ever tested that my antibodies were through the roof. I had parasites, I had really bad candida, I had copper toxicity. My cortisol was I had that typical reverse cortisol curve where it was high at night, it was low in the morning.

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Inna Topiler

I had hormonal imbalances. There was probably more. There were so many things. But that actually really did get me excited because he walked me through exactly what we do about it. And it wasn't overnight. Yeah, it took a while because we had to cleanse out the candy to balance out the metals. Oh, and I don't think I mentioned I also had mercury, a lot of mercury.

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Dr. Jaclyn Smeaton

I had a toddler and military. Yeah.

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Inna Topiler

And it took some time. But as I started to make changes, I started to feel better and better. My skin cleared up, my energy got better, and then we started to really optimize my thyroid and really look at the underlying reasons for the auto immunity. And there's so many different triggers when it comes to Hashimoto's and other autoimmune diseases.

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Inna Topiler

And it was really exciting because I started to feel better and I went back to school and I started my practice very part time. At first I was still working at Merrill Lynch in the beginning, and then I transitioned over and gosh, it's been, almost 22 years now that I've been doing this.

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Dr. Jaclyn Smeaton

Well, I'm glad you did. And I really appreciate you sharing your story so openly, because there's just so many pieces of it that are so relatable. I mean, I think about, you know, maybe this is a nice place to start. There is so much interconnectivity and this domino effect of health. And when you talk about, well, first it was this, then it was high stress, then it was this, then it was this, then it was antibiotics.

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Dr. Jaclyn Smeaton

And you know, and it's it is it's like this domino effect in health that I think everyone innately I mean, if people listen to this podcast. Absolutely. Because that's why they're here. You feel it in your bones. It's like there is something else going on all the acne and the digestive problems and all this stuff. It's not disconnected.

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Dr. Jaclyn Smeaton

And I think that's a challenge of our medical system today, where people are trained to look at and treat one thing, and I think that's the value that all of the functional providers and the just the whole medical paradigm is bringing, which is that these things are actually connected by similar root causes. And, and your story is just such a powerful example of that.

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Dr. Jaclyn Smeaton

I'm so glad you're better now. And and it's just really amazing when you said something like, oh, and he told me all these things was wrong. It made me so happy. I mean, you have to laugh at that because it takes a sick kind of person to feel that way. But but not at all. But because that's just that's opening this door to like, a healthful future that feels like it's attainable now because somebody finally is getting it.

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Inna Topiler

Yeah, absolutely. I mean, I think back to if I did not go this route now at almost 47, where would I be? Yeah, I was getting diagnosis then at like fibromyalgia and all the stuff, and there's no cure and there's this and that. And it's really sad that there's so many people that go down that route and then don't get the help that they need.

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Inna Topiler

But it's so amazing for podcasts like this, for people to be able to see all of the things

that they can do.

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Dr. Jaclyn Smeaton

Yeah. And it's it's story after story. I mean, if you're willing to commit to lifestyle change, you know, the story you share doesn't have to be that unique example. It can be the common the common experience of, you know, having this very complicated health journey and then finding a path that leads you to recovery and and optimization of health, which is ultimately what we're all looking for, right?

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Dr. Jaclyn Smeaton

Yeah. Especially right now in a women in our 40s, for sure. Oh, yeah. I want to.

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DUTCH Podcast

Live that quest.

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Dr. Jaclyn Smeaton

Yeah. I, you know, the other piece that I think is really interesting is that you were told you were normal and your age was 3.7, and that is something that I think is worth mentioning, like my background is predominantly fertility for a clinical practice. And the Endocrine Society kind of rebounded for people trying to conceive where the upper end is 2.5 versus around four, most labs are like 4 or 5.

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Dr. Jaclyn Smeaton

And so it's it's remarkable to me that we are still considering normal tissue to be really on the at the higher end or not, considering we're considering an absolute like you are fine. Your TSA is 3.7 because the normal is four versus thinking about the fact that some some people, and not just women may not feel great when their TSA is 3.7, because that's really getting to that point of the high end of normal.

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Dr. Jaclyn Smeaton

What are your thoughts about that?

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Inna Topiler

Oh, so many thoughts. So I mean, this is what I talk about day in and day out. And, you know, the optimal range really is so much more narrow than that. And nowadays I hear some providers say that they won't do anything until someone's TSA just ten. And I just I don't even know what to say to that.

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Inna Topiler

But I think that even more so than that, I mean, which of course is very, very important, but we have to realize that that's a brain hormone, right? That's a pituitary hormone. And so we have to see it what's going on there. And we have to get that optimized. But also we have to look at what's really going on downstream.

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Inna Topiler

And it still amazes me how a lot of providers that don't look at this comprehensively don't look much past that. But when it comes to thyroid, you know, autoimmunity or not. So, you know, about 85 to 90% of people with hypothyroidism have Hashimoto's. A lot of them don't know it because those antibodies aren't tested. But it's so important that we really look at the full picture and see what's happening.

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Inna Topiler

So it's that age, but then it's what's happening after that. So once the pituitary signals the thyroid to produce to your state, then what it will our thyroid is going to produce T4. And then that T4 has to go and convert to T3. And I always tell people, you know, think about it as, you know, hormones are like children.

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Inna Topiler

You're not going to let them just roam around on their own. And so hormones need to be chaperon and they're usually on protein. So that's the difference between having total hormones like total T4 and free freee. What's available to the cells total is what's bound. And people often say, well my free hormone is okay, so that's fine, right?

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Inna Topiler

But I think we need to go a little bit deeper than that, because it's really important to

look at how many total hormones you have in relation to the free, because it can be a little deceiving. If someone has a high level of free hormone, if you don't look at total and there's so many panels to say, oh, we'll just look at your TSH treaty for free T3, it's better than nothing.

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Inna Topiler

Don't get me wrong of course we need to see that in addition to your TSH. But ideally what I'd like to do is I'd like to look at TSH, but also the total T4, total T3, free T4, and free T3, as well as the reverse T3 and T3 uptake. And then of course the antibodies. Because once your thyroid produces T4 and typically that that's the problem hormone that's produced T4, it's about, you know, 9,394% of all the hormone thyroid hormone is T4.

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Inna Topiler

And people always ask me, but wait a minute, you know, I heard the T3 is the active hormone, so why would your thyroid produce mostly T4? But, you know, everything in the body is done for a reason. Our bodies are so smart. And so because we need a direct hormone, literally from a head to our toe. If we produce the T3, which is that active on on right here on our thyroid, we wouldn't have enough to go around to the rest of the body.

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Inna Topiler

And so the body produces T4, and then that T4 has to go to other places in the body, like the liver and the gut, and then it converts to T3, and then from there the T3 and the T4 right together, they have to go back to the cells to be properly utilized. And people also don't realize that because hormones can't travel on their own.

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Inna Topiler

I always say like they kind of go on a bus or on a car, right? And then they go.

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Dr. Jaclyn Smeaton

To the system.

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Inna Topiler

Versus. Yeah, exactly. And then they go to the liver in the gut, they convert. And then from there, right, they got an Uber back to the cell. And then ideally that Uber is going to stop at the cell. Because one of the things I talk a lot about is thyroid typing and how people have different thyroid types. And one of the types is that you can have enough thyroid hormone.

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Inna Topiler

But if that Uber drives right by the cell and doesn't let the hormones off, well, then you have enough hormones. But they're actually not available to your cells. And there's so many different caveats with that. And so ideally the cells then excuse me, the hormones have to come off the Uber right or off the bus. And then they have to knock on the door of the cell, which is the receptor, and say, hey, you know, do you want us in the cells to say yes, and they have to absorb in.

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Inna Topiler

So it's not just how much TSH we have and how much T4 we're producing, but it's how we're converting, how we're shuttling those hormones around. And then on top of that, how those hormones are actually getting into the cell, which is this whole other part. And it's really important for when we look at those labs that they're not just in the labs range, they're in the optimal range.

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Dr. Jaclyn Smeaton

I'm so glad we're having this conversation. And we haven't talked this much about thyroid on the podcast. So I want to make sure we really get the time to break it down. But one thing that I'm really resonating with what you're saying is something that we talk about all the time, and this is where I think the DUTCH just add so much value.

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Dr. Jaclyn Smeaton

And we're looking at we don't look at thyroid. So let's just be clear on that. We look at, you know, HPA axis and adrenal hormones. We look at reproductive hormones. However the story is so similar where when we look at hormones in blood, you're looking at a marker of what's available to the cell. And when you're talking about age, like you're right, you're not even looking at thyroid hormones.

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Dr. Jaclyn Smeaton

You're looking at the brain signal to tell the thyroid to make hormones. So you're even one step removed. It's like you're not looking at like the Lego structure your kid built. You're looking up at the parent as telling the child to do and how much Legos to build. So the interesting thing is that that is not the end of the story, because you your cell has to use the hormone properly in order for you to have health and have the outcome you want.

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Dr. Jaclyn Smeaton

I love your analogy of like it has to get off the bus, it has to go into the building, you know, to do its work. Because I think people get this. And actually, I think it's easier to understand now that we talk so much about type two diabetes, because we talk about insulin resistance and insulin resistance is a cell disease, right?

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Dr. Jaclyn Smeaton

It's a problem at the cell. It's not a problem making insulin. The pancreas is making usually way too much. It's a problem at the cell. It's like the house. The door won't open. You can't open that. It's stuck. And so I think when we think about health, I always like to try to bring it up. And I think that you very naturally did this.

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Dr. Jaclyn Smeaton

Like it's the same with reproductive hormones. It's the same with adrenal hormones. It's the same with our glucose and our metabolic hormones. Where you actually need the full system to work. You need the glands to make it, but you need the cells to use it. I think more and more dysfunction is happening at a cellular level, but we don't have a name for it.

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Dr. Jaclyn Smeaton

We don't have a way to test for it, but we see the output of it, which, as you test the hormones and they look fine, but the patient doesn't feel fine. And so that's probably where that disconnect is happening 100%. So can you talk to us a little bit more about like what are we doing. What are most doctors doing with lab testing right now when it comes to thyroid?

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Dr. Jaclyn Smeaton

And why is it so important to look at this more broadly?

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Inna Topiler

So typically what I see and I see this day in and day out, people are coming in and they have a TSH and they have usually a T4, mostly free T4, sometimes total T4, and that's it. And so they are either told that yes, you have hypothyroidism because your TSH is high in your T4 is low. So here are some levothyroxine here, some synthroid here, some maybe even armor.

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Inna Topiler

If someone's a little bit more progressive and typically it's like, I'll see you in six months and people may feel a little better. They usually don't feel 100% better. And some people don't feel better at all. But what they're missing, I mean, there's so many different elements. But just with thyroid specifically, right? Most people don't know what they're converting into T3 because T3 is not tested.

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Inna Topiler

And even if it is tested, the ranges for T, I mean, all the ranges are really wide, but T3 in a typical lab for total T3, usually the range is 76 to 180, but optimally I love for total T3 to be between about 100 150, with 125 being that sweet spot and free T3. The range is 2.2 to 4.3 usually, but if you're a 2.2 or even 2.3 ATS, you're not going to feel that great.

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Inna Topiler

So ideally, 3.0 to 4.0 is where I'd like to see it. And together with total. Because again, if someone has a total T3 of say, 77, which is like, oh, we're in range, right? The range of 76, they have a total T3 of 77. And then they may have a free T3 of 3.4. So we'll may look at and say, well your total is low.

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Inna Topiler

But that's okay because you're free is good. That's all that matters. But this is where

it's really deceiving, because this pattern is showing us the exact thing that you were saying. It's that cellular. It's almost like that cell danger response. Right, where you don't have enough total. So, you know, there's not a lot of T3 actually, like in the Ubers and on the busses, but you have a lot outside.

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Inna Topiler

But because the free is measuring what's in the blood, it's not measuring what's inside the cell. So it's like, well, why would you have so much outside the cell and you don't have enough total like that's a sign that it's pooling there. It's not actually getting in, which is why people aren't feeling well. And so I think that we really, really need to do a full thyroid panel and evaluated for someone's thyroid type and make sure that everything is in that optimal range.

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Inna Topiler

And then if it's not, there's so many different things we could do depending on what's going on. For example, if someone has this high free but it's not getting into the cell, that's when we really want to look at what's happening with cortisol, what's happening lifestyle wise, what's happening with stress overall and stress. And I know we'll talk more about this, but, you know, stress is physical and emotional and it both counts.

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Inna Topiler

You know, it's not just like oh you have to change your life or get rid of your kids or, you know, whatever. Like there's so many other things that we can do without overhauling our life to change that stress response. And I'm okay.

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Dr. Jaclyn Smeaton

Sorry.

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Inna Topiler

No, I was just gonna say the second thing, also with just going back to Thyroid Labs is really assessing what's going on with the immune system. I can't tell you how many people come to me and say, oh yeah, I have Hashimoto's. And when I asked them when they were diagnosed, I'd say, well, I was diagnosed with hypothyroidism 20

years ago, but with Hashimoto's two years ago.

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Inna Topiler

It's so common because they look at TSH, they get the hypo diagnosis, and then those are the people that they're not getting help from their conventional provider. So they start digging deeper. They start reading, they start researching. They, you know, maybe see a more functional provider. They test for antibodies. They see their antibodies are high, right. That's the reason most likely why they have hypothyroidism in the first place.

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Inna Topiler

But yet that was never supported. And obviously, you know, there's no quote unquote cure for autoimmune. But it's not about that. It's about how do we calm the immune system. Right. And how do we bring that to remission? Because we can do that. And I think so many people don't realize that they can. They're told kind of like what I was told 20 something years ago.

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Inna Topiler

Well, there's nothing you can do, so.

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Dr. Jaclyn Smeaton

Oh well, yeah. Oh well, I'll just live with that. You know, I'll just take this medication the rest of your life and live with it. And. Yeah, I mean, I think it's I'm really glad that you're bringing up all of these kind of complicating or intertwining factors. They are really important. I want to talk more about stress. It's interesting cause you talked about really the role that stress played in your life at the onset of all of this happening for you.

00:23:41:06 - 00:24:11:16

Dr. Jaclyn Smeaton

And what I think about it with stress, it's not just working it on Wall Street. It could have also been mercury and amalgam fillings, like and I want to just start there because there's physical stressors and emotional stressors trigger the same biology within us and actually even perceived imagined stressors. So it doesn't even have to be real. Like if you're someone who's got anxiety and you have anticipatory anxiety

about an upcoming event that is experienced biologically the same way that that event would.

00:24:11:16 - 00:24:22:00

Dr. Jaclyn Smeaton

So it's really important to think about that when we look broadly. But can you talk a little bit more? Because when it comes to thyroid and adrenal hormones, they're really like interactive cousins, you know.

00:24:22:05 - 00:24:23:23

Inna Topiler

Oh yes. Sisters, I even say.

00:24:24:03 - 00:24:35:03

Dr. Jaclyn Smeaton

Oh yes brothers, I like that they're even sisters. So tell us more about that interconnectivity and why stress is such an important thing to get under control. When you're dealing with a thyroid problem.

00:24:35:05 - 00:24:52:14

Inna Topiler

The stress is so important for thyroid and especially Hashimoto's, because it's an autoimmune condition, because stress is one of the biggest triggers on our immune system. And when our cortisol is off and it doesn't mean always high, right, but just high at the times, it's not supposed to be high, low at the times it's not supposed to be low.

00:24:52:16 - 00:25:18:10

Inna Topiler

The way I explain it to people is it literally makes your body work backwards right? When we're in a high stress state and we're in fight or flight, I mean, our body literally feels like we're being chased by a tiger right this second. So naturally, what's going to happen is biologically right. Our blood is actually going to thicken because in case that tiger bites us, we won't bleed out.

00:25:18:10 - 00:25:44:02

Inna Topiler

Right? It's just a biological thing. We actually become more acidic because again, if the tiger bites us, we won't taste so good. Then most things are going to go on the

backburner like fertility, immune balance, digestion. Right. Because it's all about like fight or flee. And so our body literally just cannot do anything that it's supposed to do because it's just trying to survive.

00:25:44:02 - 00:26:08:12

Inna Topiler

And there's such a connection between what happens with our cortisol level and our state, but also how we convert t four to t three, because cortisol is going to offset that when it's off and there's another marker called reverse T3. We to talk about it. But reverse T3 is almost like an overflow valve. So when you when you convert two four to T3, you convert a little bit of T4 to reverse T3.

00:26:08:12 - 00:26:37:10

Inna Topiler

And this just helps it so that in case you have too much to three, because T3 so active, it prevents you from in an ideal way kind of getting too much T3. So there's that like little back flow goes to reverse and everyone's going have some reverse T3, but too much reverse T3 is going to directly affect the actual T3 that you have, because the reverse T3 is going to block the receptor where the T3 can come and get in to actually be used in your cell.

00:26:37:15 - 00:26:58:17

Inna Topiler

And there is such a big relationship between cortisol being dysregulated and reverse T3. When we see high cortisol. And a lot of times inflammation goes along with this as well, we'll actually see higher adversity. Twin. It's so interesting about those cases. Those those are the people that may actually have normal labs. Their TSH is okay if you test your T4 is okay.

00:26:58:17 - 00:27:06:19

Inna Topiler

There's T3 might be totally fine, but then their reverse T3 is off the chart. And so even though they have normal T3, their body can't use it. So so I want.

00:27:06:19 - 00:27:15:21

Dr. Jaclyn Smeaton

To just make sure I'm understanding that like just slow you down a little bit. So the reverse T3 will actually block the impact of thyroid hormone at the cell site. Is that right?

00:27:15:22 - 00:27:18:00

Inna Topiler

The T3 specifically. Yeah.

00:27:18:05 - 00:27:32:13

Dr. Jaclyn Smeaton

So it blocks the activity of T3. So what you're saying is that you could actually have a normal amount of TSH and free T3. But then at the cellular site, reverse T3 takes up those receptor sites in a way that the real hormone isn't allowed to work, and you might not even pick up on that.

00:27:32:14 - 00:27:35:12

Inna Topiler

You have no idea if you don't test for reverse T3 because.

00:27:35:13 - 00:27:35:21

Dr. Jaclyn Smeaton

You just.

00:27:36:02 - 00:27:37:06

Inna Topiler

Think everything is fine.

00:27:37:09 - 00:27:48:12

Dr. Jaclyn Smeaton

Yeah, interesting. Now, I know that stress reduction techniques have also been shown to lower thyroid antibody levels. Do you know more about can you tell us about the relationship between that and like why is that effective.

00:27:48:14 - 00:28:18:07

Inna Topiler

Yes. So when we look at antibodies, antibodies are just a way that we know that the immune system is attacking the thyroid. And what it tell people about antibodies is that you can't really compare you to someone else because it's how your own immune system responds to the antibody. So if someone's, let's say thyroid proxies antibodies is 100 and someone else's is maybe 500, it doesn't mean that the person who's 500 is going to feel worse.

00:28:18:07 - 00:28:36:08

Inna Topiler

It's actually possible the person with 100 could feel worse because it depends on their own system. So you always want to compare you to you. But with that, there is absolutely so much that you could do to help lower that. So when I look at the antibodies, I'm really looking at that immune confusion because that's essentially what it shows, right?

00:28:36:08 - 00:28:57:04

Inna Topiler

The immune system is confused for various reasons and is attacking your own thyroid. And so usually there's different triggering things that create that confusion. And there's so many different triggers. You know, every person, you know, there could be hundreds of different triggers. But I like to put them in buckets. So if we look at the buckets there's typically four of them.

00:28:57:04 - 00:29:22:00

Inna Topiler

Stress is one, infections is another, toxins is another. And then the different foods that we eat that we can potentially be sensitive to is another. So that's the four triggers. And what's interesting about stress is that stress is its own trigger. And because the other three buckets are more physical types of things, they act as physical stress. So stress is really in all of those buckets.

00:29:22:02 - 00:29:44:03

Inna Topiler

And that's why play such a big role. Because once we lower the stress, the immune system can actually start to breathe again. I explain it in a way where you know how if a soldier goes to war and I mean, gosh, I mean, I can't even imagine what happens, right? And what they go through. And then a lot of times they come back with PTSD and their system is very hypervigilant.

00:29:44:03 - 00:29:57:16

Inna Topiler

And so, you know, they may be sleeping and all of a sudden they hear a loud noise and they get up and go, oh my gosh, what's going on? Right. And it might have just been like, I don't know, something falling out like a tree falling outside. Right. And it's this hyper hypervigilant state. And so it's a similar situation with the immune system.

00:29:57:16 - 00:30:17:21

Inna Topiler

It's this like, let me shoot first and ask later. And when there are these different triggers, right. So whether it's emotional stress or it's the physical stress of eating, let's say gluten that someone may be sensitive to and doesn't know it, right. That's a physical stress. Good body has to deal with this food that almost is seen as a toxin.

00:30:17:21 - 00:30:39:16

Inna Topiler

Or maybe they have chronic EBV, or maybe they have mercury or copper or molds. You know, these are things that the body is burdened by, right? So the immune system is just it gets so tired of trying to deal with it. And especially with infections, a lot of them are on the surface. Right. So someone's not maybe acutely ill from EBV.

00:30:39:16 - 00:30:54:12

Inna Topiler

It's not an acute thing, but it's more chronic. And so demons of course like trying to like get it or Candida even or things like that. It's trying to like get it and get it and get it and it can and it gets tired. And then it's kind of like this PTSD that it gets after just continuously fighting where it's like tired.

00:30:54:16 - 00:31:02:14

Inna Topiler

And on top of that, it's like anything it's, oh, you're back, let me shoot you about, let me shoot you. And then, you know, it creates this immune confusion.

00:31:02:16 - 00:31:28:01

Dr. Jaclyn Smeaton

Yeah. We get this dysregulation. And it's interesting that you bring up the, experience of a soldier because we do know that, like, traumatic events really modify their immune function. They modify thyroid function axis function. And so it's a very real not only is that analogy, but it's actually a really good experience of, our example of how trauma can impact all of these systems and contribute to all of this chronic disease as well.

00:31:28:03 - 00:31:57:16

DUTCH Podcast

We'll be right back with more. If you're already running DUTCH tests in your practice or thinking about it, there's never been a better time to become an official DUTCH

provider. Why? Because we go beyond lab testing. Our provider community gets exclusive access to clinical education, in-depth report interpretation training, monthly case reviews, and one on one clinical support. Whether you're just getting started or looking to sharpen your functional hormone expertise, we give you the tools to grow.

00:31:57:18 - 00:32:05:00

DUTCH Podcast

Join thousands of providers already making a difference. Visit [DUTCH test.com](https://dutchtest.com) today.

00:32:05:02 - 00:32:09:22

DUTCH Podcast

Welcome back to the DUTCH podcast.

00:32:10:00 - 00:32:27:06

Dr. Jaclyn Smeaton

Can you share with me because DUTCH testing and we look at HPA axis help me you know explain to listeners why is it helpful to actually measure and see your cortisol pattern when you're dealing with like unpredictable energy or stress or flare ups of something like Hashimoto's.

00:32:27:08 - 00:32:55:04

Inna Topiler

It's so important because it actually shows us what's happening. I love testing in general because, you know, why would you get us when you can actually figure out what's happening? And with cortisol, we know that we need to have the proper curve where, you know, you're going to have more cortisol when you know a little bit after you wake up, and then it's going to slowly go down throughout the day and get to it's not too low, but the lowest point of where it should be so that you can get a proper and good night's sleep.

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Inna Topiler

But for so many people, there's so many different patterns that we can see. You know, I think a very typical one is where cortisol is going to be maybe okay, during the morning, it'll dip in the afternoon and it'll catch up and then it go back up. So that's that reverse curve that so many people have when they have autoimmunity and thyroid issues.

00:33:16:00 - 00:33:34:06

Inna Topiler

And sometimes they can feel that because they'll get that second wind, you know, become so tired. I'm so tired and then after dinner, like, all right, like I'm ready to go out and, you know, do stuff. And, you know, I think when people feel tired, they're happy to have a second wind because they may not have been able to accomplish what they wanted to during the day.

00:33:34:06 - 00:33:40:05

Inna Topiler

So then come 830 at night and I go, my kids are asleep now. I'm just gonna like go and do everything and then.

00:33:40:06 - 00:33:42:07

Dr. Jaclyn Smeaton

Regroup with them. Done.

00:33:42:09 - 00:34:08:21

Inna Topiler

Exactly. And while it may seem like a positive thing, it's just it's backwards, right? That's not how the body, you know, during those times when we should be resting, that's when the general comes up to that for a time. That's when we should be detoxifying and resting and rejuvenating. But, you know, if you're working, working, working or sometimes you're eating during that time and, you know, doing things that aren't restful, that generate can't get there to clean out your liver and to do all of the other things.

00:34:08:21 - 00:34:26:07

Inna Topiler

And it's really important to know this. And, you know, sometimes people notice the second leg, sometimes they don't realize it's a second when you're like, oh, I just have good energy. You know, they don't realize they're like low during the day. And then hi there. So without seeing it on a test, they wouldn't know. And there's such specific things that we can do.

00:34:26:07 - 00:34:46:22

Inna Topiler

I mean obviously it's all of the different lifestyle factors, but also there are specific supplements we can use. There's ways that we can support that high nighttime cortisol. But if we don't test and we don't know, then we can't support it. You know, or

let's say that, you know, they've kind of had this pattern for a while. And then there's just not enough cortisol to go around.

00:34:46:22 - 00:35:08:06

Inna Topiler

And then they have that flatline. I mean that obviously takes a little time. But there are so many people with autoimmunity that just have that kind of flat curve and they're tired all the time. And those are the people that could be, you know, and sometimes I hear providers say, oh, well, if you're not feeling better, let's increase your thyroid medication, even if levels are okay, but you're still tired.

00:35:08:08 - 00:35:27:06

Inna Topiler

And I think because we often don't look at the whole person. So we think, oh, you have hypothyroidism. So thyroid medication should make you less tired. Oh, you're not less tired. Great. Let's give you more. You're still tired. Okay. Let's give you what I've had people come to me on literally triple the dose that they really should be on their t threes through the roof.

00:35:27:06 - 00:35:33:16

Inna Topiler

They're super low, and yet they're still exhausted because there's other things like cortisol in the mix.

00:35:33:18 - 00:35:51:21

Dr. Jaclyn Smeaton

It's hard. It's like we've got to get to the point where you're like, there must be something else happening here, right? And it's tough in a short visit structure that we're like most patients are accessing their docs through insurance covered medicine. And you're getting this very short visit. And so that's kind of what you do. You know, that's the next step in the standard of care.

00:35:51:21 - 00:36:10:13

Dr. Jaclyn Smeaton

But I love that you're taking this different approach to really look outside the box and say, well, maybe it's not the dose, maybe it's something different. Now when you look at a DUTCH report for someone with Hashimoto's, you mentioned the flipped curve being really common. Are there other patterns that you commonly see come up on the DUTCH test.

00:36:10:15 - 00:36:22:03

Inna Topiler

So typically I'll see other hormonal imbalances. So progesterone and estrogen of course it depends on their age and all sometimes do the cycle map which I love because.

00:36:22:05 - 00:36:22:12

Dr. Jaclyn Smeaton

It.

00:36:22:14 - 00:36:44:18

Inna Topiler

Shows so much information. So you know we'll see that depending on their age. But they may not be ovulating even though they are say in their 30s and should be and their progesterone doesn't go up when it's supposed to go up, their estrogen may not be peaking on that day 12. And then also, you know, we look at the total cortisol and metabolize cortisol and we'll see imbalances there.

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Inna Topiler

So someone may have a lot of cortisol. But it's not metabolized properly. And that's an indication that there's something else going on with the liver or with how they're methylated. And you know, methylation is a whole other I'm sure we could do a whole other podcast on that. And, you know, it's such a problem for so many people.

00:37:01:20 - 00:37:14:01

Inna Topiler

But what I find with methylation is, you know, I think it becomes very like you either are methylated or you're not. But it's not just black and white, you know, there's a lot of gray there too.

00:37:14:01 - 00:37:30:03

Dr. Jaclyn Smeaton

So it's given some cells or some processes maybe, well, methylated and others not. It's not a straight shot. We'd like to make sure people know that on the test, because we look at methylation of estrogen metabolites, that does not necessarily mean that you don't methylated everything in the body that causes a different metabolic process.

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Inna Topiler

Yeah. Yeah, exactly. But the estrogen metabolites, I mean, that's so important in how you're methylated that and you know, it's interesting I look back at some cases that I've had when I first started my practice. And you know, I run a DUTCH on so many people. Like pretty much most people. And I remember I mean, this is before I really got into kind of looking at everything, you know, I was doing like gut health and like just thyroid health.

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Inna Topiler

And, you know, I've seen people who weren't detoxifying and metabolizing their estrogen properly. And, you know, they were seeing other providers and we were on the chest. And I would say, okay, well, you know, make sure that you let this provider know that this is what we found, you know, because I kind of wanted to now I do a little bit of everything before I kind of like to stay in my lane.

00:38:13:19 - 00:38:33:11

Inna Topiler

But, you know, if you run the tests, I'm like, please let them know this. And, you know, later on, like years down the line, you know, I'd hear from them and they would say, oh, you know, I had breast cancer or, you know, something else happened there. Okay. Like all of them that I've talked to are okay, but it's like we've seen these signs, you know, and we've kind of said, like, we need to look at that and address that.

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Inna Topiler

So it's it really gives us so much information.

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Dr. Jaclyn Smeaton

I'm glad you also brought up the free versus metabolized cortisol, because we're one of the only tests that looks at both. You have to look at urine in order to catch metabolized cortisol. So I think this is one of the biggest areas where a DUTCH test is different from like an adrenal salivary panel. So when you're measuring cortisol, cortisol is best measured in saliva.

00:38:56:19 - 00:39:23:13

Dr. Jaclyn Smeaton

That's the gold standard from a research conventional point of view is even. But when you look at only salary cortisol, you don't see metabolites. And I was actually really surprised how often there's a mismatch where on your diurnal curve, maybe it looks low and you think they need more cortisol. I'm going to give them adrenal gland or I'm going to give them, you know, quarter off or whatever, which is a synthetic, cortisol analog medication.

00:39:23:13 - 00:39:41:15

Dr. Jaclyn Smeaton

And then you look at metabolized cortisol and it's a through the roof and you're like, oh, this is not a problem making cortisol. It's a problem where they're really blowing through it and not you are not able to kind of keep it. So there's this mismatch. And actually one of the first things we see is and well recently right.

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Dr. Jaclyn Smeaton

Let me give it back. Recently we added the measure because you used to have to like visually compare them. Now we actually calculate a ratio called the cortisol clearance rate or CR. And you can see it on a slider bar. When the cortisol clearance rate is very slow, that one of the most classic signs is hypothyroidism, or the causes for that.

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Dr. Jaclyn Smeaton

So we like to point that out to providers. We don't diagnose thyroid disease on the test. We don't assess it. But it's kind of one of those downstream things that changes when people are hypothyroid. And sometimes it's a great way to check. Does the patient have enough on a cellular level because cortisol comes into rescue, you know, and it's how that changes the impact of how it's metabolized when there's not enough thyroid hormone around.

00:40:24:12 - 00:40:27:06

Dr. Jaclyn Smeaton

Because thyroid affects cellular metabolism everywhere. Yeah.

00:40:27:07 - 00:40:34:02

Inna Topiler

It affects it everywhere. Exactly, exactly. And when thyroid is slow I mean everything slows down.

00:40:34:04 - 00:40:45:19

Dr. Jaelyn Smeaton

Can you give it as an example of maybe how in one of your patient cases looking at cortisol with the DUTCH test, really helped, Hashimoto's client kind of shift their symptoms or make some meaningful progress?

00:40:45:21 - 00:41:08:03

Inna Topiler

Yeah. So many. Well, I think from a cortisol perspective, it's I mean, I would say the biggest thing is really having that high cortisol at night. And some people realize they get that extra energy, but a lot of people don't. Or it could also be for some people where their energy is just so, so low that sometimes in the evening they get that little bit and they just don't feel so bad.

00:41:08:03 - 00:41:25:22

Inna Topiler

But it's not like they have extra energy. It's just better than it was during the day. And when we look at that, then we know, okay, we need to I mean, I look at T3, the reverse T3 anyway, but this kind of gives us even more because with reverse T3, the labs ring just 24 or less is normal.

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Inna Topiler

That's really high. I usually do about 17, but sometimes I'll have some one. There was a case where she was at 15 and I'm like, okay, it's not that high. But then she also had the high cortisol in the evening and so when you put those two together and then on top of that, she, you know, didn't seem like she had a stressful life.

00:41:46:20 - 00:42:01:15

Inna Topiler

You know, when you talk to people that are like, oh, I'm not working. And I stay home and like, I do this and I entertain like it seemed like, you know, she wasn't she didn't have some crazy, stressful job. She didn't have children with special needs. She didn't have, you know, some of the things that you may hear about.

00:42:01:17 - 00:42:20:03

Inna Topiler

And yet when you see that cortisol, it just, I think, prompts for more questions. Okay.

Well, you say that you're not stressed, but let's look more into it. Like what else is going on? Because a lot of times, like you mentioned, right past trauma, we don't think about it, but it's still running in the background. Right. Or anxiety about potential events.

00:42:20:03 - 00:42:24:18

Inna Topiler

Right. Like we're like, well, I'm not stressed, but yet I'm nervous about this meeting that I have to present that.

00:42:24:18 - 00:42:34:15

Dr. Jaclyn Smeaton

Or it could be something great like your upcoming wedding. Like it doesn't always have to be a bad stressor, but let's let's keep that in mind, too. Maybe it's like you're really excited for a hot date coming up or something.

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Inna Topiler

Right? Exactly, exactly. So I think and I've had several cases where, you know, their labs were not too, too bad, but yet, you know, we knew there's autoimmunity, we knew there's a lot of inflammation happening. But then seeing that cortisol is really helpful to, okay, we need to really look there more and look at that connection and really support that.

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Inna Topiler

And there's, you know, of course supplements. But there's so many lifestyle things too. And I walk people through, you know, A to Z. Right. It's how, you know, obviously what they're doing in their life and what's stressing them, but also how they're perceiving it and just how they're thinking about it and what they're saying to themselves every day, not even out loud, but just what they're thinking.

00:43:19:22 - 00:43:38:02

Inna Topiler

And, you know, there's also so many different things that we can do that don't take a lot of time, because I think when a lot when I mentioned stress to people, they think, oh no, no, you you don't understand my life. I'm very busy. I'm not going to meditate for a half an hour. I don't need you to meditate for half hour.

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Inna Topiler

Hear me out here, right? Taking a few deep breaths, like reframing things, rephrasing things, doing certain affirmations, just trying to go about your day in a slightly different way without completely overhauling everything. So there's so, so many things that people can do to support that. It doesn't have to be hard.

00:43:55:22 - 00:44:03:22

Dr. Jaclyn Smeaton

Let's talk about that, because I think that stress management is one of the areas of medicine we are the worst at collectively.

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Inna Topiler

Yes.

00:44:04:22 - 00:44:22:16

Dr. Jaclyn Smeaton

Even in functional integrative health. And I think that's because we are all like busy entrepreneurs. And it's really hard for us too. So don't feel bad. I mean, it's like we don't we don't want to be inauthentic, push our patients to do something that we're not willing to commit to ourselves. And it can be really hard. So can you share you talked about like it might just be a reframe.

00:44:22:19 - 00:44:33:05

Dr. Jaclyn Smeaton

What are the solid tools and tips that you have people get started with for stress management when they're just like me? I just couldn't fit that in. We don't you don't need to become like a Buddhist monk.

00:44:33:10 - 00:44:51:01

Inna Topiler

Yes, exactly. So I mean, the first thing is like, let's just move our body, right? I always tell people, like, if you feel stuck, right, like you have a decision that you're really stressed about that you can't make or you're just feeling like you're like grinding and like and that feeling of like, oh, right. Like, let's just move now.

00:44:51:01 - 00:45:16:04

Inna Topiler

Does it mean you have to go to the gym? No. Sometimes doing too much exercise can actually create more cortisol and more stress. So but it's like how can we move, right. Like even like, can you take a walk around your block every couple of hours? Just so that, like, you get your body in motion and, you know, I also have people look at what they're doing first thing in the morning and depends on stage of life.

00:45:16:04 - 00:45:35:08

Inna Topiler

Like, I know for me, I have little kids on that little, but they're still kind of little, right? They come in and like at 6:45 a.m. and unless I wake up really, really early, I don't get that like extra time in the morning. But people can, you know, I have them. Can you get sunlight in your eyes? I mean, it's so simple, but it makes such a difference.

00:45:35:08 - 00:45:55:13

Inna Topiler

Like for five minutes, if it's cold outside, fine. Look out your window. You know, you don't have to actually go outside. Like, can you do that? Can you just take a deep breath? You know, and think like what you think about first thing in the morning when you wake up is usually going to be the thought process that's going to kind of carry through your day, right.

00:45:55:13 - 00:46:15:11

Inna Topiler

So it's like, let's pay attention to what are we thinking about when you wake up and if you need help, right. And if you can't help, but when you first wake up, you sort of thing. But oh my God, oh my god. Like this, this and this. Then like we can write out some affirmations and have it. So when you wake up, you look at a piece of paper and just say, I'm going to have a great day, or, you know, something else that's going to be like where?

00:46:15:13 - 00:46:45:03

Inna Topiler

Like a place where you want to come from and how you want your day to be. Sometimes it's even just saying, like, I'll have people sometimes in the morning go through as if the day is done. So it's like I'm so excited that I accomplished, you know, x, y, z. I'm so excited because I got to spend 30 minutes of quality time with my kids, or I got to do this with my husband and today I finished a chapter in my book or whatever it might be, you know, and then you do that in the morning because then that sets your day up for, hey, I already had a good day, so I don't

00:46:45:03 - 00:46:48:15

Inna Topiler

have to worry about what's going to happen today.

00:46:48:17 - 00:47:00:06

Dr. Jaclyn Smeaton

I love that it's different from just be like affirmation of I'm going to have a good day or I'm going to get that, you know, thing done today. It's really I like that idea of looking back.

00:47:00:08 - 00:47:02:09

Inna Topiler

It's like doing it as if it's already done.

00:47:02:11 - 00:47:03:20

Dr. Jaclyn Smeaton

Yeah, I love that.

00:47:03:22 - 00:47:26:01

Inna Topiler

Yeah. The other thing that I have people doing this is super simple, but I find that it's helpful and it's really looking at the words that they use to describe themselves or what they want to do. So a lot of times, and I do this too, I like, oh, I have to get to the gym today, or like, I have to go to the store.

00:47:26:01 - 00:47:38:23

Inna Topiler

I have to do this. Right. But it's such a it's such a harsh word like have to, I mean the energetic so that I so like. Oh yeah. So even just reframing not like I want to go to the gym or I choose to go to the gym because I know it's going to make me feel better or choose to eat gluten free, but I.

00:47:38:23 - 00:47:40:04

Dr. Jaclyn Smeaton

Get to go to the gym.

00:47:40:05 - 00:47:41:15

Inna Topiler

Yes, I get to or I.

00:47:41:15 - 00:47:50:17

Dr. Jaclyn Smeaton

Said that to myself many a day that I don't want to go to the gym. I get to go to the gym. It does actually get me there, although sometimes it's painful to spit those words out.

00:47:50:19 - 00:48:10:19

Inna Topiler

Yeah, but if you do it, it helps. But it's more even like it's not even just the saying it right. But it's what happens once you say it and how your brain understands it, how your body's going to perceive that. And just the energy, of the body, like the energy that the body takes on when you actually say those words.

00:48:10:19 - 00:48:37:08

Inna Topiler

So that helps. What if, and so what I like is another one. So. So what is actually, it's my new favorite lately. So, you know, something happens and it's like, okay, it might be important thing, but if we react first with so what? Like I'm stuck in traffic. I'm really so what now again, there might be some consequences, but if you start with so what you kind of think, well, I might be late and this person might be upset, but you know what?

00:48:37:10 - 00:48:58:20

Inna Topiler

I can speak to them and I'm sure they'll understand. Right. Or you know, I didn't get something that I really wanted. So what? Okay. And you kind of think through. Oh. So what? Well, I didn't get it, but maybe it wasn't meant to be for me. Or maybe this isn't the best time or whatever that is. You know, it just kind of makes you think in like, a different way and restructure and, like, rephrase that a little bit.

00:48:58:22 - 00:49:03:00

Inna Topiler

So that's something that I've been using a lot recently, and I like all those.

00:49:03:00 - 00:49:21:11

Dr. Jaclyn Smeaton

And, you know, you put them into practice and it like it's additive, right. Yeah. I think when we think about, you know, today when I dropped my kids off at school, there

was I mean, if we live on this like tiny island that like, everybody knows everybody. But I was further enough. I didn't know who it was, but somebody railed on their horn like they were really mad that the car in front of them didn't turn fast enough.

00:49:21:11 - 00:49:38:05

Dr. Jaclyn Smeaton

And I thought, wow, they must be really stressed to be surrounded by all of your neighbors because we all walk our kids to school for the most part. Except the driver, apparently, who was in such a hurry that they rail. And again, it's like, that's so what? Why would don't let that bother you. Like it's just a car who didn't go when they had the opportunity.

00:49:38:05 - 00:50:00:17

Dr. Jaclyn Smeaton

There'll be another opportunity. Just wait. 30s wait. I love that that right. Just natural. Reframe. The other thing that I would throw in there is like, walking. I think another people think about stress relief as having to be like meditation or sitting still or doing yoga. But one thing that's really interesting is like EMDR therapy, which is this eye movement, and the D in the R, what does that stand for?

00:50:00:17 - 00:50:27:10

Dr. Jaclyn Smeaton

I think desensitization and reprocessing. Yeah, they use it for PTSD and trauma. And the way that it's done is through like left to right movement. And it can be with the eyes, which is where that came from, where people do it like tapping on their shoulders like this left, right, while they're thinking through something troublesome. And actually the left to right shifting helps their brain to essentially kind of expand neuroplasticity and rebuild how that situation was processed.

00:50:27:10 - 00:50:51:13

Dr. Jaclyn Smeaton

But I think that while walking, we know walking is left to right, left leg, right leg. You don't think about it as being a difficult transition. It's not like you're watching a ball move left or right across the screen, but we know that the left to right movement of walking has a similar impact. So I always think about this too, for people who have stress, especially stressed with ruminating, repetitive, unwanted thoughts.

00:50:51:15 - 00:51:08:16

Dr. Jaclyn Smeaton

Sometimes if you go for a walk and you think things through on a walk, you come back with a little bit of a different sense of new ideas, a new framework to look at it compared to when you're sitting and thinking about it. So that's another thing that I would just throw out there, because I think it's very easy.

00:51:08:16 - 00:51:27:13

Dr. Jaclyn Smeaton

And you get nature, you get movement like you talked about, but also the left or right patterning of it. You could probably get the same thing cycling or whatever, but I always find to have a more clear head after I go for a walk, like if I was, you know, in an argument with my husband or something, I could go for a walk and then come back and feel a little bit ready to readdress that in a new way.

00:51:27:15 - 00:51:31:09

Dr. Jaclyn Smeaton

But I just think that's another really helpful, stress reducing.

00:51:31:09 - 00:51:55:13

Inna Topiler

I love that so much. And that bilateral stimulation is amazing, whether that's eyes or tapping or walking. I actually for my daughter, she's five and she was waking up with bad dreams. And as someone with Hashimoto's, I mean, I of course I have mine in remission. That's under control. However, there's certain non-negotiables that I have and that sleep like if I don't sleep like, forget it.

00:51:55:15 - 00:52:25:04

Inna Topiler

And, you know, of course, food, there's other things, but sleep is like my number one. And so she was waking up with bad dreams coming in, and obviously I can't be upset at her. But at the same time, I'm like, you need to go back to sleep like I can. And we worked with someone who does EMDR, and what she recommended was before going to bed, just do some tapping on like her shoulders or her knees and like in this kind of pattern like tap, tap, tap and talk about not the dream, but talk about something she's excited about the next day, or like a trip that you took.

00:52:25:04 - 00:52:47:18

Inna Topiler

So by basically activating, like doing the bilateral activation while thinking about something positive, it actually helps to kind of get deeper into the subconscious mind.

So and it really I mean, knock on wood, she's been good. So it's been really working. I actually do inner child work when I walk. So I'll like do the inner like inner child like I talked a little inner.

00:52:47:18 - 00:53:01:11

Inna Topiler

I know that sounds kind of weird because it's sort of like you're talking to yourself, essentially, but it's really like talking to a younger version of you. But when you do it while you're walking, I find it to be even more powerful. And in doing it in like a hypnosis or a meditation.

00:53:01:13 - 00:53:18:11

Dr. Jaclyn Smeaton

Well, in closing, I want to really pull it back to the motors and thyroid. Are there any advancements that are happening in the field that especially our provider or listeners or even patients and clients should know about? In order to kind of stay up to date with cutting edge treatment?

00:53:18:12 - 00:53:39:07

Inna Topiler

Yes, definitely. So there's a couple of things. I mean, I think for providers who are more functional, they understand that it's their immune system balance and it's looking at all of the triggers. But you know, I think in terms of nutrients, there's some things that, you know, we've been talking about for a while, but it is something that's new to some people that are just getting into the space, into patients as well.

00:53:39:07 - 00:54:06:17

Inna Topiler

And that's how, you know, there's certain nutrients that have been studied for a long time that can help autoimmunity and help lower thyroid antibodies. So things like selenium and inositol, and that's something that there's, you know, a good amount of research on. But then there is things that could be contraindicated, like iodine. And you know, it's a very confusing topic for people because we're always taught that iodine is good for thyroid and that, you know, we need iodine for thyroid hormone production.

00:54:06:17 - 00:54:30:12

Inna Topiler

And if someone's low in iodine, then they need to replenish that because it's so

important. And while yes, that is or can be helpful for a thyroid when we have Hashimoto's specifically iodine in higher amounts, and when I say higher amounts, I'm not talking about, you know, giant milligram dosages like the 50 milligram that sometimes people use, but even several hundred micrograms can actually be contraindicated.

00:54:30:12 - 00:54:52:15

Inna Topiler

And in fact, there's research that shows that if someone is in a flare, meaning their antibodies are really high and they're having a flare where they may have a, you know, spilling of the hormones, because usually when there's a Hashimoto's flare, we're going to have a hyper thyroid situation for a week or two, and then it comes down doing a low iodine diet and not consuming any iodine at all.

00:54:52:15 - 00:55:18:16

Inna Topiler

And being really careful with iodine can be helpful. And, you know, I think providers that are in the thyroid space understand this, but I think a lot of other providers may not know because even though this has been around for a while, I just don't think it's been talked about as much. That's actually partly why in, Viral Love, which is a supplement that I have, we don't have iodine because most thyroid formulas are going to have a good amount of iodine, which isn't good for people with Hashimoto's.

00:55:18:20 - 00:55:41:06

Dr. Jaclyn Smeaton

I'm really glad you bring up iodine. I'm glad we're talking about that today, because it feels like a conversation about thyroid would be incomplete without it. And it's really a very challenging area because you have providers out there who are teaching the application of very high dose iodine. And I think a lot of providers even end up feeling confused because you're getting this conflicting information.

00:55:41:06 - 00:56:04:09

Dr. Jaclyn Smeaton

And then when your patients as well. So I take iodine and if I should take it, should I take high dose, low dose, moderate dose, just the amount in a multivitamin. And it can be really difficult to distinguish. I would just say if you are just a person listening to this, don't take iodine without consulting with your provider because it really it means it's something that can be really impactful, positively or negatively, depending upon where you're at.

00:56:04:11 - 00:56:05:08

Inna Topiler

Exactly.

00:56:05:10 - 00:56:28:09

Dr. Jaclyn Smeaton

Yeah. Fabulous. Well, it's been so great to get to meet you today and connect with you. And I really appreciate the depth of the information. I think I'm walking away, really just re, emphasizing and just feeling really good about how important it is to address Hashimoto's, which seems like a thyroid condition. Your thyroid is this tiny little gland in your neck, but it's not.

00:56:28:09 - 00:56:41:18

Dr. Jaclyn Smeaton

It's connected to your whole system, your gut, your immune system, your stress management access, reproductive hormones and everything. So I'm really grateful for your time, really walking us through all that today. Thank you.

00:56:41:20 - 00:56:45:04

Inna Topiler

Of course, it's such an honor to be here. Thank you so much for having me.

00:56:45:06 - 00:56:51:17

Dr. Jaclyn Smeaton

If people want to learn more about your work or get access to your information, more information, or their best ways to reach out to you.

00:56:51:19 - 00:57:10:18

Inna Topiler

Absolutely. So I'm very active on Instagram. I'm just add in a top layer and then my website which is in a top layer.com, and also Thyroid love.com, which is our iodine free supplement. Because I for people with Hashimoto's, I really want their bodies to essentially love our thyroid. Again that's really what it's about.

00:57:10:20 - 00:57:31:21

Dr. Jaclyn Smeaton

That love is what it's all about. Thank you so much. You know, thank you to all of you who are listening today. If you liked today's conversation and you want to hear more

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00:57:31:21 - 00:57:34:20

Dr. Jaclyn Smeaton

Thank you guys and we'll see you next week.

00:57:34:22 - 00:57:47:15

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