

## **The Importance of Thyroid and the Aging Process**

BioBalance Podcast — Dr. Kathy Maupin and [Brett Newcomb](#)

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Dr. Kathy Maupin: This is the BioBalance Health Podcast episode 19. I'm Dr. Kathy Maupin, founder and medical director of BioBalance Health. With me today is Brett Newcomb, a marriage and family therapist who also does lectures for large groups. You can bring him into your office and educate your employees on anything you want. Like how to deal with difficult patients (like he has done for my office), or you can just listen to us and if your group needs a wonderful speaker, call Brett. Go to my website and we'll refer you to him. Today we are talking about the importance of thyroid and the aging process.

Brett Newcomb: We were talking last week about oxytocin, the cuddle hormone. We were talking about it in the context of the hormone cluster, and the neurotransmitters that are involved in those, that are either ancillary to or complement the testosterone and estrogen aging cascade that you try to reverse. You said something about the conferences you have been going to on the aging process. They are actually now calling it something else.

KM: Reverse aging.

BN: So it is becoming a medical specialty?

KM: Yes.

BN: Reverse aging.

KM: Reverse aging. They may still call it anti-aging but the conferences are trying to describe it better and reverse aging is what they are trying to do. We all seem to age earlier than we should now that our life span is much longer. They are trying to reverse aging and bring us back to [age] 35 or 40, which is what I do in my practice; it is very consistent. I will be going for board specialization in that just because I am already board certified in OB/GYN. They have a board already for that specialty. It has only been around 8 years, my BioBalance practice has been around for 9 years.

BN: Isn't that amazing? You think you are a unique individual and that you have come up with something that you need to do or you need to have. I remember when I needed to have a sports car. So, I went out and got a two-seater sports car.

KM: You needed a sports car?

BN: I needed to have a sports car - it just came to me in a flash one night. And I had one, I was so proud of myself, then after a while I decided 'I don't need this, I'm going to get rid of it. What I really need to have is an SUV, I need to get a Jeep™.' So I got a Jeep™. And then I read this article about how men of my generation consistently were evolving into the sports car phase and then replacing it with the SUV. I was so disappointed, because I think of myself as a unique individual and I'm just part of the herd, the lowing herd.

KM: And then you get a big Cadillac™ that you can easily get in and [out of]. There are just some things socially that you can't escape.

BN: Right. We're part of a group and there are trends. So what you discovered is that as you moved away from a traditional surgical practice and a traditional OB/GYN practice into this focus, other doctors around the world were doing the same thing.

KM: But, I couldn't find one when I was going through it 9 years ago. I couldn't find anyone in this area that knew anything about what was going on with me. That's what inspired me to learn as much as I possibly could after I was treated.

BN: It is a specialization whose time has come, in part because of the population bulge. The need is there.

KM: Because of the Baby Boomers. We never thought we would grow old. Remember all the songs?

BN: Don't want to go gentle into that good night.

KM: Never grow old, never die or whatever. But, we were never going to die.

BN: Never give up, never surrender.

KM: And we have never really forgotten that. That's why people go for plastic surgery. But, honestly, they can go for plastic surgery but they are still not going to look good unless they have the inside made younger. If they have the right hormones, then the plastic surgery looks better.

BN: Just prettying up the box is not going to solve the problem.

KM: That's right. You have to have something beautiful on the inside and that is replacing everything that is missing in your hormonal armament and part of that is thyroid. Now testosterone generally fixes so many of the hormones that are missing. Testosterone stimulates growth hormone. Your growth hormone goes up between 20 and 60 percent just by taking testosterone pellets. So, you don't have to take growth hormone too, until you get, they believe around 75 to 80 [years old]. When I am 75 or 80, I will probably figure that part out, too. Or maybe sooner. But growth hormone is stimulated by testosterone the way we provide it in subcutaneous pellet form. It is the

best way to improve your growth hormone. It also improves your oxytocin. It also improves your adrenal gland, your ACTH, your pituitary gland is activated, there are so many hormones that are made better. But, the one hormone that is not improved by testosterone is thyroid. That is something that I deal with initially on an initial visit all the time, because often times at the very same time that your testosterone kicks out from ovaries or testicles, your pituitary actually stops making enough TSH to make your thyroid work. So you lose your metabolic force. Thyroid is your furnace. It stokes the furnace. It gives you the heat that you need to process every enzyme in your body.

BN: What are the core temperatures that men and women need for their enzymes to work?

KM: Women should be 98°; close to 98°, 97.9° or 98°. That's the lowest temperature they should be for enzymes to work. Men have the same temperature they should be, but in general they operate better at 98.6°, 98.5°. Just what we call "normal". Of course, everything was based on men and not women. Women always have a lower basal temperature the first two weeks of the cycle and a higher one, 98.6° or 98.4°, after they have ovulated. When we stop ovulating, that changes and we are down to a 98° all the time. Our (I guess) average is different than optimal. Men, generally I look at trying to get them to 98.6°, and women above 98°. Thyroid is what does that. Thyroid helps your entire body; every cell in your body needs thyroid. Thyroid pushes your cell to make energy out of blood sugar and out of fats, and that's how we live. If our thyroid is not working all together, just the worst possible scenario is called Myxedema; we swell - all of our tissues fill with water, we look like the Michelin Man™. We lose our hair all over our bodies, our pubic hair, our facial hair, hair on our heads. The hair on women, (who usually have longer hair, though not always), gets brittle and breaks so you can't grow your hair past a certain length if you are a female. Of course if I saw someone who was like that I would know their thyroid wasn't working, or they were on chemotherapy or something else that was causing those symptoms, but usually it is thyroid. Often times, another sign of the thyroid not working is a big bulge right above the collar bone.

BN: Is that a goiter?

KM: That is a goiter. That shows that the thyroid itself is enlarging trying to keep up, but it just can't produce enough thyroid to keep the body at a warm temperature so that everything can heal itself, so that you can feel good.

BN: But your thyroid can also be overactive as well as underactive. So how do you balance that, then? How do you recognize that?

KM: Yes, your thyroid can also be overactive. Overactive thyroids can produce an enlargement, but generally those patients have a high pulse, a high temperature, a high blood pressure.

BN: As a baseline set.

KM: That's what it causes. A high thyroid is going to make your metabolism run really fast, you lose weight, can't sleep, anxiety, irritability, all of those things all at once, and you see the whole picture, generally. [Patients say] 'I eat all the time and I just keep losing weight'. That usually precedes the death of the thyroid. Usually that happens, and then at some point you are treated with PTU or some kind of treatment that shuts the thyroid down or it just burns out on its own. And then you have a low thyroid and then you gain a lot of weight. A low thyroid makes you gain weight and a high thyroid makes you lose weight. By having a low thyroid, we replace that. A high thyroid we usually try to shut down with PTU, which is a particular medication that inactivates the thyroid, or radioactive iodine which is something given IV to kill the thyroid. Those are the things for high thyroid, but I mostly see low thyroid. By [age] 40, most women's thyroid start slowing down a little bit, and I generally see, I would say half of my patients come in with a low thyroid. It is undiagnosed and here is why it is undiagnosed. I love this. All the testing that we do in medicine, and all the "normals" are based on men. And, they are based on young healthy men. So we are told that TSH (thyroid stimulating hormone), which goes up when your thyroid is low, if it goes above 4.4 then you have a low thyroid. Well that's men's normal. Over 10 years ago, the Endocrine Society and several other specialty societies, did studies on women and found that when a TSH is above 2.5, not 4.4, women have a low thyroid. So there are all these undiagnosed women out there because most labs have just the male normal on their [report]. If you are a doctor who doesn't really specialize in thyroid and you just look down the line and it looks like they are okay. If you don't have in your mind that that's men and this is a woman. The labs are very resistant to change that. I asked them why and they said they didn't want to make the old doctors unhappy. I was glad they didn't call me an old doctor. That was a plus for me, but that's not a good reason to keep a norm.

BN: It is not good medicine either.

KM: No. All these women are running around without their thyroid treated. One of the first things, besides the goiter, I forgot to say that is a sign of low thyroid, is you don't have eyebrows on the outside, the lateral side, the side towards your ears. That part of your eyebrows die. I can look across the room, I see a goiter, I see no eyebrows, and I am sitting at dinner, and I've finally stopped walking over to people and saying 'you need to get your thyroid checked'.

BN: Drop a little card on the table: "Check Your Thyroid"

KM: Every day I have people come in and tell me 'I've lost my hair', (and I can see it is broken and brittle), they are all swollen, their hands are swollen, and they are severely constipated. And, their cholesterol is up. They have all these issues they are going to different doctors for, and they have every sign of low thyroid. Then I test them and their TSH is above 2.5 and I treat them and all of those things go away. They get eyebrows back, their hair grows, their skin is no longer dry as dust.

BN: And they have a really great bowel movement.

KM: And they have bowel movements every day. Now you don't think that's a big deal, but for women, that's huge.

BN: No, I was just thinking about when my dad was old and in the hospital and almost dying, and I went to visit him and all these old men were coming in and that's all they could talk about. That's all they focused on. And, I don't want to get like that. So if I take enough thyroid, then maybe I'll never be like that.

KM: You won't have to worry about that. But it is really not good to retain stool for three days. That's really not good for you. You are re-absorbing bad stuff.

BN: So, what you are saying, to pull this back into focus, is that the thyroid is a parallel concern. Your primary focus is on reconstituting, in a biologically consistent way, measurable release dosages that are by your own metabolic rate through the insertion of pellets. It is not sublingual, it is not transdermal, it is not oral, and therefore you don't ride those intensity cycles.

KM: Right, it doesn't go up and down all day or all week. It is a consistent reservoir of hormone.

BN: A delivery mechanism for the hormones of testosterone and estrogen, which seem to be the seminal event for the aging cascade.

KM: That's true.

BN: But beside that, there are thyroid issues that we also have to track and be aware of. So you and other doctors who are dealing with reverse aging concepts have to be focused on both of those things and not just one of them.

KM: Right. We actually have to look at every hormone.

BN: So it is a holistic approach.

KM: Yes. And it treats the whole body. There would be a lot fewer people on cholesterol medicine, because cholesterol goes up when your thyroid is down, if we actually looked at thyroid and treated it when it needed to be treated. For some reason everybody thinks thyroid medication is dangerous. I guess it would be if you gave it to someone who didn't need it. But for someone who needs it, it is vital to every activity in their body, and it would save them all these other drugs. And, thyroid medicine is cheap.

BN: Whereas some of the other drugs are not.

KM: They are not.

BN: There is a production industry out there.

KM: And there are a lot of people out there fighting that because they have, maybe thyroid medication that they produce as a drug company, but they also have the cholesterol medicine and other things. The osteoporosis medicine - we wouldn't need that if we got our testosterone and estradiol replaced; there would be very few people who would need that. So that industry doesn't really want this to work. This is a very efficient way of treating many different illnesses.

BN: To be fair in our representation, though, those other industries developed to do symptom management because we didn't have a place to stand to see the whole perspective because the knowledge had not evolved. It is kind of like Archimedes saying I can move the world if you give me a place to stand. Once you get the knowledge that says 'this hormone cluster is the initiating potentiator for the decline of age', if you can address that in some way, then you bring science to bear in a positive way for new understandings. Like we were talking last week about oxytocin. This isn't just to say the drug manufacturers are being nefarious, or the doctors.

KM: No. It is just that they are not really [in favor]. They have an investment, they've done the research. Their drugs do what they say they are going to do.

BN: The legitimate service of symptom management.

KM: Right.

BN: But medicine is beginning to be open to new ways to conceptualize this and new ways to treat this, and you are at the leading edge of that process.

KM: Yes, and I like being at the leading edge just because it is so very efficient. You treat one or two things, and everything else falls into place.

BN: And you really see results. I mean people come in; you've told me hundreds of stories about people that come in and within a month to six weeks, they experientially notice differences in themselves and in their sex drive, and in their relationships, and all of those components that fall under this cluster of these two hormones.

KM: Absolutely. Every day.

BN: That has to be exciting.

KM: It is. It is wonderful to walk through my waiting room and have people say 'you saved my life, you saved my marriage, you saved me from sitting at home and not having a job because I was so tired' or not being able to socialize. I have one patient who is dramatically different because she was taken off hormones when the scare came out, the study that wasn't really a good study, the WHI study that misled many people. She was taken off hormones and couldn't find someone who would put her back on them. She became agoraphobic because she had, of course, lost all of her hormones, lost all of her oxytocin, lost everything and she had to be literally dragged into my office

because she was so afraid of leaving the house. Now this is a woman who used to travel the world, and then lost her life because she couldn't have hormones any more, because no doctor had the guts to give them to her.

BN: So the message we want to really shout from the rooftops is if you go to your traditional doctor and they say to you 'well, you are just getting old, you need to learn to live with it'.

KM: And you are under 80 [years old].

BN: Don't give up. Look around. Find a doctor that has some training or some exposure to these concepts of reverse aging and see if that speaks to your particular needs.

KM: You'll know. It's not like you really have to look at a lab test to know you are better. I like to look at lab tests to know what your perfect number is, and when you feel well, but I manage by both symptoms and numbers. But most of my patients know when they are better.

BN: So it is both the art of medicine and the science of medicine.

KM: Yes. And the perception of the patient. Patients have to look inside and say 'how do I feel today?' Doctors usually don't think patients know, but they know when they are well. And they would know when they are not well. And we should listen to that when they say 'I don't feel well'. Just because doctors don't have a name for what's wrong with them, doesn't mean they are well. Saying 'oh, you're fine, get out of here' doesn't answer the question.

BN: 'Did you ever have that before? Well, you've got it again.'

KM: 'Yeah, it's not getting better because you are just getting older.'

BN: Exactly.

KM: That is not a good answer for productive people from our generation. Our generation is just not going to listen to that.

BN: So the message for today, then, is if you are feeling out of balance in terms of these symptoms that we are describing, it could be thyroid, it could be hormones, (testosterone, estrogen in particular), don't just accept that as a natural condition of life. Go and talk to your doctor about it and if you don't get answers that you feel comfortable with, then look for additional medical information. And one place that they can find that, whether it is research references, or literature, or specific answers, is to contact you through your website, by e-mail, and you can give them the address to do that.

KM: If you have questions about this podcast, you can e-mail [podcast@biobalancehealth.com](mailto:podcast@biobalancehealth.com) or you can get to my website [www.biobalancehealth.com](http://www.biobalancehealth.com) and if you would like to make an appointment, I have patients come in from all over the world, my office phone number is 314.993.0963.

BN: Just minutes from the airport.

KM: Just minutes from the airport. I have patients that fly in from Germany and fly back the same day. And from Australia, actually. My blog is [DrKathyMaupin.com](http://DrKathyMaupin.com). Thanks for listening.