

Leah (00:01.957)

Hey ladies, welcome back to another episode. So we have a very special guest here. So we have Ryan Monahan, who I actually would call you my mentor. I feel like I have done enough consults with you. And I always tell my husband, I'm like, my brain hurts. I just had to talk to Ryan. I get more wrinkles in my brain every time I learn from you, but he is an FDN level three. He's nationally board certified and a certified AIP coach. And your specialty is

autoimmune Hashimoto's, but that's because you have that correct. That's what threw you into that field.

Ryan Monahan (00:38.424)

Correct, it was a little over 10 years ago that I was diagnosed with Hashimoto's.

Leah (00:42.697)

Yeah. So can we're going to talk all things about that today, like maybe support you can find for it, you know, things you can start doing with food and, you know, probably some labs you should look into. But can we start with you explaining like how you got this diagnosis? Because I know you got it. You'd been sick for a long time before you even got this diagnosis. So could you share a little bit about your story and how you finally got the diagnosis?

Ryan Monahan (01:09.518)

Yeah, I would be honored to share that story. And first, I just want to say thank you so much for having me on. And I'm also honored to be considered your mentor. So talking about the thyroid stuff, there's a lot to unpack there. It was a very long journey. So if I'll give you guys the kind of condensed version for your listeners and for your audience. So I really, if I'm being totally honest, I was sick as far back as I can remember, as far back as my memory really goes.

Leah (01:14.225)

Whoops, you froze on me. We can not.

Leah (01:24.806)

Yeah.

Leah (01:31.153)

Okay.

Ryan Monahan (01:40.002)

I would say even before I was 10 years old, I really struggled a lot with allergies in particular. And my family and friends sort of joked that I was like a bubble boy because I was allergic to everything. I was allergic to a lot of foods. I was allergic to dust and pollen and all those sort of usual things. And so I was put on medications, antihistamines and those sorts of things from a pretty early age.

I had a kind of even a view of myself as being an inherently sick person from a pretty young age, right? But those symptoms started to become progressively worse, I would say in my late teens around when I started to transition into my college years. And that's when I started experiencing a lot of fatigue and brain fog symptoms. I tell this story a lot actually, but I can recall.

setting three alarms to wake myself up in the morning. I would set one on my phone. I would set one on my computer. I would set one on an alarm clock and they'd all be going off at the same time. Cause I would sleep through even those three alarms, you know, easily just, yeah, it was crazy. So I would sleep through those alarms and sometimes, you know, just hit snooze for an hour or two. But I really just at the time attributed that to just having a busy

Leah (02:51.282)

Oh my gosh.

Ryan Monahan (03:07.062)

uh college load and course schedule between that and you know also working a couple part-time jobs. I really was burning the candle at both ends as the expression goes and before we started recording we started we talked a little bit about our music careers in the past and during that same time period I was also playing in bands and I was touring on the road so I really was burning the candle at

more than both ends, right? And between full-time course load, working multiple part-time jobs, being on the road, for those four years or so that I was in college, I probably got an average of four or five hours of sleep a night. That's pretty realistic with no exaggeration. So, you know, in my mind, I was just like, okay, of course I'm tired.

Leah (03:37.96)

Yeah.

Leah (03:53.019)

Mm-hmm.

Leah (03:58.543)

Yeah.

Leah (04:03.357)

Right.

Ryan Monahan (04:04.222)

I'm just pushing myself really hard and this is kind of normal and this is a normal phase that I'm going through in life. So yeah, that chronic fatigue issue persisted for many years after even I graduated from college. But all the meanwhile, I was still dealing with the brain fog, the chronic fatigue, all the ear, nose and throat issues, just constant issues with allergies.

Leah (04:29.417)

I was going to say, how on earth do you sing with all of those allergies?

Ryan Monahan (04:34.522)

Yeah, it's such a great question. It was really, really difficult. I mean, there were times when I was recording in the studio where I'd have like this whole setup with nasal sprays and I'd have like a warm cloth with drops of eucalyptus oil and I would be kind of breathing that in from the cloth in between takes and I'd be drinking the kind of warm, you know, lemon ginger tea with honey, you know, raw honey in it.

Leah (05:03.337)

Do you ever go back to like and sing now and you're like, wow, my voice sounds so different when I'm not, you know, clogged with all of my allergies.

Ryan Monahan (05:10.686)

Oh yeah, I can hear it in a lot of those early recordings. I recorded my first album with a band when I was, I think, 17. And I can hear it in those early recordings that there's no air flowing through my nose. In the music world, we call it the embouchure, right? Kind of like the shape of the sound as it's moving through your sinuses and your throat. And very different characteristic, yeah. Very much so.

Leah (05:35.089)

Yeah, dang, so crazy. So then what happened?

Leah (05:43.261)

So you had all your allergies and then, well, if you were just sick all the time, like what made you go to get your thyroid checked if you just, one of your main things was allergies and brain fog.

Ryan Monahan (05:57.074)

So that came actually many years later. It wasn't until I was 28 actually that I got my thyroid checked. And during that time period of my 20s, I was, this was kind of like the next chapter actually of this journey, where I was visiting doctor after doctor. I had actually visited a total of 40 doctors in about a 10 year. Yep. And that included specialists, dermatologists, rheumatologists.

Leah (06:02.614)

Oh, yeah. Okay.

Leah (06:15.696)

Oh.

Leah (06:19.386)

Holy smoke!

Ryan Monahan (06:26.726)

gastroenterologists for all of these seemingly separate symptoms, right? Because that's how the medical paradigm views things is that, you know, if you're dealing with a particular symptom, we're going to treat that symptom with our specialty, with our level of knowledge that we have for that. So you know, in my mind, I'm still not yet at the point yet where I've really understood things from an integrated holistic functional perspective.

Leah (06:41.681)

Right.

Ryan Monahan (06:56.362)

I'm going to all these different specialists trying to, you know, treat quote unquote, treat these different symptoms, not yet realizing that there might be a unifying root cause behind these things. So I go through this decade long journey, you know, of dealing with at that point, I was depressed to the point of having, you know, suicidal ideations. I was constipated to the point where

I was only going to the bathroom maybe once every three days. Right, it was, yeah, it was pretty bad. Weird skin lesions all over my body. My face was always very, very puffy. That sort of facial edema that you can sometimes see when people are highly inflamed. Right, still the chronic fatigue and the brain fog. I mean, the brain fog was, let me kind of paint a picture. I would wake up on your average day,

Leah (07:28.395)

Oh my-

Leah (07:38.895)

Mm-hmm.

Leah (07:42.269)

Yeah.

Leah (07:54.065)

Yeah.

Ryan Monahan (07:54.494)

after getting maybe 10, 11, 12 hours of sleep, that was what my body needed just to feel some semblance of feeling normal and being able to have enough gas to get through the day. So that was pretty normal for me for about a decade, just needing a ton of sleep, yet still feeling exhausted and not rested. Then with the very little energy that I did have, there was very much this...

Leah (07:59.09)

Wow.

Ryan Monahan (08:22.702)

practice of rationing my energy. Like I only had so much energy to allocate to so many tasks throughout the day. So that affected everything. I wasn't able to even hold a full-time job. I would pick up kind of gig work and take part-time jobs when I could because I just was not, I would not have been capable of doing that even if my desire was otherwise. So I'm really just,

Leah (08:35.483)

Oh.

Leah (08:47.557)

Mm-hmm.

Ryan Monahan (08:53.362)

surviving at this point and not thriving in any way, right? And during those waking hours, sometimes I'm so exhausted that I'm just laying in bed all day, just staring at the ceiling, just wrestling with my inner depression.

It was not very much of an existence. I often say that in some sense, there was a lost decade of my life that was mostly in my 20s. It really does feel like that. And I wouldn't wish it on anyone. But back to your original question, what led me ultimately to checking my thyroid? It actually wasn't my idea.

Leah (09:21.693)

Yeah.

Leah (09:26.761)

That's it.

Ryan Monahan (09:38.818)

I, in this journey of visiting all these different doctors, I eventually land on a doctor. This was back when I was living in the Atlanta, Georgia area. And this gentleman was a conventional doctor, but he was also licensed in TCM, which is traditional Chinese medicine. This is the first time that I decide to go to a doctor with a little bit of a different bent or perspective on things, just to see if I get some different answers.

Leah (09:56.752)

Yeah.

Leah (10:05.17)

Mm-hmm.

Ryan Monahan (10:07.434)

And I remember when I visited him in his office, I was basically like pleading with him to listen, because that was an experience I felt like I hadn't had before, that, you know, I was so used to that kind of seven minute doctor visit where they're staring at their clipboard and telling you everything looks normal, everything looks fine. So.

Leah (10:07.687)

Yeah.

Leah (10:16.391)

Yeah.

Leah (10:21.03)

Mm-hmm.

Leah (10:30.865)

Right.

Ryan Monahan (10:31.862)

This was like the first time where I was in a bit of a state of desperation and I literally did plead with him. I said, I really, I said, look, doc, I really need you to listen. That intuitively, I know something is wrong, like seriously wrong, but I don't know what it is. I have no idea. And he, he was a very quiet, very attentive guy. He didn't say much. He just said, okay, here's what we're going to do. We're going to run a battery of tests. We're going to run a lot of blood work.

Leah (10:48.137)

Mm-hmm.

Ryan Monahan (11:01.666)

That's exactly what we did. We ran extensive blood chemistry. And then it was maybe one or two days later. If I remember correctly, this was 11 years ago. So my memory is a little foggy on it, but if I remember it right, he calls me on the phone and says, okay, so here's what's going on. You have Hashimoto's. And this is the first time in my life I ever hear that term. I'm like, Hashi what? Right? He said, well, it's this...

Leah (11:29.494)

Yeah, I kind of need to Google that.

Ryan Monahan (11:32.222)

I did, that was the first thing I did. You know, and he explained briefly that it's a condition where the immune system is attacking the thyroid and causing physiological damage to the thyroid tissue. And then my next thought in my head was like, well, I vaguely remember learning about the thyroid in a high school physiology class, but I don't even really know what the role of the thyroid is. So I had a lot of research to do at that point. But...

Leah (11:59.09)

Yeah.

Ryan Monahan (12:00.246)

The main point of that story is he was the first doctor out of that 40 some doctors that I visited over that decade long period. He was the first one that ran a thyroid panel on me. No other doctor up until that point had mentioned the thyroid, had thought that the thyroid could be implicated in what was going on with my health. He was the very first one.

Leah (12:24.749)

Wow, that's 40 doctors. That's insane. That's so many doctors. But I feel like there's so many people out there that have very similar stories where they have been to multiple doctors and they just keep getting told their labs are normal, their labs are normal, and they're like, well, I don't feel normal. And part of it I do think is maybe

an education standpoint because you said that you just kept going to the conventional doctors and then this was the first doctor that wasn't necessarily just conventional. But it does take a little bit of education and it does take a little bit of hope and a little bit of trust to kind of like step out of that field if that's all you've ever known growing up.

Ryan Monahan (13:01.343)

Mm-hmm.

Ryan Monahan (13:13.166)

Hmm. Right. It's a certain paradigm that we all grow up with and we're all very familiar with. But in my case, and it is also the case with a lot of the clients I work with, probably the majority of them, that they've had their own experiences with being disenchanted. That is the word that I use. They've been disenchanted by the conventional medical model. And it...

Leah (13:35.814)

Yeah.

Leah (13:41.194)

Mm-hmm.

Ryan Monahan (13:41.574)

It hasn't worked for them. They're falling through the cracks of that model and they're not getting the care that they need or deserve. And that's part of the reason that I do what I do because I feel that there's a better way.

Leah (13:54.201)

Yeah. So can you explain to me then how you went from getting a thyroid diagnosis or an autoimmune to becoming an FDN? Where did we go there?

Ryan Monahan (14:06.49)

Yeah, so that was its own journey in and of itself. It actually started with the thyroid panel itself, that very first thyroid panel that the TCM doctor ran on me. And so I'm gonna get slightly technical here for a moment, but when the doctor ran that thyroid panel, my TSH level on that thyroid panel was above 150.

Leah (14:34.793)

My gosh, it's supposed to be below two.

Leah (14:41.073)

How are you alive? That's what I wanted to know.

Ryan Monahan (14:36.162)

Right. So see the shock on your face, right? So well, that's exactly that was the comment that the doctor made at the time. He said, I, Ryan, I can't believe you've even been able to get out of bed. Like and that's how I felt like I was in a metabolic coma. Is the best word I can use to describe it. So for those of you who aren't familiar, TSH stands for thyroid stimulating hormone.

Leah (14:55.134)

Hmm.

Ryan Monahan (15:05.166)

It's a hormone produced by the pituitary gland to stimulate the thyroid into action in order to produce thyroid hormone. So that marker tends to be inverted. The higher the number of your TSH, the more that suggests that your thyroid is slowing down, sometimes in a dramatic way, if it's not producing enough thyroid hormone. So the standard conventional range for TSH

usually is around 0.5 to 5. It's a pretty tight range. And the sort of optimal or functional range we look at is more like a 0.5 maybe to a 2 or a 2.5. So we're talking above 150. We're on like another planet. It's not even close to being in the realm of where it should be. So to answer your question, you know, how did I get into the functional side of things? It started with a

Ryan Monahan (16:04.002)

you know, what was going on, because I was not fully willing to accept this idea that, you know, if you have thyroid antibodies, if you're dealing with Hashimoto's, you're just gonna take this thyroid medication for the rest of your life and put it behind you, there's nothing to worry about. I mean, that's more or less what I was told by my first two endocrinologists that I worked with, was just like, hey, this is how it's gonna be from now on. You're gonna take this drug called Synthroid and you're gonna feel great. And...

you're gonna move on with your life, right? So when I did start on thyroid hormone, I did feel like a totally different person. I did feel incredible, but I wanted to understand why, in my mind, like my thyroid didn't just randomly start to dysfunction out of nowhere, like in a vacuum of space. Like there had to be, I'm a pretty logically minded guy. Like, so I was kind of...



Leah (16:55.337)

Mm-hmm.

Ryan Monahan (17:02.594)

thinking to myself that there must be some kind of root cause behind this or something contributing to it. So, you know, initially that just started with a lot of my own research. I'm very much a resourceful kind of guy. And that's where I started to discover some of these resources in the holistic world, like Dr. Sarah Ballantine's work on autoimmunity and Isabella Wentz.

Leah (17:10.313)

Mm-hmm.

Ryan Monahan (17:30.282)

and then the autoimmune wellness community with Mickey Trescot, and then some of those folks. So it kind of started there with doing my own research. And a lot of that started initially with just working on the dietary component and pulling out inflammatory foods before I got into the world of testing and all of that.

Leah (17:45.351)

Right.

Leah (17:52.153)

Yeah, it's kind of like a whip-whirl effect where it's like you are a curious person. I can even like the way you educate, you're like, and then I wondered why this affected this. So then I decided to become an expert in this field. So I can totally see that. So can we talk about the thyroid now? Can we get technical and scientific? So if somebody is kind of wondering...

if they have a thyroid issue and we already talked about TSH, which I loved how you said that's actually produced by the pituitary because I think a lot of times we think TSH is produced by the thyroid and it's not it's what's triggering our thyroid. Can we talk lab numbers? So if you are looking to have a thyroid panel run, most of the time if you ask your doctor to do this, they're going to run TSH but that is not really very

Ryan Monahan (18:31.01)

Mm-hmm.

Leah (18:46.345)

helpful in terms of looking at your thyroid. So if they want to get an idea of what their thyroid's doing, what markers do they actually want to see run?

Ryan Monahan (18:57.266)

Yeah, such a great question. So to start with your first point, it is pretty standard practice. If you go to your practitioner and they suspect a thyroid issue, that they'll only run one single marker,

just the TSH alone. And that marker by itself, for multiple reasons, doesn't really tell you that much. It doesn't give you the full picture. Partly because, like you reminded me of,

Ryan Monahan (19:27.114)

it's technically not a thyroid marker at all. It's only indirectly related to the thyroid. So there's a lot of situations where your TSH can be totally normal, but there's missing parts of this puzzle where you basically get told everything is fine because it's what you might call a false normal. The TSH is in a normal range, but if you had run those other...

Leah (19:49.513)

Mm-hmm.

Ryan Monahan (19:54.982)

thyroid hormone markers, they might actually be really low. So in order to get the full picture, there's six markers in total that when I work with clients that I'm running to get the full complete picture of everything the thyroid is doing. So first we have the TSH, then we have the thyroid hormones themselves, and we want to see the free bioavailable forms of those thyroid hormones. So they're called free T4

Leah (19:58.65)

Yeah.

Ryan Monahan (20:24.738)

So those are the primary thyroid hormones that your thyroid is producing, which by the way, we have receptors on nearly every single cell in our body for thyroid hormone, which is pretty remarkable. We have roughly between 50 to 100 trillion cells in our body and most of them need thyroid hormone, right? So the fourth would be reverse T3, which as the name implies, it's sort of like the opposite of free T3.

Leah (20:45.649)

crazy.

Ryan Monahan (20:53.758)

So I like to say free T3 is the accelerator pedal and reverse T3 is like the brake pedal. If your reverse T3 is too high, that could mean your body's putting the brakes on your metabolism. And then lastly, we have the screening for Hashimoto's or basically looking to see if there are any indications that the immune system is producing autoantibodies. So the first would be TPO antibodies, that's thyroid peroxidase antibodies.

Leah (20:54.034)

Mm-hmm.

Leah (20:59.142)

Yeah.

Ryan Monahan (21:23.51)

And the second would be thyroglobulin antibodies. And if we're seeing those numbers elevated, even above like 10 or 20, that could provide an indication that there might be like some beginning stages of an autoimmune process where the immune system is causing some damage to the thyroid. And one additional point I'll add in there is that hypothyroidism and Hashimoto's are often...

sort of described as being like separate conditions, but 97% of the time, they typically go hand in hand. It's that Hashimoto's, that autoimmune attack on the thyroid, that's actually causing the thyroid to slow down and produce less thyroid hormone. So I can't tell you how many clients I've worked with that say, you know, I have hypothyroidism, and I'll ask if they've ever been tested for Hashimoto's.

Leah (22:10.802)

Mm-hmm.

Ryan Monahan (22:19.53)

and most of the time they'll say, no, my doctor said there was no point in running thyroid antibodies, something like that. It's the typical thing that I'll hear. And I'll say, well, actually, that's really important to see because that actually is getting out to the cause of why your thyroid is struggling to make thyroid hormone. So that's a super important point. Those two issues are, in most cases, they're one and the same.

Leah (22:37.392)

Yeah.

Leah (22:44.537)

Mm-hmm. I feel like some doctors are getting a lot more open to running the antibodies, maybe because of such a rise in autoimmune. The one I definitely get the most kickback for is reverse T3. And they always come back with, that's a pointless marker. Like no matter what it says, it's not going to change my recommendation. And I'm like, that's true.

Ryan Monahan (23:06.947)

Hmm.

Leah (23:11.505)

because the only differences you would make with reverse T3 are going to be in diet and lifestyle. So I can see why, because it's not going to change the medication dosage, but it definitely should make you change like stress and lifestyle and diet.

Ryan Monahan (23:30.046)

Yeah, you know, when I look at reverse T3, there's a kind of a mental checklist that I go through in terms of what might be causing that high reverse T3. So from a functional perspective, from a

holistic perspective, I do find it useful because it can guide my recommendations. I don't find it to be just a totally useless marker. So for example, stress, whether that's physiological stress.

Leah (23:40.687)

Yeah.

Ryan Monahan (23:56.642)

or mental and emotional stress, that can cause reverse T3 to become elevated. So here's where I get excited about this stuff. This makes so much sense to me. If your body is in a chronic state of stress and fight or flight, the first thing it's gonna wanna do is preserve resources. Think of like a bear in hibernation. Firstly, because it's trying to allocate as much resources as it can towards survival. But that also means

putting a lot of other physiological processes on the back burner. And that means your body goes into this kind of preservation mode, right? So how is your body physiologically going to shut down your metabolism and put you into preservation mode? It can increase your reverse T3 to put the brakes on the metabolism. So the higher that reverse T3 level, the more it tells me this person is under a lot of stress. And again, that may be a mental and emotional stress

Leah (24:33.501)

Mm-hmm.

Leah (24:52.605)

Mm-hmm.

Ryan Monahan (24:56.098)

physiological stress, like maybe there's a really high toxin burden in the body. That could be pesticides, heavy metals, plastics, BPA, all kinds of things, right? But it does give us some sign we need to dig a little deeper and investigate into what's going on. So in that sense, I look at it as like a check indicator light, like when we have the check engine light on our car, come on. Reverse T3 can also give us clues into very specific situations. For example,

Reverse T3 is often elevated with vitamin D deficiency. It's often elevated when there's high estrogen, like estrogen dominance. It can also be elevated when there's either an iron or ferritin deficiency, ferritin being your iron storage protein. So if I have all of that information, like if I'm running a comprehensive lab investigation and I'm able to look at estrogen and vitamin D and iron, then I'm gonna be able to make a better determination as to...

why that reverse T3 is high and actually make a concrete plan towards resolving it.

Leah (26:01.977)

Yeah, I had a thyroid panel recently, where the only marker off was reverse T3, and it was like above 55. I was like, holy moly, we're heading in the wrong direction.

Ryan Monahan (26:13.846)

The reverse T3 was above 55. That would be maybe the highest I would have ever seen it.

Leah (26:16.411)

Mm-hmm.

Leah (26:20.485)

Yeah, that's what I said. I was like, Whoa, man, we need to bring this down. But, um, yeah, we retest it and it's back. It's down now. So that was that was really good. Um, but yeah, that was the only marker that was like, drastically off. But I was like, this is the alarm. This is the red flag. Like, let's get on this before, you know, we cascade in other directions. Um, okay, so now they know what, um, what

Ryan Monahan (26:23.046)

Yeah.

Ryan Monahan (26:28.669)

Oh good.

Ryan Monahan (26:35.665)

Hmm

Mm-hmm.

Leah (26:49.097)

panel they need to run. So let's kind of move into, can we talk a little bit more about, like let's say somebody has no idea, they're like just stepping into like having a thyroid issue. What are maybe some things they should be focusing on in getting in through their food? Because you know, when you delve into supplements, I always recommend obviously you're getting guided there. But with food, what are their certain key nutrients or things that like

If you even remotely suspect autoimmune thyroid, you without a doubt need to be doing.

Ryan Monahan (27:23.246)

Hmm. Yeah. So I will say there are some general principles that I feel like will apply pretty much across the board when you're dealing with thyroid issues. At the same time, I pay a lot of respect to the bio individuality of each individual client that I'm working with because it can be so different from one person to the next. And that's where I find the whole test don't guess approach to be so valuable.

that way we're able to identify specific nutrient efficiencies, whether it's B12 or iron, or if we're looking at the mineral side of things and looking at things like sodium and potassium or copper or selenium. You know this just as well as I do. There's never one case that is exactly like the other when working with clients are all so different.

The key thing though, going back to general principles that I'm always gonna emphasize is this concept of nutrient density is also why I refer to myself as a nutritor. A nutritor is someone who seeks out the most nutrient-dense sources of food in the diet, as opposed to on the opposite side of the spectrum, we have foods that are calorically dense, but they're very devoid of nutrients, like what we call empty calories.

So there's a vast difference between one or two ounces of beef liver versus one or two ounces of corn. It's like a night and day difference. So, and this is a shift that can take time, but when I'm thinking about nutrient dense foods, I'm thinking about seafood and shellfish, I'm thinking about Oregon meats like beef liver and heart and kidney and so on. I'm thinking about cruciferous vegetables like broccoli and Brussels sprouts.

Leah (28:59.591)

Yeah.

Ryan Monahan (29:18.122)

Excuse me. Cabbage, cauliflower, onions, onions and garlic, which would be in the allium family. So getting all those sulfur-rich compounds that can help improve sulfation in the liver for detoxification. And the list goes on. Bone broth, I find to be an incredibly healing food for the gut and the mucosal barrier, which we could spend easily probably an hour just talking about.

the relationship between the thyroid and the gut. So always a fun topic. But that's really what I'm trying to work on when I'm taking on a client, is that shift away from the standard American diet, cutting out those inflammatory foods like grains, gluten, dairy, soy, alcohol, added sugar, and then re-emphasizing some of these ancestral foods that have unfortunately been.

Leah (29:50.608)

Yeah.

Ryan Monahan (30:15.426)

kind of over time removed from the diet, but yet are some of the most nutrient dense foods on the planet. And the purpose of that, the point of that is that our thyroid needs a lot of nutrients in order to do its job correctly, in order to make thyroid hormone, in order to properly convert T4 to T3. So we need nutrients like zinc and copper and tyrosine and iodine to make thyroid hormone.

We need lots of antioxidants to protect the thyroid because it is a very delicate organ that's vulnerable to a lot of oxidative stress and toxin exposure and inflammation. And so we wanna make sure we're getting all those polyphenols and bioflavonoids and antioxidants in the diet, which yeah.

Leah (31:02.193)

So for everyone who's not going to Google for that, colorful vegetables, colorful food.

Ryan Monahan (31:06.386)

Yeah. Yeah, thank you. Thank you. Yes. Eating the rainbow, as they say, as the, as the expression goes, is there's actually something to it. Yeah.

Leah (31:15.845)

Yeah. No, that makes sense. So I'm trying to decide what direction we want to go here because I'm like, okay, do we keep going down the food route or should we talk about... So let's talk about medication. So I know a lot of times people are like, I'm on thyroid medication and my TSH is fine, but I still feel XYZ. And I think there's so many things you can dive into here. Some thyroid

corn in them. So if you have an autoimmune issue, that cannot be helping you. And then I know for some people, it's literally a conversion issue. It's T4 to T3. It's not what you're producing, it's a conversion issue. And so if you, again, aren't getting the correct dosages or maybe you aren't utilizing it well, because even if you're on medication, your body still has to be able to utilize that. So...

Ryan Monahan (32:01.09)

Yeah.

Leah (32:14.154)

What would you say to that person or what would be the next step? Let's say they are on thyroid medication. You know, they know they've known for a long time, but they kind of still feel crappy.

Ryan Monahan (32:20.081)

Oh.

Ryan Monahan (32:24.682)

I see a range of different outcomes with different clients. Sometimes you'll get someone that gets lucky taking Synthroid and they feel totally fine and you look at their thyroid numbers and everything's pretty well balanced. That's not what I see commonly, but it happens, right? For those of you who don't know, Synthroid is synthetic thyroid hormone, hence the name Synthroid, and it's the leading prescription drug for treating hypothyroidism.

Leah (32:37.267)

Mm-hmm.

Ryan Monahan (32:54.546)

But I would say that overall it's very, just like the dietary component, it's very individualized and different people respond differently to synthroid versus a customized compounded thyroid hormone approach versus what's called an NDT, which is a natural desiccated thyroid hormone, the most popular of which is Armour. And there are kind of generic versions of that like NP thyroid, right? So...

Leah (33:07.151)

Yeah.

Ryan Monahan (33:21.994)

The key thing with getting on the right thyroid medication is working with a practitioner who's gonna help you closely monitor the dosage and help you to listen to your body so you know how you feel, right? Because that's really important. Like how are you actually feeling, even despite the numbers, how does your body feel? Because we're not just numbers on a test page. And like I said, some clients will respond right out of the gate to the first thing that they're given and some others may have a longer journey, and maybe...

Leah (33:41.392)

Yeah.

Ryan Monahan (33:50.71)

maybe it'll take a year or more, switching different medications until they find something that their body is responding well to. And then you had also mentioned that conversion variable as well, that conversion of T4 to T3, right? So sometimes you'll see a situation where, this happens actually all the time, so this is worth getting into. There's actually a website devoted to this topic. It's called Stop the Thyroid Madness.

Leah (33:58.981)

Mm-hmm.

Ryan Monahan (34:20.73)

And there's some great articles on there about testimonials or maybe you'd call them anti-testimonials for Synthroid where hundreds of thousands of people have been given that medication and they don't feel better. They don't respond well to it. Okay, so why is that? Well, Synthroid is a T4 only medication. There's no T3 whatsoever in Synthroid. So earlier we were talking about the full thyroid panel.

Leah (34:29.289)

Mm-hmm.

Ryan Monahan (34:50.442)

and I mentioned T4 and T3 as being the primary thyroid hormones that your body uses. Well, we'll go one step further or deeper than that. It's really free T3 that is the bioactive form of that thyroid hormone. T4 doesn't really get utilized nearly the way that free T3 in the body does. So it's really the T3 that we're looking to primarily get. So.

then what on earth is going on here? Why would our endocrinologist be prescribing this T4 only drug when it's actually T3 that our body uses? Well, in theory, if everything is working well in your body, that T4 will get converted into T3 in the liver. It's said that about 80% of T4 to T3 conversion occurs in the liver. Okay, well, that's fine and great, but...



we're living with an unprecedented amount of exposure to toxins and chemicals in our environment, and our livers are having to work harder than they ever have, which means most people with thyroid issues are dealing with pretty messed up liver function, and their livers likely aren't doing a good job of converting T4 to T3. And one way you can see this show up on a lab report when you're running that full thyroid panel is if the client is on T4,

and their T4 levels are in a good normal range, but their T3 levels are low, right? So what that tells me is their liver's not converting that T4 to T3 very well. That happens to a lot of people, and I've recommended many, many clients over the years to consider switching from synthroid to something like Armour or WP thyroid or NP thyroid, which those natural desiccated thyroid hormones, they're called, they're porcine derived.

Leah (36:30.983)

Yeah.

Ryan Monahan (36:48.086)

So they come from the thyroid gland of a pig. And what's unique about that pig thyroid, that desiccated hormone, is in the same exact ratio of T4 to T3 as it would be in a human body. So in a sense, it's kind of, we call it like bioidentical. So we're getting the exact proportion or ratio of T4 to T3. It's not T4 only like Synthroid is. And I personally,

Leah (37:07.538)

Yeah.

Ryan Monahan (37:18.03)

After about six months of taking Synthroid into my own journey, I switched to Armor and I felt a huge difference. I felt much, much better. So again, it's gonna be very individualized, but I do have a little bit more of an inclination to try to encourage people down that route. So they're getting the T3.

Leah (37:42.245)

Yeah, and probably like, I mean, massive, massive liver support, like making, you know, and that, you know, then you come back to full body, you have to reduce your toxic intake, you have to reduce that burden and bring in that support for the liver. I have seen, I had somebody come in with antibodies, her TPO was over 5,000.

Ryan Monahan (37:49.292)

Yes.

Ryan Monahan (37:57.117)

Mm-hmm.

Ryan Monahan (38:08.802)

Mmm.

Leah (38:10.181)

and we got heavy metals down, that was one of her big things, and got the liver moving, and within three months, her antibodies were down below 100.

Ryan Monahan (38:21.854)

Wow. From 5,000 to 100.

Leah (38:25.165)

It was the liver. Like she's like, you know, and she, she was able, you know, to be able to change her medication dosage, which was really, really nice. But yeah, she was like, I'm at a loss here, you know, cause she ate really well. Like she ate, she was pretty much grain free at that point, you know, but it was just, that's where I think, like you said, it's so personalized because, you know, she was doing the standard like.

thyroid support, eating anti-inflammatory, getting in lots of leafy greens, getting in lots of nutrient-dense food, but her liver was so congested, things weren't moving.

Ryan Monahan (39:05.954)

Mm-hmm. Yep. That makes a lot of sense and the toxic burden, whenever I'm working with someone with Hashimoto's, is going to be one of the first things that I consider. Hands down, without a doubt.

Leah (39:19.405)

Yeah. And I also think too, your numbers don't have to be obnoxious for you to like feel bad. You know, like that number I said was pretty extreme, but most people I see with auto-immunization, it's like 120. You know, like the anti- like TPO is not like in the 5000s, but you can still feel really crummy even if things are just a little bit

Ryan Monahan (39:31.156)

Hmm.

Leah (39:48.421)

you know, out of range or not optimal, which is why we're really shooting for that optimal range.

Ryan Monahan (39:55.542)

You know, to make things really tricky, you can have an A plus thyroid panel and still feel symptoms of hypothyroidism. And that's always a head scratcher, right? So there's always the question, are there other things going on that just look like hypothyroidism? Or is there something subclinical going on where, for example, your thyroid is healthy, you're producing...

Leah (40:04.02)

Mm-hmm.

Leah (40:07.698)

Okay.

Ryan Monahan (40:20.898)

the adequate amounts of T4 and T3, those thyroid hormones, but maybe at the cellular level, there's an issue with poor cellular health where our cells are not taking in the thyroid hormone, or maybe it's not processing the thyroid hormone the right way. So this can happen, for example, if you have a high burden of heavy metals like mercury or aluminum, just to name a couple of examples, well, certain toxins can kind of hijack

Leah (40:37.482)

Yeah.

Ryan Monahan (40:49.11)

the receptors on our cells where the thyroid hormone would normally get in. I almost imagine it like a game of musical chairs. And if the toxins get there first, the thyroid hormone's not getting in. Right? So I don't really stop there if the thyroid hormone levels look normal, if TSH is normal, but yet a client's coming to me saying, hey, I'm fatigued, I have brain fog, I'm...

Leah (40:57.122)

Yeah.

Leah (41:02.117)

That's true.

Ryan Monahan (41:15.146)

I'm gaining weight and I don't know why, and I'm constipated and I'm depressed and I'm losing hair, like all these kind of classic hypothyroid red flags. And I'm gonna launch out a full on investigation to see, okay, well maybe your thyroid is not really the primary issue, but maybe there are other factors that are slowing down your metabolism or inhibiting your cells' optimal use of that thyroid hormone.

Leah (41:45.417)

Mm-hmm. Yeah. Well, you talked about all of our cells having receptors for our thyroid hormone. We just did an episode on this a couple of weeks ago, but iodine, we need iodine for optimal thyroid function, and that is also involved in all of our cells. And so many people are getting exposed to iodine antagonists like fluoride and bromine and chlorine all the time

Leah (42:15.225)

It may be that you don't have an issue getting in what you're supposed to. It's just that you're also getting in a bunch of things that shouldn't be there.

Ryan Monahan (42:15.426)

Mm-hmm.

Ryan Monahan (42:26.086)

They're not supposed to be there. Yep. Yep, exactly. Yep, so those halogens like you alluded to, the bromine, chlorine, what am I missing? That's right, bromide. Yeah, so if you look at the periodic table of elements, this is really pretty interesting. They're all in the same column as iodine, right? So they're molecularly similar enough where

Leah (42:28.423)

Yeah.

Leah (42:36.489)

Mm-hmm. Bromide.

Leah (42:49.742)

Yeah.

Ryan Monahan (42:55.226)

they can take up those iodine receptors before the iodine gets there. And so if you have this issue going on, then your body's not gonna be able to utilize iodine properly. If you break the thyroid hormones down a little further, the T4 and the T3, well, the numbers, the four and the three respectively, they're actually specifically referring to the number of iodine molecules. So...

Leah (43:07.197)

Mm-hmm.

Leah (43:22.97)

Oh.

Ryan Monahan (43:24.15)

That's actually what those numbers mean. They're not just random. So T4, what that thyroid hormone actually is made of is the amino acid tyrosine plus four iodine molecules. And that gets you T4. That's kind of the formula. It's like baking a cake, right? You've got your flour and your eggs and your sugar. When I make thyroid hormone, you need tyrosine and iodine. And so the only difference with T3 is it's tyrosine and three iodine molecules, right? Which...

Leah (43:41.569)

Yeah.

Ryan Monahan (43:54.202)

It's pretty fascinating, right? And the thyroid, it's hidden right there in the name that the need for iodine is critical to producing thyroid hormone.

Leah (44:04.613)

Yeah, what about tyrosine? Where do you get that?

Ryan Monahan (44:07.862)

Yeah, so tyrosine, it's an amino acid and we're gonna get that pretty much mostly from animal protein. So your beef, chicken, pork, eggs, fish, organ meats, et cetera. There are some ways to get it from plant sources to some extent like soy, tofu, certain beans and that sort of thing, but it's gonna be a lot more difficult.

Leah (44:17.453)

Yeah.

Leah (44:32.178)

Mm-hmm.

Ryan Monahan (44:36.886)

to be able to get that tyrosine in adequate amounts and also in a bioavailable way, where your body's gonna be able to use it.

Leah (44:44.822)

Yeah. So what are some of your favorite labs? What are, if, I don't know, you have a new client coming in and you have no information on them except for a lot of symptoms of a thyroid potential issue and you have an unlimited scope, what are you going to run?

Ryan Monahan (45:04.738)

So I'm not going to lie, like I'm a data guy. I like to have as much information as possible. When I sit down with a client for the first time, someone who's interested in working with me, I say this every single time, that this is going to be the most comprehensive investigation into your health that you've ever done. So far, no one's ever pushed back or questioned me on that. I've never had anyone say, Ryan that wasn't thorough

Leah (45:07.386)

Yeah.

Leah (45:29.41)

Mm-hmm.

Leah (45:33.641)

Right.

Ryan Monahan (45:34.158)

Right. So like I really, if someone's dealing with complex health issues, I want to be treated the way I, let me rephrase that. I often say that the reason I got into this whole functional health coaching business was I wanted to become the person that I wish I had helping me when I was at rock bottom with my health. Yeah. I didn't have that person.

Leah (45:45.501)

Okay.

Leah (45:58.061)

100%. I think that's why we all end up here too.

Ryan Monahan (46:03.062)

I didn't have someone, if I can go back in a time machine, I would, to my early 20s, or even my, you know, when I was 18, 19 in college, and was like, look, like I see the direction you're headed, I want you to avoid developing a thyroid issue or a full blown autoimmune disease. So let's be proactive here, let's run a full on investigation into what's going on with your health and physiology, and do basically like a fine tune. Let's go through.

Ryan Monahan (46:32.894)

Let's look at every aspect of the body, your gut, your liver, your detoxification pathways, your nutrient levels, your hormones, your toxic burden, and let's leave no stone unturned so we're not missing any critical information. How many of us have had an experience like that? I find such joy in being able to provide that gift to someone. For me, when I get a set of labs for a client, I'm like, I'm going to go to the lab.

Leah (46:46.962)

Mm-hmm.

Leah (46:57.273)

Mm-hmm.

Ryan Monahan (47:01.43)

I'm sure you feel the same. It's like, even if the labs aren't for me, it feels like Christmas. It's like, ooh, what do we get to look at today? Because it's exciting. You get to see what's actually going on with the client and help them connect the dots and to get to see their eyes light up. It is an experience like no other. So yeah, as far as what labs, I'm specific. If I had free rein, right?

Leah (47:28.933)

Yeah, I wanna know. Yeah.

Ryan Monahan (47:29.882)

I might run more labs than I, but I have to be conscious that a lot of my clients are on a budget and I want to keep things reasonable. But if I really had a situation where someone said, money's not an issue, let's do whatever we need to, I would be doing a GI map stool test to look at the overall health in the gut and looking for identifying certain pathogens like parasites or candida or H. pylori. I'd be doing organic acids to investigate the possibility of mold.

Leah (47:44.379)

Mm-hmm.

Ryan Monahan (47:59.21)

or mitochondrial dysfunction, or nutrient deficiencies and detoxification pathway issues. That's a very comprehensive test with a lot of insights. I'd be running an HTMA, which is a hair tissue mineral analysis, to look at the nutrient mineral levels in the tissue, and also that test is a really great entryway into looking at heavy metals, like mercury, aluminum, arsenic, cadmium, uranium.

Leah (48:20.925)

Mm-hmm.

Leah (48:25.001)

Right.

Ryan Monahan (48:26.342)

I'd be running a total toxin panel. There's a couple of great ones on the market. Recently I've been running one from Vibrant Wellness and it looks at mycotoxins, which come from mold. It looks at heavy metals. It looks at all the environmental toxins like pesticides and plastics and all of that. I would be running a hormone panel. Typically that's a Dutch, it's a dry urine test to test for all the hormones, your cortisol, DHEA.

estrogen, progesterone, testosterone, melatonin, to look at the hormone side of things. I do comprehensive blood chemistry with every client, including of course the thyroid panel, and not just for women, like when I work with male clients, I run a full thyroid panel, because men get thyroid issues too. It is absolutely more common in women, but then you have to look at, how much of that is to do with the fact that men aren't as likely to go to the doctor.

Leah (49:13.809)

Mm-hmm.

Ryan Monahan (49:23.042)

when they're experiencing a health issue, right?

Leah (49:23.88)

It's true. They also, I feel like handle stress a little bit better depending on who they are.

Ryan Monahan (49:30.242)

Sure, sure, yeah, absolutely. And arguably, women in society maybe face a disproportionate amount of stress than men do. So that's a very real interpretation of why more women develop thyroid issues than men. So I'm not sure if I'm missing anything. There are some things I'll run that are contingent on the situation. For example, if I have a client.

Leah (49:41.764)  
or different.

Ryan Monahan (49:58.614)  
that is clearly dealing with IBS symptoms, gas, bloating, constipation, diarrhea, kind of those classic irritable bowel syndrome symptoms. I may run a SIBO breath test, a test for small intestinal bacterial overgrowth. So yeah, there are some things I'll run on occasion, depending on the situation, but more or less, that would be kind of my ideal scenario if I'm trying to get the whole picture of what's going on.

Leah (50:25.317)  
Yeah, that's so cool. I wanna run a total toxin panel. I haven't been able to do that because I've been like pregnant or nursing and you can't really do much about it when you're in those.

Ryan Monahan (50:36.063)  
Alright.

No, you have to be very conservative when you're nursing about detoxing.

Leah (50:43.833)  
Yeah, so I'm like, I'm at the tail end, he's, you know, slowly weaning. And so I'm like, okay, like, let's run my Dutch, I just got my GI map back, I'm gonna run an O. And I'm like, hey, now I should add toxin panels to the rest of them. See what's up.

Ryan Monahan (51:02.986)  
Well, eventually you'll be able to run it and better late than never, right? Yeah.

Leah (51:07.521)  
Yeah, yeah, no, I totally agree. And, you know, there's different stages of life for different, you know, support and right now mine is not detoxing and that's okay.

So, I'm trying to think. There's anything else we, any other nuggets of information you would love to share with us about the thyroid or anything that you feel like everybody needs to know this. Is there one thing that you feel like everybody needs to know?

Ryan Monahan (51:39.766)  
Hmm. Maybe more just of a general point that, and this is something I alluded to a little bit earlier, that if your thyroid is acting up, there's something causing it, there's a reason for it. So taking thyroid hormone, in my opinion, it will make you feel better. It's gonna kind of paper over whatever's going on, but you're not really getting to the root of the issue. And so...

if you're really committed to your health and longevity long-term, you wanna consider peering under the hood, seeing why that check engine light is coming on and doing a deeper



investigation to see what's stressing out your thyroid so much. And it's gonna be a little different for everybody, but there are usually kind of four key areas. I'll share this too. From my...

eight years of working with clients in the thyroid space. I've kind of boiled it down to four key areas. So, and there's a lot that could be expanded on in each of these, like a lot to unpack and that could be expanded on. But if we really boil it down, I really see it this way. There's four things that can stress out the thyroid. Number one, infections, right? You know, it's pathogens. So bacterial overgrowth and dysbiosis and parasites, yeast mold.

viruses, there can be a lot to unpack there. Number two would be the toxin load, the toxin burden. Again, there can be a lot to unpack there and there's a lot of categories to look under between mycotoxins and heavy metals and environmental toxins. Number three would be nutrient deficiencies, which is just about everybody. I've yet to work with anyone that has no nutrient deficiencies, it's just never, ever see it. And then four would be

Leah (53:08.573)

Mm-hmm.

Leah (53:30.717)

Yeah.

Ryan Monahan (53:34.022)

mental and emotional stress, right? Which I believe can have a profound impact on thyroid health and is often somewhat neglected when we're nerding out and just focusing on all the physiological stuff. It can be easy to forget there we're also, you know, bio-energetic beings just as much as we're physiological beings, right? So, but really at the end of the day,

Leah (53:36.466)

Yeah.

Ryan Monahan (54:00.574)

Um, every, everything that would affect the thyroid would fall under underneath one of those four categories. So I'm always trying to think of for each individual I'm working with, like, where is the primary issue in which of those four buckets, right? Maybe it's evenly distributed 25% amongst all those buckets, which, uh, can be very true for a lot of people. It's never just one thing. It's a combination of variables and factors like an interconnected web.

Leah (54:16.199)

Right.

Leah (54:21.203)

Mm-hmm.

Ryan Monahan (54:30.378)

And maybe for another client, it's like 80% the mental and emotional stress, and not so much some of those other factors.

Leah (54:30.555)

Mm-hmm.

Leah (54:36.601)

Yeah.

Leah (54:40.65)

Even though mental and emotional stress can be one of the cheapest ones to fix, I 100% think it's the hardest because for everything else, it can be as simple as like switching a product or taking a supplement or changing something in your diet. But the mental and emotional is like regulating that nervous system and changing how you react in situations and it's the hardest, hands down the hardest.

Ryan Monahan (54:48.919)

Yeah.

Ryan Monahan (55:04.546)

Hmm.

Ryan Monahan (55:08.082)

I 100% agree, 100% agree with that. You can't outrun stress or trauma with a supplement routine. And it's hard to work, right? It's easy to wake up in the morning and pop a few capsules of some supplements, but to do the hard work of kind of facing your shadow self or digging up skeletons out of your closet, re-examining your thought patterns or limiting beliefs.

Leah (55:13.658)

Yeah.

Leah (55:18.993)

Yeah. It's tricky.

Ryan Monahan (55:38.378)

reprogramming the brain or the nervous system, that requires some deep work and introspection and occasionally even facing pain, which, yeah, much more challenging than just changing your diet, cutting out gluten, or taking some supplements.

Leah (55:59.209)

100%. So how can the people find you? How can they work with you if they if they would like to do that?

Ryan Monahan (56:07.498)

Yeah, so I go by TheMindfulNutrivor. You can find me by searching my name, Ryan Monahan, or TheMindfulNutrivor. So on my website is themindfulnutrivor.com. I go by the same handle on Instagram and on Facebook as well. And on my website, you can go under the services tab and right there you can actually sign up for a complimentary 20 minute consultation to see if we'd be a good fit to work with each other.

You're also welcome to just shoot me an email Ryan at the mindful Neutro more calm and say hey, I heard you on the podcast and I'm interested in potentially working together and seeing what's going on

Leah (56:49.917)

I have a lot of practitioners that we have come on here. I know them, but I will say like Ryan, I personally know. So I can guarantee that you will be in good hands if you decide to work with Ryan and he really will take good care of you.

Ryan Monahan (57:00.134)

Hahaha

Ryan Monahan (57:08.746)

Well, I very much appreciate the glowing endorsement. It means a lot.

Leah (57:13.525)

Yeah, your brain will probably hurt. It really will though. But you will feel better. So thank you very much for hopping on.

Ryan Monahan (57:16.846)

Hahaha

Ryan Monahan (57:23.622)

Anytime, let's do it again soon. Thank you so much for having me.