

Text:

Dr. Jill 0:12

Well, hello, everybody. Welcome to another episode of Dr. Jill Live! I am here with my beautiful friend, Izabella Wentz. If you guys have had thyroid issues or been anywhere in this world, you all probably know her. She's a best-selling author. Today, we're going to talk about her new book. I can't wait! We were just talking for a few minutes before we went on about how important this topic is. So stay tuned. I'm going to introduce her in just a moment. But before I do, just know that you can catch all of our episodes on YouTube, on my channel, on Stitcher, on iTunes, or anywhere you listen to podcasts. Be sure to stop and leave a review because that helps us reach more people. And blogs, articles, and all other content you can find for free at jillcarnahan.com. So today, like I said, without further ado, I'm going to introduce my guest. And then we will jump right into the topic of adrenal transformation and her brand-new book, which I've got here. We'll talk about this. It comes out on the 18th. So, wherever you're listening to this, it may be the day the podcast is released or shortly thereafter.

Dr. Jill 1:13

Dr. Izabella Wentz is a compassionate, innovative, solution-focused, integrative pharmacist dedicated to finding the root cause of chronic health conditions. Her passion stems from her own diagnosis with Hashimoto's in 2009, following a decade of debilitating symptoms. As an accomplished author, Dr. Wentz has written several bestselling books. Her latest book, *Adrenal Transformation Protocol*—and I love that the short is ATP, which we know is also like energy—it's so brilliant. So, *Adrenal Transformation Protocol*—like I said, I'm going to show this several times during our interview—is available wherever you buy books when this podcast comes out. And if you're catching us live on Facebook the week prior, hang in. You can pre-order it. It will be out in just one week.

Dr. Jill 1:53

She has written several bestselling books, including this brand-new one. The book focuses on resetting the body's stress response through targeted safety signals and features a four-week program that has already helped over 3,500 individuals. The program has an impressive success rate. I saw the statistics in here, and it's like the symptom relief is anywhere from 75% to 99%. It's amazing. And it has over an 80% [success rate] in the average of participants' for improving brain fog, fatigue,

anxiety, irritability, sleep loss, and libido. Thanks for bearing with me on that. Dr. Wentz, Izabella, my friend, welcome to the show!

Dr. Izabella Wentz 2:33

Thank you so much for having me, Dr. Jill. I don't know if you went through the acknowledgments, but you're actually in the acknowledgments of the book because I happened to come across some of these safety signals when I was a new mom, and you and I had a chance to get together a few times, and you helped me and my family out through some challenging times. I really appreciate you, your friendship, and your support over the years. Thank you.

Dr. Jill 03:01

Thank you. I feel the same. It's just so neat. We've talked over the years. And to see the babies born, the books, and other things over the years—those ideas are really neat because we have a kind of behind-the-scenes view. There are so many things I can't wait to talk about today. If you're listening out there, again, your previous book, *The Hashimoto's Book*, is so successful and so important. Let's first frame this because those people listening who know you from the Hashimoto's information and book that you've put out for years—when did that book come out?

Dr. Izabella Wentz 03:33

The first one was in 2013, so it's coming up on its 10-year anniversary. And then the second book, *The Hashimoto's Protocol*, came out in 2017. It's been six years already. Where did the time go by when you and I were still 25?

Dr. Jill 03:51

So awesome. So, if you haven't gotten those, those are also still available. But I want to frame it because the thyroid and adrenals work so closely. And this makes perfect sense to me about why this book is ready now from a thyroid expert. So let's frame it first. As far as these two glands: How do they work together? Why are both so important? Why do people who may have fixed their Hashimoto's or improved still have fatigue?—and this could be the answer.

Dr. Izabella Wentz 04:15

Oh, absolutely. So, people are like, "Oh, are you no longer going to be the thyroid pharmacist? Are you going to be the adrenal pharmacist? What's happening?" I've actually been talking about adrenal health as part of helping people overcome Hashimoto's and get into remission from Hashimoto's, eliminating their symptoms,

for probably over a decade now. The thing is that our organs don't each live in separate, vacuum-sealed components of the body. They talk to one another. And there's a communication pathway between the adrenal glands and the thyroid gland.

Dr. Izabella Wentz 04:52

Our adrenal glands are our stress glands. They produce a variety of different hormones, including the most well-known stress hormone known as cortisol. When I've asked my clients over the years, "What was going on in your life before you got sick?" typically, they say: "I was really stressed out. I was going through a really stressful situation." This is kind of where that adrenal dysfunction comes in. A person will be under a lot of stress, and their adrenal glands will put on some stress hormones. In an acute situation, this goes up and goes back to normal very quickly. Under chronic stress, people get stuck in that adrenal stress dysfunction, and this can lead to some alterations in thyroid hormones. In some of the cases where we have too much stress or too much cortisol production, people will find that they produce too much of something known as reverse T3, which is a thyroid hormone but not a very active one. That gets into our thyroid hormone receptors. And rather than activating them, the receptors end up being blocked, so active thyroid can't get in there. And a person may become hypothyroid without having a thyroid condition. So that's one communication pathway [or] one road to get to thyroid issues. Another road is that when people have hypothyroidism, the body has this protective mechanism where it'll actually keep more cortisol on board, so we don't break down our cortisol as quickly. This person might be exhausted but wired and tired. And they'll go to their doctor and get some thyroid hormones if they need them. What happens then is that the thyroid hormones may actually unmask a cortisol issue, specifically a low cortisol issue, because then their cortisol clearance increases. I typically would see people say: "I started thyroid meds, and I thought I was going to feel better. I felt better at first, but then all of a sudden, I felt worse. I got fatigued and had brain fog. What is going on with me?" They'll go back to their doctor. They'll be like: "Do I need more meds? What's going on?" In that situation, it's oftentimes the adrenal glands, and people are struggling with dysfunctional adrenal cortisol production.

Dr. Jill 07:16

Gosh, this is so relevant because a lot of patients do get treated appropriately for hypothyroid. And like you said, they start to feel better, and then they feel worse. I love that you're talking about this because it's such an underlying thing that most conventionally trained physicians, like myself—fortunately, I have learned functional medicine, so I understand what you're talking about. But why would it be that a

patient might go to their doctor and say: "I am exhausted; I was treated for thyroid"? The same scenario you just said, and then their doctor maybe doesn't understand this depth. Can you take us through that?—because that's a common thing some of the listeners have probably experienced.

Dr. Izabella Wentz 07:51

I think that some people will say: "Oh, I found this adrenal fatigue or adrenal dysfunction. Can you test me for it?"—and they'll go to their endocrinologist. And the endocrinologist will say: "Adrenals—okay, we're going to test you for Addison's," and then the tests come back negative. This isn't necessarily what we're talking about. Addison's [disease] is a serious and life-threatening autoimmune condition. What happens is that the person is no longer able to produce their own cortisol. Typically, when about 90% of the adrenal glands are destroyed, that's when the inability to produce cortisol happens. This could be a life-threatening situation. They often need replacement corticosteroids and mineralcorticosteroids. There's a different treatment plan for them. I think that conventional medicine, for the most part, has worked out really nicely.

Dr. Izabella Wentz 08:48

The tricky part with this adrenal dysfunction: This isn't like a disease. It's an adaptation to chronic stress, where the body gets stuck in this stress mode. So most conventionally trained doctors aren't necessarily well-versed in it. I think the closest thing is with psychologists; maybe they'll recognize when somebody is in a state of burnout. They will do a really great job working from the psychological aspects. But then I feel like the physiological aspects of the condition are oftentimes ignored from the psychologist's perspective.

Dr. Jill 09:23

Gosh, what a great way to explain that. I'm trained in conventional medicine, and we're trained to give an ACTH stimulation test, which is a part of a drug. That's the drug for the hypothalamic-pituitary axis to stimulate the adrenal glands, which are little, tiny triangular things that sit on top of your kidneys in your lower back. So as you mentioned in the book, some people will have lower back achiness at extreme phases because they'll actually have pain and inflammation around the adrenal glands and have physical symptoms. But all that to say, medically, conventional doctors are typically taught to give the dose of this drug. And the dose that they give is one vial dose, which is about 1,000, maybe 100. It's a lot, lot, lot higher than physiological... So I say it's the dose that could raise a dead horse. It's a massive amount. If you think about a spectrum of disease, you're, like, walking towards

disease or walking away from it—we're always on this spectrum. And say this point right here takes you into a complete and total adrenal failure of Addison's as you cross over that line, that percentage of people with some form of adrenal dysfunction—I'm just guessing—might be 10%, 5%, or 2%. Whereas this whole other spectrum that you're talking about in the book is the average everyday person that goes anywhere from overwork, lack of sleep, stresses, life situations, post-COVID, and they're exhausted or tired and wired, or then here where they're really bordering on that complete adrenal burnout. We'll talk about the stages in a minute. But anywhere along that line up into Addison's, you can feel really crummy. Yet your conventional doctor will say, "You're fine," right?

Dr. Izabella Wentz 10:49

Absolutely. How we now understand adrenal dysfunction and the major difference between that and Addison's is that with Addison's, the adrenal glands can't produce cortisol. Our bodies with adrenal dysfunction still can. They're just not producing the right amounts at the right time. So there's a disconnect between the brain and the adrenal glands. A person ends up producing perhaps too much cortisol at night and not enough in the morning, and they end up with a circadian rhythm that's out of balance. Part of that could be causing their exhaustion during the day, trouble sleeping at night, and not being able to regenerate and repair their bodies.

Dr. Jill 11:32

Yes. You divided stages very nicely and talked about how that progresses. Let's talk a little bit about that. And you can kind of weave in the symptoms because I want people who are listening to be like, "Oh, yes, I recognize that"—first of all, to read your book and do the protocol—but also to know if this fits their symptoms.

Dr. Izabella Wentz 11:51

That's a great plan. If you've been listening to media or even some of the common things out there, you might have heard about high cortisol. I feel like it is very much recognized in medicine that high cortisol [levels] can be problematic. We know that stress drives high cortisol [levels]. This is actually the first stage of what kind of happens when somebody gets stuck in this chronic stress adaptation where, rather than having high cortisol in the morning and then going down a gradual slide in the evening [where] you have the ability to rest and regenerate, you just have high cortisol all the time. So maybe that looks like you jump out of bed and are kind of irritable all day long. Everybody around you is slow and annoying. You have a million things to do on your list. You're the person who's weaving in and out of traffic, trying to get to wherever you're going faster. You're shopping for groceries,

and you're just passing everybody up. You just feel kind of like you've drunk a whole bunch of coffee, basically. Trouble falling asleep is going to be very common at this stage.

Dr. Izabella Wentz 13:02

Now, the body will make adaptations for us because that stage is not very healthy to stay in for long periods of time. So if you're still exposed to the stress, the body will start compensating. We'll start seeing some of the cortisol drop throughout the day, and it might drop at very odd times as the condition progresses. So at 3:00 PM, you might get that 3:00 PM crash where you're just like, "Oh my gosh, it's 3:00 PM and I want to take a nap" or yell at somebody because you have that drop in cortisol. You might feel very anxious. Then, as time goes on, you might have a drop in your morning cortisol. And that looks like you're having trouble waking up in the morning, and you're kind of brain-fogged. Maybe in the afternoon you finally feel a bit human. And then you might be having some mood swings and irritability. Then comes the evening, and you can't sleep. This is what I call a cortisol roller coaster. You can usually tie this to blood sugar issues. If you're under stress long enough, you'll progress to having really low cortisol [levels] most of the day. Then, in the evening, you might have an elevation in cortisol. So that will look like: "I'm tired. I don't know where I am or who I am throughout the day. I kind of get more energy as the day goes on. And in the evening, I'm wired and tired, and I can't sleep." Then, if that goes on long enough, about 60% of the people that I've worked with will have what I call flatlined adrenals. So they will have very low cortisol in the morning, and as time goes on, it's just low. In the evening, it's low, so they'll go to bed. But they sleep a long time; they wake up unrefreshed. These are people who are brain-fogged and fatigued. They're exhausted. They're overwhelmed. They try to do things. They hear things like: "Oh, you should try running. That'll make you feel better." And [when] they try running, they feel worse. People say: "Try intermittent fasting. You're going to feel so much better." They try it, and they feel worse. All of these things that are life's stressors that can help us grow and build, they kind of feel worse with everything, and they feel very overwhelmed, typically in that stage. So these are some of the different presentations of what can happen depending on how long you've been stuck in that stress mode.

Dr. Jill (pre-recording) 15:31

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected, Finding Resilience through Functional Medicine, Science, and Faith*, is now available for order wherever you purchase books. In this book, I share my own journey of overcoming life-threatening illness and the tools and tips and tricks and hope and resilience I found along the way. This book includes practical advice for things like

cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein Bar, and mold and biotoxin-related illness. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by readunexpected.com. There, you can also collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine in finding resilience.

Dr. Jill 16:28

That was such a great overview. I'll just tell you from personal experience that years ago, I was at high cortisol [levels], probably for my first 40 years of life—go, go, go! It's interesting too, because even my body shape was different because I had more cortisol and a little bit more around the middle. Then, probably three or four years ago, I always joked because I stopped working out intensely, lost weight, and got into the best shape of my life. But that was about the time my cortisol was going down or was actually still high. So when you're in that first state and your cortisol is really high, sometimes those high-intensity [activities like] running [or] really, really pushing [yourself]—you don't lose weight like you think you should because you're actually doing stuff that raises your cortisol.

Dr. Jill 17:03

At that time in my life, when I pulled back—I started just hiking and walking with friends, doing some yoga, and doing way less exercise than I thought I needed—I actually got in better shape because that high cortisol was sabotaging the weight. Since then, I've gone to a much more flat adrenal curve. So I can very much relate to what you're saying in the sense that from 7:00 to 11:00 o'clock at night, I used to be exhausted. I still sleep well, but that's actually my most productive time now, whereas the morning has shifted—it's a little harder to get going.

Dr. Jill 17:32

So as you're aware of these curves and what you can do, we're going to talk about treatments and things that you can do on your own. And stress is involved. So before we go to some types of herbs, adaptogens, [and other] things that people can use: What are the other things that are so critical?—because this is a stress hormone. So we have to address the lifestyle piece, which makes it hard because that has to be addressed in some way.

Dr. Izabella Wentz 17:55

It is very tricky. And like you said, cortisol can have profound impacts on our bodies, so we can store more belly fat when we have excess cortisol because we

have more of these receptors in our bellies. I feel like the hardest thing is probably changing your lifestyle. If you're a Type A person and you're very driven, it's hard to say, "I'm not going to push myself so much." There are various things we can do, like utilize hormones to lift up your cortisol in the morning or special kinds of herbs or nutrients to break down your cortisol in the evening if it's too high. But again, that whole lifestyle and that stress reduction component are so critical.

Dr. Izabella Wentz 18:41

I always tell people: "What are you doing currently in your life that is making your body feel stressed out, that's making your body feel unsafe? And how do we change that?" For some people, it's over exercising and undereating. For some people, it's burning the bridge at both ends. For some people, it's not getting enough sleep or having toxic relationships—some of these are very identical lifestyle patterns. I know something you and I are passionate about too: There could be hidden sources of inflammation in our bodies. So it could be something like mold exposure—your area of expertise—chronic infections, or something else in our bodies that is kind of setting off that stress signal. So a big part of what I recommend doing—and I've done a lot of various protocols over the years for adrenals with myself and with my clients—what I've settled on is really focusing on things people can do on their own to make their bodies feel safe. That will shift them into a thriving state. That'll shift them into alignment with the circadian rhythm, no matter if their cortisol is too high, too low, or just bouncing all around the place. When you do these things, which you can do in your own home, you're going to be able to shift in three to four weeks, versus some of the hormones that may take a bit longer to work.

Dr. Izabella Wentz 20:13

I always feel like if you want to do the hormones, you need to work with a practitioner because sometimes I get nervous about people utilizing them. I know I made a lot of mistakes. Before I was trained, I was like, "Oh, I'm going to take pregnenolone," and I ended up like a puffy bloater fish because I was taking too high a dose. Or people will take DHEA, and that can be problematic for some women. It can overconvert to estrogen, exacerbate estrogen dominance, and convert to other things that grow chin hair. We don't want that. So there are a lot of different paths to healing, and I'm excited to share [information] about the one that people can do right in their homes.

Dr. Jill 20:58

I love that because you're going to root. The reason, even in my story, that I got there is [because] I was pushing too hard. I was pushing myself. I always think of it

now that I've learned about safety, trauma, and these things: I wasn't being kind to myself. I was beating myself [up] and pushing myself like if I were whipping a race. It sounds terrible, but that's what we do to ourselves. It does sound terrible, right? But that's what we do. We push and push and push and push.

Dr. Jill 21:24

I loved the word I heard you say multiple times, and I always hear patients or clients say this: 'Overwhelm.' I feel like adrenals, one way to describe [them] to the layperson is that they're buffers to the world. They're basically there to buffer us from stress, from overreactions of allergens or mast cells. They're kind of that buffer. Cortisol buffers us from the world. It's like you're in that big bouncy ball and you're rolling around in the playground, and it's that buffer, right? So, if that buffer is gone or not working correctly, how you're going to feel this is: Things that maybe years ago didn't bother you—whether it's a conversation or a situation, a loss, or difficulties—you're going to be way more overwhelmed with the same amount of stress because you don't have that buffer that's helping you to deal with stressors as well. This tends to go when it goes down.

Dr. Jill 22:11

So let's go to the root, because I love that idea. I love adrenal adaptogens. But what I did in my history was: "I wanted to perform. I want to go. I want to go, go, go. I want to produce." Because of that, what I would do is prop myself up with all these adaptogens, peptides, and you name it. I had hundreds. In fact, I'm finishing my breakfast, and it's in this little dish here. This is part of my daily [routine]: Propping myself up because I know what to do to force them to work harder. But what you're saying, I love, is actually like: Let's be kind and find out how we can actually nurture and create safety. So what are some practical ways that people can do that?—because that's way better than propping yourself up and then ending up flatlined.

Dr. Izabella Wentz 22:53

Yes. Absolutely. The program focuses on really nourishing ourselves, focusing on self-kindness, and then I also focus on building resilience throughout the program. Some of the nourishing ways are that we want to get back to baseline. If you're somebody who's exhausted and fatigued and you're burning the bridge at both ends, or you have been for a while—you're kind of like: "Okay, I am done; this is just too much for me; I can't function anymore"—one of the things that's really helpful is utilizing adaptogens to build your resilience and replenish some of the nutrients, such as the B vitamins, vitamin C, and magnesium electrolytes. This will kind of get

you to the baseline. This will kind of replenish all of the things that you lost during a stress response.

Dr. Izabella Wentz 23:42

Then we're also going to be focusing on utilizing mitochondrial support. A lot of times, people with adrenal dysfunction have some degree of mitochondrial dysfunction. A lot of the things that work for the adrenals also help our mitochondria. So one of the things that I've done in the program is really focused on the mitochondria and teach people how to really tune into their nutrition. We're focusing on blood sugar balance, eating extra protein, eating more fat throughout the day, and [eating] nutrient-dense food. We're doing circadian nutrition. So we're eating when it's light outside. We're stepping outside into the sunshine. And we're really realigning with that circadian rhythm through some of the light therapy options, like stepping outside when it's sunny and getting that light into your beautiful eyes. So, if it's morning time, your body will know to make energy, and then it'll be prepared for evening time, when it's going to be time to rest. Part of how we do that is through exposure to the outdoors. For a lot of us, we're stuck indoors at work or doing whatever, and we don't get that beautiful opportunity to tell our bodies naturally when it's time to be awake and have energy and when it's time to sleep. So that's kind of the first part of it.

Dr. Izabella Wentz 25:03

The second part of the protocol really focuses on building on your joy, self-kindness, and self-compassion and really treating yourself the way you would somebody you love. So think of a tiny, little, cute pet you have, or a child or a loved one who's just sweet and innocent, and how you would treat them. You wouldn't yell at them if they messed up, right? You wouldn't push them harder. You wouldn't put them on that rat wheel or whip them like you said. You really want to tune into that self-kindness and build on some of the hormones that help you shift into more of a rest-digest healing state. Oxytocin, the bonding love hormone, you can express that through spending time with loved ones, spending time with pets, even doing things like Epsom salt baths, warm baths, and lavender essential oil, getting some of that really great feeling into your body, and then focusing on pleasurable activities throughout your day. So, rather than being on this to-do list of "I have to take care of my kids, I have to take care of my work, I have to take care of my parents"—you're doing all of these things—we're shifting that. We're saying, "Today, I'm going to go and do some window shopping just because this is something I enjoy," without any kind of pressure or deadlines to really shift that.

Dr. Izabella Wentz 26:38

The third part of that is looking at the underlying reasons why we got there in the first place and building resilience. I know you wrote your beautiful book, and I was crying and laughing when I was reading your book on resilience. You and I are both passionate about freeing people from the things that weigh them down. Trauma is one of those really awful things that can keep us weighed down. So if you've had a history of trauma, and perhaps you think that your value in life is tied to your productivity, then you're going to burn the bridge at both ends. So we really work on rewiring all of these thought patterns and the stress patterns so that you can show up and feel energized, happy, calm, and sleep well and really be in that thriving state and come from a thriving state rather than a survival state.

Dr. Jill 27:35

Oh, brilliant. And again, we're talking about the brand-new book out on the 18th of April, *Adrenal Transformation Protocol*. And what I love about this ATP, as you mentioned mitochondria, you and I of course know what that means. ATP is like the cellular currency to make energy from our cells that the mitochondria produce. I love that. It's so brilliant because it really all ties together.

Dr. Jill 27:54

I just want to mention, and I'm sure any of you listening out here can feel this from Izabella: She has this beautiful heart of compassion and sharing with the world. What's beautiful is that as I'm listening to you, I feel your love and your energy. And that right there is part of what makes you such a great healer because you transmit that genuine kindness and that genuine love. And you're actually showing us, just by how you're talking, how we should be treating ourselves. So thank you. You're incredibly knowledgeable. You've written multiple best-sellers. This one's going to be right up there as well. But thank you for bringing that energy of kindness, sincerity, and authenticity, because it really is the start of healing. Thank you.

Dr. Izabella Wentz 28:34

Thank you. You're so kind. I really appreciate that.

Dr. Jill 28:38

Well, I mean it. And I know everybody listening is agreeing and nodding with me and probably commenting right along. You kind of mentioned this... A couple of things I read in the book about consulting your doctor about the hormones, I agree. I do agree there's a place for hormones, but be sure to work with someone who's knowledgeable because those things can go down all different weird pathways.

Dr. Jill 28:57

I had breast cancer 20 years ago. I'm one of those people who would have to be very careful to make sure it's not producing excess estrogen like DHEA. So just be sure. Those can be appropriate, but use that with a guide. And then, secondly, you talk about the four types of chronic stress: Inflammation, circadian rhythm, nutritional stressors, and psychological stressors. Talk just briefly about those. You kind of went over them, but I loved how you really framed those kinds of underlying causes of adrenal issues.

Dr. Izabella Wentz 29:25

Sure. So I think psychological stressors—people maybe are very aware of these because they have an annoying boss or a stressful job. It's pretty evident that this is going on. There are also those traumas—the past history of trauma—that can be an incredibly draining psychological stressor that can actually shift us into that fight or flight mode. This could be something that happened 20, 30, or 40 years ago, but we end up stuck, and we come from that place of feeling unsafe. A lot of research has focused on people with a history of trauma or child abuse, or some of the terminology is known as ACEs—adverse childhood events. Later on in life, they are more likely to have autoimmune issues. Their body is kind of stuck in that "I don't trust anybody," "I'm not safe here" [mode] for good reason because they had such traumatic experiences. So part of what I recommend is working with therapy to rewire those experiences and to connect with what's safe for you in the present moment.

Dr. Izabella Wentz 30:34

Another part is going to be the nutritional stressors. If you are undereating, if you are eating foods that are inflammatory to you, if you don't have enough calories on board, if you don't have enough macronutrients on board or micronutrients, this is going to send a message to your body that you're not safe. I kind of try to think about: What would a cavewoman do? If you were a cavewoman and you were only eating greens and salad and skipping all these meals, then your cavewoman self would probably think that you were in a famine, right? In a famine, what we tend to do is suppress our metabolism. Part of the metabolism being suppressed is that brain fog, fatigue, weight gain, and sluggishness. So what I do recommend is making sure you're eating plenty of protein, plenty of fats, and nothing inflammatory to you as much as you can limit that, and then making sure that you are getting plenty of nutrient-dense foods on board. That could be a really big game-changer. Like the blood sugar-balanced eating, people will say things like: "I thought I had anxiety. It turns out it was my blood sugar."

Dr. Jill 31:49

Yes. I've been there—that whole hangry thing. I loved your little illustration there too. I can't remember exactly what it said. It was like a little cute thing about how we can get when we have low blood sugar, and we don't even realize it. I'll tell you a little funny thing: As I started to date and be in relationships, I would always say early on: "Okay. If I get cranky or irritable, I'm like a two-year-old; I either need a nap or a snack." And it's true. If I get cranky, I just lay down for a 20-minute nap or get a snack, and I'm fine. That's related to adrenals, of course. But it's like two-year-olds. If you act like a two-year-old and need a nap or a snack, that's probably adrenaline-related.

Dr. Izabella Wentz 32:26

It's so funny because we don't recognize that in adults, but it can sometimes be that simple. Are you eating enough? Are you getting enough rest? The whole circadian rhythm disconnection—people who are night owls are not getting refreshing sleep. They are exhausted during the day. So, if you're not getting exposure to lights, we have this beautiful technology of indoor lighting, which has done so much for us but has also taken [away] our ability to connect with the circadian rhythm because we end up not knowing when it's night or day. Our bodies can't really recognize that without the cues of the outside environment during the day, it's time to have lots of energy. And then in the evenings, if we're watching Netflix or looking at our phones and have bright lights in our houses, some of us end up thinking that we're night owls.

Dr. Izabella Wentz 33:18

I used to think I was a night owl for the longest time. It turned out that I was disconnected from the circadian rhythm. I would not get tired in the evenings. I would just be up until 2:00 or 3:00 AM and have trouble waking up in the morning. But I have a five-year-old son now, and we talk about nocturnal creatures, and he's like, "Are humans nocturnal, mommy?"

Dr. Jill 33:39

That's awesome. I love it. It's so true. You're right, because we get disconnected. One thing that I found really fascinating is that I still do a little coffee, and coffee is a whole other thing. You can very well overdo it with the adrenals. Often, a little bit is okay, but you really have to have a fine line. I love your comments. Relating them to coffee, so coffee will stick to adenosine receptors, and adenosine is what makes you sleepy. So it tends to be really low in the morning and then higher at night. And

coffee just blocks that, so your adenosine is still there. So say you drink coffee at 7:00 a.m., and then by 10 or 11, you're like, "Oh, I'm really sleepy." It's because those receptors were unplugged by the caffeine. The caffeine got metabolized, and you still have the adenosine making you tired. But what I learned is that bright light, natural sunlight, is one of the things that actually decreases adenosine. Coffee doesn't; it just blocks it. So what I love to do is when I first wake up, especially if it's before daylight, I have this sunlight bulb that I sit by and read and meditate. I'm being kind to myself by not running out the door. I'm more calm. I have that quiet time that I love, and I have this bright light. I still sometimes have half a cup of coffee, but I found that that light is so powerful at energizing me and helping me stay in this adrenal circadian rhythm. So that was a neat little pearl because coffee is only temporary and it can prop you up, but it tends to drain the adrenals long term. Wouldn't you say?

Dr. Izabella Wentz 34:53

Absolutely. One of the things I recommend is stepping outside and [learning] how to grow that cortisol naturally. So if you can go outside or shine a light, if you don't live somewhere warm, there are sunlight stimulation lights that we can purchase. There are seasonal affective disorder lights that we can purchase to kind of give ourselves that bright light and that message to our eyes, our bodies, and our brain that it's awake time. This can help us create cortisol naturally and help us not feel so sleepy.

Dr. Izabella Wentz 35:28

The other thing I recommend is an adrenal kickstart drink. It's got a little bit of OJ. It's got a little bit of sea salt, some protein, and coconut milk. Typically, people will have a little bit of low blood sugar if they're tired in the morning, and they might have that low cortisol, and all of this will help them wake up naturally. If you can delay your caffeine just a little bit, that's going to help too. I know a lot of the protocols focus on getting off of caffeine for people. I know I used to recommend that, and people would be very unhappy with me because I'd be like: "You want to kill your adrenals? Get off the coffee." And they would be like: "Bye. Like, not going to work for me." So my plan allows people to have caffeine when they're getting started. We kind of worked on moving it a little bit. Like you said, caffeine can make us not realize that we're tired when we actually are because of its effect on the adenosine receptors. So maybe you move your caffeine a little bit earlier.

Dr. Izabella Wentz 36:31

So typically, I found that if you're under 35, you can drink caffeine after 3:00 p.m. The day you turn 35, you cannot—personal experience, a little joke here. But in general, caffeine after 3:00 p.m. can keep people awake. So I'll have them shrink their caffeine window and then really work on generating more energy through their bodies before we say anything about cutting out caffeine. Caffeine weaning is optional in my program. Most people do choose by around week three or four that they've been on it; they just naturally are like: "You know what? I'm not crawling to my coffee maker every morning, hoping for a savior. I can wean off of the caffeine if I want to, or I could still have a cup or two and enjoy myself." It's kind of a new approach. I really started to appreciate coffee when I was a new mom, and I was like: "Okay. This is something that I need at this point. And I know I need to heal my adrenals." So, this is a way that people can do both, right? Maybe not eight cups of coffee a day.

Dr. Jill 37:40

Right. I love that you say that because that's where I really come to believe. My experience was in 2018 or 2019. I went to the Swiss Mountain Clinic, and part of their protocol was two weeks—no coffee. And it's funny because I literally packed contraband in my bag just in case because I was like, "Oh my goodness!" At that time, I was probably on five or six cups a day, not a mild amount. But what happened is that I got there and was like, "I'm going to try the program." And I did. I had no trouble going off coffee. Within three days, I just felt really, really good. I was like: "Oh, I don't need caffeine." My adrenals were probably even a little healthier than they are now. But I realized, "Oh." So then what you're describing and what I always tell patients: You want this relationship with coffee where you're not a slave to the coffee so that you can choose. Even today, I usually have a half cup in the morning with my bright sunlight lamp, like we were talking about. And then during the day, if it's a busy clinic day, I might have another half a cup, but I never even finish them. And I probably have a maximum of two half cups. Years ago, I was drinking a pot to a pot and a half. So I really changed my relationship. And if there's a day like tomorrow, if I don't want to drink coffee, I'll be fine. I won't have a headache. I won't feel bad. And that's the relationship you want to have: You want to have freedom so that if you don't want to have it, you still feel okay and can function. But then, like you said, [if you're] a new mom or I'm traveling and it's way too early in the time zone for me, coffee is not a bad thing. Evidence actually shows that with the liver and with diabetes, there's some good evidence of the protective effect of coffee in those cases. And it's an antioxidant, so it's not all bad. And I love that you embrace it that way kind of [from] both ends.

Izabella Wentz 39:09

Yes. Absolutely. I don't drink coffee these days. The last few nights, my son has been sick. So if I've been up with him at night, then I'll have a little bit of coffee if I'm caring for him throughout the day. And it doesn't affect my adrenals. They're healthy enough, my mitochondria are healthy enough, and my stress response is healthy enough that the stressor of caffeine doesn't drain me. Whereas if you're so depleted that you're relying on caffeine, that can actually be really tough on your system.

Dr. Jill 39:47

I always think of it like: You know the end of the toothpaste tube? If you are really depleted, it's like the caffeine squeezing out that last little bit of toothpaste, and you're actually left with less in the tube at the end or an empty tube, which is not good. I want to wrap up shortly. But the last thing I want to talk about—because I have an audience with mold, Lyme, and these really complex [illnesses]. I love that in the book you talk about other potential root causes [such as] copper toxicity, environmental toxins, which I love to talk about, gut imbalances, and iron toxicity overload—not a lot of people are talking about that, but that's a huge one—copper and iron with adrenals, low stomach acid, mitochondrial dysfunction, which you build into your program, mold, nutrient deficiencies, and reactivated Epstein-Barr; that's a whole other topic, right? Gosh, there are so many things. So, I just want to mention, and maybe you can talk just briefly about if you do the protocol... And you said in your bio, [there's] like an 80% success [rate]. And I read that some of the symptoms were in the 90% [range] as far as your ATP protocol and the success rate, [which] is impressive. I just want to put that out there. But there are going to be some people who maybe don't move the needle. Do you want to comment just a little bit on these advanced, complex things that could also be going on?

Dr. Izabella Wentz 40:53

Oh, absolutely. There are so many causes of adrenal dysfunction. Adrenal dysfunction isn't a disease per se. It's the body telling you that it's overwhelmed by stress. Sometimes the stress is so obvious. It's like, "Ah, I've been burning the bridge on both ends!" Or, "I wasn't sleeping," or whatnot—you can kind of pinpoint it. But other times, from a functional medicine perspective, these could be hidden triggers inside your body or inside your home. So maybe you're exposed to mold. You are going to be somebody who's going to be shifted into that stress response when you are exposed to mold. If you have an Epstein-Barr virus reactivation or any kind of viral reactivation, that's going to be very weakened on the adrenals. The beauty of it is that, for most people, in order to heal, they need to support their adrenals anyway. The program really focuses on adrenal support and a lot of vitamin C. It's helpful for the Epstein-Barr virus. If you have mold toxicity, your mitochondria are

going to be affected. So the program utilizes carnitine, D-ribose, magnesium, B vitamins, vitamin C—a lot of mitochondrial support that will help you feel better even if you are suffering from mold exposure. It's a four-week program where you get very specific instructions on what to do so you're not in paralysis by analysis. It's like: You take a few supplements, you eat a blood sugar-balanced diet, and you do these lifestyle things—about 14 different safety signals—and you can kind of see which one resonates with you. But then I also have a section in the back of the book that talks about some of the [more] advanced things. So if you're somebody who still isn't sleeping, what's going on there? What are some additional triggers and root causes to look into? It gives people a little bit more guidance on what to do. Maybe doing some advanced functional medicine testing and looking into different causes. There are so many reasons why somebody can get into that adrenal dysfunction state. And really supporting your adrenals can be the first step to overcoming chronic gut infections because when we're adrenally depleted, our immune system isn't keeping the Epstein-Barr virus in check. It's not going to be able to overcome the infections in our gut. So part of the program really focuses on raising your resilience to make you feel better and allow you to hopefully have enough energy and a bit more resilience to kind of deal with some of the deeper triggers if you have them.

Dr. Jill 43:33

Yes, it's brilliantly done. So, we're talking about the *Adrenal Transformation Protocol*. You can get it anywhere you buy books after April 18th, and you can pre-order now if you're watching this today. So, Dr. Wentz, my friend Izabella, thank you. Thank you for putting [this] together. You've already done such great work in the world. This is so needed. We didn't even talk about it, but just as we end, even people who've had COVID, there's a certain percentage that have adrenal dysfunction. So this is more relevant now than ever before. Where can people find it? Where would you send people to get more information about the book, and the protocol?

Dr. Izabella Wentz 44:06

My website is thyroidpharmacist.com, and I have a guide about the ABCs of Adrenal Support at thyroidpharmacist.com/abc. And then people can follow me on Instagram and Facebook. And my books are available wherever books are sold.

Dr. Jill 44:21

Fantastic. And wherever you're listening to this, down below or in the transcription, you will see links to all of these. So don't worry; you can find them there. Thank you

again, my friend. Thank you for being a light in the world, for bringing such healing energy, and more important than that, for putting together a protocol that can really help people heal.

Dr. Izabella Wentz 44:36

Thank you so much for having me. It's just such a pleasure and honor to be here with you. And thank you for always being a guiding light for me, as well as for everybody in the world with autoimmunity, thyroid issues, chronic health conditions, and toxicity. So I really appreciate you, and I really love you and the work that you're doing in the world.

Dr. Jill 44:58

Thank you, thank you, my friend!