



Mark A. Stengler, NMD

COULD YOU HAVE LOW THYROID AND NOT KNOW IT?

I see a great many patients each year with thyroid problems—so many that I and many other physicians believe that thyroid disorders are epidemic in our country. *Reasons for the upsurge:* Environmental toxins, side effects from pharmaceutical medications and stress. The thyroid gland, a butterfly-shaped organ in the front of the neck, produces several hormones that regulate the metabolism of every cell in the body.

Low thyroid activity, known as *hypothyroidism*, is the most prevalent disorder of the thyroid. About 10 million Americans are diagnosed with it—but I estimate that 30 million have the condition, including those who don't know it. Could you—or your doctor—not know you have an underactive thyroid?

SYMPTOMS

Symptoms such as fatigue...cold hands and feet...gaining weight for no reason...dry skin and/or hair loss...or depression all can be the result of a hectic, stressful lifestyle—or they can be signs of low thyroid activity. Some patients have many symptoms, while others have none at all. My typical hypothyroid patient is a woman in her late 40s or early 50s, but low thyroid activity can affect anyone at any age.

COMMON CAUSES

The most common cause of hypothyroidism is *Hashimoto's thyroiditis*, an autoimmune condition in which the immune system attacks the

thyroid gland, causing thyroid inflammation and underproduction of thyroid hormones. Low thyroid activity is five to 10 times more common in women than in men. People with this disorder seem to have a genetic predisposition to it, although there are other possible triggers, such as imbalances of other hormones (especially insulin resistance seen with diabetes), food allergies (such as to gluten) and stress. Less common causes are failure of the pituitary gland or a pituitary tumor.

DIAGNOSIS CONFUSION

Many physicians, including both conventional and holistic, fail to properly diagnose low thyroid activity. Often, they run just one standard blood test—the *thyroid stimulating hormone* (TSH) test—which provides a general indication of thyroid activity but misses all of the subtleties of thyroid function. *What to do:* Have a holistic physician run a full thyroid test panel, which includes an evaluation of free T3 and free T4, the principal thyroid hormones, and tests for thyroid antibodies.

If your free T3 and/or free T4 levels are low, your doctor will see that you have a low thyroid condition. But what confuses the matter is that many patients' free T3 and free T4 levels are on the low side of the "normal" range. Many conventional physicians consider this low side of normal to be acceptable, but I believe that the standard for "normal" is too

low. *Example:* The "normal" range for free T3, which is the most active thyroid hormone, is 230 picograms per deciliter (pg/dL) to 420 pg/dL. If someone's test shows 240 pg/dL, many doctors will declare that this is acceptable. I find, however, that when I get my patients' T3 levels closer to the mid-range—to 320 pg/dL or higher—they feel better.

The same goes for free T4. The "normal" range is 0.8 nanograms per deciliter (ng/dL) to 1.8 ng/dL. I find that if a patient's test reveals that his free T4 is 0.9 ng/dL, he will feel much better if I can get the free T4 level to 1.2 ng/dL or more.

Also keep in mind: Your tests will determine whether you have a normal free T4 level combined with either a low or low-normal free T3 level. *Here's why you want to know:* Your body should convert T4 to T3. But if your TSH and T4 levels are normal, while your T3 level is low or low-normal, you're probably having difficulty converting T4 to T3. That means you are in need of supplemental T3 or need help converting T4 to T3. Because there is so much underdiagnosed low thyroid in the general population, I believe that patients are greatly helped when they understand the intricacies of these test results.

THYROID HORMONE REPLACEMENT

Most conventional physicians prescribe only synthetic T4 to patients with hypothyroidism. That's because

Mark A. Stengler, NMD, naturopathic physician in private practice, La Jolla, California... adjunct associate clinical professor at the National College of Natural Medicine, Portland, Oregon...author of many books, including *The Natural Physician's Healing Therapies* and co-author of *Prescription for Natural Cures* (both from Bottom Line Books)...and author of the *Bottom Line/Natural Healing* newsletter.

Copyright © 2009 by Boardroom Inc., 281 Tresser Blvd., Stamford, Connecticut 06901-3229. www.BottomLineSecrets.com

this hormone (sold as Synthroid, Levoxyl and Levothroid) has been the most heavily marketed. In my practice, I've found that synthetic T4 by itself doesn't work very well. If a person isn't efficiently converting T4 to T3, prescribing more T4 doesn't make a lot of sense.

I prescribe natural, *bioidentical* (chemically identical to hormones made naturally by the body) thyroid hormone replacement therapy, such as Armour Thyroid, Nature-Throid or Westhroid, which are made from desiccated pig thyroid. (These are

safe for everyone except people who are allergic to pork.) These provide T3 and T4. Side effects are rare. Those who have Hashimoto's thyroiditis usually take these medications for life.

NUTRITIONAL SUPPORT

For all my patients with low thyroid activity, I recommend several nutrients to help the body make more of its own thyroid hormones. They are safe for everyone.

L-tyrosine. This amino acid is the foundation of thyroid hormones.

Take 500 mg about 30 minutes before breakfast.

Multivitamin. These contain many nutrients, such as selenium, zinc and B vitamins, that are needed to convert T4 to T3. (To find out more about the benefits of multivitamins, see article at left.)

Iodine. This element is an important component of T4 and T3. Take at least 150 micrograms (mcg) daily. Higher doses may be helpful—and these are best prescribed by a nutrition-oriented physician. ■ ■