

# THYROID DISEASE: WHAT ARE WE MISSING?

Did you know that over 12% of the U.S. population will develop a thyroid condition during his/her lifetime? Did you know that up to 60% of people with thyroid disease have no clue about their condition? Did you know that Hypothyroidism is the second most common endocrine disorder affecting women of reproductive age and that many of these women will go on to develop a second or third autoimmune condition because of "mismanagement" of their condition? Most thyroid or autoimmune conditions will actually start to develop 7-9 years before the first symptom. If you answered "no" to any of these questions, then please, read on.

Thyroid hormone (T4 or thyroxine) is essential for life and has so many critical functions in the human body. Thyroxine regulates metabolism, body weight and energy levels. It also helps regulate vital body functions including respiration; heart rate; nervous system; musculoskeletal health; body temperature; appetite; digestive function; cholesterol, triglyceride and carbohydrate metabolism; normal physical growth and cognitive development in children.

So, how is it that our current healthcare system so often misses the initial symptoms and stereotypes thyroid disease based on a lab TSH and T4. When did we stop listening to a patient's symptoms and timeline or asking about family history? If we ask a patient about family history of thyroid disease and they say "no", why wouldn't we ask about other autoimmune conditions? All autoimmune conditions are subject to 1/3 genetics; the other 2/3 are subject to diet/lifestyle and toxicity exposure.

In my functional medicine training, I have learned that symptomatology and the "correct"

labs are key in a proper diagnosis. When a female of child-bearing years or older (peri or post-menopause) complains of fatigue that she wakes up and goes to bed with, changes in body weight, heart palpitations, anxiety, hair loss, depression, nodular thyroid, mood swings, muscle and joint pain and cold intolerance, I am already asking myself two questions. Is she anemic and does she have a thyroid issue? The only way to rule out either one is by ordering the correct lab tests. This would include 8 tests specific for thyroid, CBC, CMP, lipid panel and mineral levels of I, Se, Zn and Fe. Remember, cholesterol and triglyceride regulation are also controlled by the thyroid. We need to start thinking outside the "TSH" box. We would also look at adrenal function, as the adrenal glands and thyroid work closely.

So, how would we treat any person that we've diagnosed with thyroid disease? We would definitely want to look at their stress levels, sleep habits, gut and liver function and diet. Physiologically, 80% of T4 is converted to its more active form/T3 in the liver and 20% of T4 is converted to T3 in the gut. Think diet isn't important? Gluten or wheat is such a powerful immunogenic substance that it can trigger symptoms of thyroid disease all by itself. That means it can make genes express the actual disease. What else is important when treating the thyroid? Medication or surgery, if necessary. We can also address any nutrient deficiencies and anemia. Removing any toxins is also very important. Stop drinking out of plastic bottles that contain BPA and eat organic whenever possible. As a patient, ask more questions, demand more time from your doctor and perhaps it's time to think outside the "traditional medical" approach to thyroid disease.



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