

# HYPOTHYROIDISM AND HASHIMOTO'S THYROIDITIS

According to the American Association of Clinical Endocrinologists, more than 27 million Americans suffer from thyroid dysfunction, many of whom go undiagnosed. Of the detected cases of hypothyroidism, more than half are due to Hashimoto's disease, an autoimmune disorder in which the immune system attacks and destroys thyroid tissue. Thyroid replacement hormones are usually the first line of defense for many doctors, prescribed in the hopes of wiping out a number of symptoms immediately. Why wouldn't we first try to investigate what caused the thyroid to become depressed initially? Could it be irregular immune function (due to leaky gut), genetics, poor blood sugar metabolism, adrenal problems, birth control or other hormonal problems, prescription drugs or vegetarian/vegan diets?

So, what's so important about the thyroid gland?

*\*Bone metabolism. The thyroid gland can affect our calcium status.*

*\*GI function. Poor thyroid function slows down the amount of time it takes for food to move through our intestines. This can actually cause us to develop food sensitivities.*

*\*Male reproduction. In men, hypothyroidism diminishes sex drive, causes impotence and reduces sperm count.*

*\*Gall bladder and liver dysfunction. Low thyroid function causes the liver and gall bladder to become sluggish and congested and possibly develop gallstones. Phase II of liver detoxification is dependent on good thyroid function.*

*\*Fat burning. Hypothyroidism slows down the body's metabolism and fat burning. It does this by interfering with the adrenal glands and receptor sites that respond to lipase (the enzyme that metabolizes fat).*

*\*Insulin and glucose metabolism. Hypothyroid patients absorb glucose more slowly and don't use it as readily for energy. This can create frequent episodes of hypoglycemia and adrenal stress.*

*\*Cholesterol problems. With gall bladder and liver dysfunction, we often see high total cholesterol, triglycerides and LDL cholesterol because fat is not easily metabolized and cleared from the body. Additionally, hypothyroidism causes a person to make fat much more quickly than it is burned. This is why it is so important to rule out hypothyroidism when a person has lipid panel problems.*

*\*Brian chemistry. Hypothyroidism can affect the adrenal glands and our ability to manage stress.*

*\*Estrogen metabolism and breast cancer. The liver is responsible for making estrogen metabolites water-soluble so that they can be properly eliminated. If these elimination pathways are hindered, then we might worry about uterine fibroids, ovarian cysts and breast cancer.*

*\*Stomach acid production. Sufficient stomach acid (HCL) prevents heartburn by thoroughly digesting your food. Hypothyroidism and low HCL usually accompany each other.*

*\*Body heat/Hot flashes. The thyroid gland maintains proper body temperature. With hypothyroidism, a person may experience hot flashes or night sweats. It is important to differentiate these symptoms from those caused by perimenopause/menopause.*

How would you know if you have undiagnosed hypothyroidism or even if your thyroid medication is even working? Blood chemistry is key here, but a person's health history and symptoms are all part of making the diagnosis. So often I have clients come in with perfect labs from their PCP, although they have only tested TSH and T4, but still feel lousy. Some common symptoms of hypothyroidism are fatigue, weight gain, constipation, depression, poor circulation (numbness in hands and feet), dry/brittle hair, hair falls out easily, dry skin, loss of outermost portion of eyebrows, excessive amount of sleep required and resting muscle cramps. If someone is suffering from autoimmune Hashimoto's disease, they may experience heart palpitations, insomnia, night sweats, difficulty gaining weight and feelings of nervousness and emotional distress.

How do we develop thyroid problems?

*\*Genetics. This is the most common cause of thyroid problems.*

*\*Low-calorie dieting and nutrient deficient diets. We notice this especially in people who experience post-diet rebound weight gain.*

*\*Hormonal events, ie. puberty, miscarriage, pregnancy and menopause.*

*\*Vegetarian/Vegan diets because of the lack of key nutrients like selenium and zinc.*

*\*Soy products as they have a negative effect on the primary hormone, T4.*

*\*Adrenal malfunction due to chronic stress.*

Finally, how would we fully look at thyroid function if we are suspicious of hypothyroidism or Hashimoto's thyroiditis?

*\*Thyroid stimulating hormone (TSH)*

*\*Total T4 (TT4)*

*\*Free T4 (FT4)*

*\*Total T3 (TT3)*

*\*Free T3 (FT3)*

*\*Reverse T3 (rT3)*

*\*Thyroglobulin (TGB)*

*\*Thyroid antibodies (thyroglobulin ab – TGBAb, thyroid peroxidase – TPOAb)*

The bottom line here is that if you have family history of hypothyroidism or any autoimmune conditions and you have symptoms, then ask your doctor to do a full panel of thyroid tests.

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