



THE THYROID FIX:

A Real-World Guide for Women Who Still Don't Feel Right—Even When Their Labs Say They're Fine

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WELLNESS
WITH CHERI
TRANSFORMATION INSIDE OUT



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Introduction

If you've ever been told your thyroid is "fine" but you still feel anything but—this guide is for you.

Because, let's be honest: fatigue, brain fog, stubborn weight, brittle hair, bloating, constipation, mood dips—these things don't just happen without a reason. And they're not just a normal part of aging or "being a woman." They're messages from a body that's working hard to stay balanced, often without the support it really needs.

Thyroid issues in midlife are one often misunderstood.. Many women are dismissed, misdiagnosed, or told their labs look normal when something deeper is clearly going on. What's worse? Most of us are never taught what the thyroid actually does, how it interacts with our sex hormones, or how stress, nutrition, and even our gut play a role.

That changes now.

Inside this guide, I'll walk you through how the thyroid really works, what labs actually tell us (and what they don't), and how to start supporting your thyroid in a way that actually helps you feel better long term.

Because once you understand your thyroid, everything else starts to make sense.



Why I Wrote This Guide (My Story)

For years, I knew something wasn't right.

I suspected thyroid issues in my early 30s—maybe even before that. But like most women, I was told everything looked “normal.” My doctors ran a TSH test, and that was that. I didn't know what to ask for. I didn't know there were other labs. I just knew I didn't feel well.

In truth, the signs were there for decades.

In my late teens and twenties, I struggled with severe IBS. That alone can wreak havoc on nutrient absorption and inflammation, but at the time, it was just one more thing to manage. Then came the depression and anxiety. I was hospitalized in my late 30s for what felt like a complete emotional and physical unraveling. On top of that, I developed a growing intolerance to stress—something that would follow me for years.

I was eventually diagnosed with interstitial cystitis, fibromyalgia, and central sensitivity syndrome. The labels piled up, but no one ever looked beneath the surface. No one asked why my body was struggling.

At age 49, I was finally put on thyroid medication—T4 only. It helped a little, but never fully. For over eight years, my care was based solely on TSH. No one checked my Free T3 or Reverse T3. No one questioned why I was still so fatigued, inflamed, or foggy. When I developed microvascular heart disease, I knew I couldn't keep settling for band-aid care.

It wasn't until I found a functional doctor who ran a full thyroid panel and did genetic testing that I finally got clarity.

I learned that I have a genetic predisposition that makes it harder for my body to convert T4 to T3, the active thyroid hormone. I also discovered I have central hypothyroidism, a less common condition where the brain (specifically the pituitary gland) doesn't send enough of a signal (TSH) to the thyroid. So while my labs always looked "okay," my body was never getting the message it needed to make enough hormone. It's like having a thermostat that's stuck on low, not because your heater's broken, but because no one ever turned the dial.

Now I'm on a combination of T4 and T3, and for the first time, things have started to shift. I also avoid gluten and dairy, not because of Hashimoto's (I don't have it), but because I learned my body is intolerant to both.

As I've moved through perimenopause into postmenopause, I've had to keep adjusting.

Why? Because when sex hormones shift, so does the way thyroid hormone is used in the body. Estrogen, progesterone, and testosterone all impact thyroid binding, tissue sensitivity, and even how much hormone is needed at different phases of life. It's not a one-and-done fix—it's a living, breathing process that needs ongoing attention.

This guide is the one I wish I'd had 20 years ago. It would have saved me from years of confusion, self-doubt, and the heartbreak of not being believed.

So if you're still searching for answers, still exhausted, still feeling like no one's truly connecting the dots -I see you. I've been you.

And I created this guide to help you finally move forward with clarity, confidence, and the support you've always deserved.

—Cheri ❤️

Understanding Your Thyroid

If I had a dollar for every woman who's told me her labs were "normal" but she still felt awful, I'd have a very fat pocketbook.

The truth is, thyroid issues are one of the most overlooked and misunderstood pieces of the midlife hormone puzzle. It's not because women aren't asking. It's because most of us are asking the right questions, and getting the wrong tests.

By the time we reach our 40s and 50s, it's not just our sex hormones shifting. Estrogen and progesterone are also on a roller coaster, cortisol is through the roof, and insulin sensitivity is declining. The thyroid? It's trying to hold it all together, but when it starts slipping, the symptoms don't wave a red flag. They whisper.

Fatigue. Brain fog. Weight that won't budge. Anxiety. Hair that clogs the drain. Constipation. Cold hands and feet. Sound familiar? These aren't just "normal signs of aging." And they're not just "menopause." Often, they're your thyroid waving a white flag.

Let me introduce you to someone - we'll call her Jenna.



Jenna is 52 and postmenopausal. She came to me exhausted.

Her doctor said everything was fine, but her ferritin was 34, her TSH was 2.8, and no one had checked her free T3 or reverse T3.

When we looked deeper, we found that her conversion from T4 to T3 was sluggish, her stress levels were sky-high, and her thyroid was underperforming even though it technically lived within the “normal” range.

No wonder she felt like she was dragging herself through the day.

This is why I say, “ **TSH alone is not enough**” especially in midlife, and especially when your other hormones are already shifting.

Autoimmune thyroid conditions like Hashimoto’s are also more likely to show up during perimenopause and post-menopause, and they can simmer under the surface for years before they get flagged. Yet many doctors don’t even test for thyroid antibodies unless you push.

Here’s the bottom line:

If you’re navigating midlife changes and still feel off despite doing “all the right things,” your thyroid deserves a second look. Not just TSH, but free T3, free T4, reverse T3, ferritin, and antibodies too. When we finally connect those dots, the fog lifts. The weight starts shifting. Your spark begins to return.

You don’t need to settle for “just getting older.” You need better information, and that’s exactly what we’re going to walk through in the rest of this guide.

TSH ALONE IS NOT ENOUGH



What Your Thyroid Actually Does (and Why It Matters So Much in Midlife)

Let's clear something up: your thyroid doesn't just regulate metabolism like some outdated textbook says. It's your body's energy command center. It's in charge of setting the pace for almost every cell, tissue, and organ in your body.

Think of it like the dimmer switch on a light. Too low, and everything slows down; your digestion, your mood, your brain power, your ability to burn calories, and even your heartbeat. Too high, and everything runs hot: anxiety, racing thoughts, weight loss that doesn't feel good, insomnia, and heart palpitations.

So when women say "I just don't feel like myself," the thyroid is often behind the scenes pulling strings no one's noticing.

In midlife, this becomes even more important. Estrogen affects how sensitive your cells are to thyroid hormone. Progesterone helps keep the immune system from tipping into autoimmunity. And cortisol? If it's high for too long, it can literally block the conversion of your inactive thyroid hormone (T4) into the active form your body actually uses (T3).

This is where it gets tricky, because many women do produce enough T4, but they're not converting it into T3 efficiently. So the gas is in the tank, but the engine's not turning over. You're exhausted, foggy, bloated, gaining weight, and your doctor says, "Your thyroid looks fine."

Why TSH Alone Isn't Enough (and What Labs Actually Tell You About Thyroid Function)

Let's talk about labs. Because this is where a lot of women get stuck.

You finally go in and ask to have your thyroid checked. Maybe you've been feeling exhausted, gaining weight despite eating less, or noticing your hairbrush is looking way too full lately. Your provider runs one test—TSH—and says, "Everything's normal."

But you don't feel normal.

Here's the thing: TSH isn't a thyroid hormone. It's a signal from your brain, specifically your pituitary, that tells your thyroid to make more hormone. It's like the thermostat on the wall, not the actual temperature in the room. So your TSH might look fine, even if your tissues are starving for thyroid hormone.

That's why a full thyroid panel matters.

At minimum, you want:

- TSH – the brain's message to your thyroid.
- Free T4 – the storage form of thyroid hormone.
- Free T3 – the active form that fuels your cells.
- Reverse T3 – an inactive byproduct that can rise in times of stress or illness and signal that your body is conserving energy.
- TPO and Tg antibodies – to check for Hashimoto's, the autoimmune thyroid condition that affects roughly 1 in 8 women.

You also want to look at ratios, not just the numbers:

- A healthy Free T3 to Free T4 ratio shows that your body is converting hormone efficiently.
- A high Reverse T3 to Free T3 ratio may suggest that inflammation, chronic stress, or nutrient deficiencies are slowing things down.

Now, this is what is most important:

You can be “in range” on every lab and still feel terrible, because the ranges are based on population averages, not optimal function. Functional medicine looks for what’s ideal, not just what’s barely acceptable.

If your Free T3 is low, even with a normal TSH, your body is running on fumes. You won’t feel well, because you aren’t well. And that’s not something you can positive-think your way out of.

Understanding your full thyroid picture gives you clarity, confidence, and a clear direction forward. It’s not about chasing numbers—it’s about reclaiming energy, mood, focus, and your quality of life.

Next, we’ll explore what impacts these numbers, and what you can actually do to shift them

That’s why Jenna’s story is such a good example.

Her TSH was 2.8—within the so-called “normal” range—but she was dragging herself through the day. When we ran a full panel, the bigger picture started to come into focus. Her Free T3 to Free T4 ratio was low, signaling sluggish conversion. Her Reverse T3 was high, a red flag that her body was under stress and shifting into conservation mode.

Individually, these numbers might not have raised concern. But together, they told a very different story—one that explained exactly why she felt so depleted.

This is the power of context. Not just collecting labs, but actually understanding what they mean for you. It's what allows you to stop guessing, stop blaming yourself, and finally take steps that move the needle.



What's Messing with Your Thyroid (and What You Can Do About It)

So now that you know what labs to look at, let's talk about what actually impacts them.

Your thyroid doesn't work in isolation. It's influenced by nearly everything: your stress levels, your gut health, your sleep, your nutrition, your blood sugar, even how much joy (or lack of it) is in your daily life.

Let's break down the most common disruptors:

1. Chronic Stress

Cortisol, the stress hormone, directly affects thyroid function. When your cortisol is constantly elevated, it can reduce the conversion of T4 to T3 and increase Reverse T3, that inactive form that clogs things up. Long-term stress can also suppress pituitary function, lowering TSH even when your body needs more thyroid hormone.

2. Inflammation and Illness

Whether it's gut dysbiosis (an imbalance of the gut microbiome), hidden infections, or autoimmune activity, inflammation puts your body into a state of protection, not performance. That means thyroid function takes a hit. Remember, inflammation doesn't always scream—it often whispers. Fatigue, joint pain, brain fog, weight gain, puffiness – they all count.

3. Blood Sugar Imbalance

If your insulin is constantly spiking or crashing, it creates chaos in your hormonal symphony. Insulin resistance and blood sugar swings can suppress thyroid hormone conversion and even increase the risk of autoimmune thyroid disease over time.

4. Nutrient Deficiencies

Even with “normal” labs, your thyroid can’t do its job without the raw materials. You need:

- Selenium for T4-to-T3 conversion
- Zinc for hormone production
- Iron (ferritin) for TPO activity and oxygen transport
- Iodine (in the right amount) for hormone synthesis
- B vitamins and magnesium for energy production and stress resilience

Low ferritin alone, like we saw in Jenna, can tank your energy, mood, and hair growth, even if every other number looks fine.

5. Perimenopause & Postmenopause

This one deserves its own spotlight. Estrogen and progesterone influence how well your thyroid works, and how sensitive your cells are to it. As these hormones decline, thyroid dysfunction can show up or worsen, even in women who previously had no issues.

This is especially important because the symptoms of menopause and hypothyroidism can look nearly identical: fatigue, brain fog, weight gain, dry skin, mood swings, anxiety, low libido. That’s why it’s so often missed or misattributed.

6. Hidden Inflammation or Autoimmunity

Low-grade inflammation, whether from food sensitivities, infections, or chronic stress, can interfere with thyroid function and increase Reverse T3. And if you have Hashimoto’s (the most common cause of hypothyroidism), managing inflammation becomes paramount.

Let's circle back to Jenna for a moment.

When we first met, her TSH was 2.8 and her ferritin was only 34—barely enough to support hair growth, let alone full thyroid function.

But the story didn't stop there. She was dealing with chronic stress due to a demanding job and caring for aging parents, had gone through menopause two years earlier, and was skipping meals in an effort to lose weight.

In her case, it wasn't just one thing.

Her cortisol was running high. Her Reverse T3 was elevated. Her free T3 was on the lower end, despite “normal” TSH. She also had gut issues that we later discovered were interfering with nutrient absorption. And her progesterone? Undetectable.

Put simply—her thyroid wasn't broken. It was responding to everything else that was out of balance.

And that's exactly why band-aid solutions or generic advice so often fall flat. If we hadn't zoomed out to look at the full picture, including lifestyle, stress, nutrient levels, hormones, and lab patterns, not just individual numbers, she'd still be dragging herself through the day wondering why nothing was working.

Supporting Thyroid Function from the Ground Up

You don't necessarily need to micromanage your thyroid hormones—you need to support the systems that create and convert them. When you focus upstream, everything downstream starts to flow more smoothly.

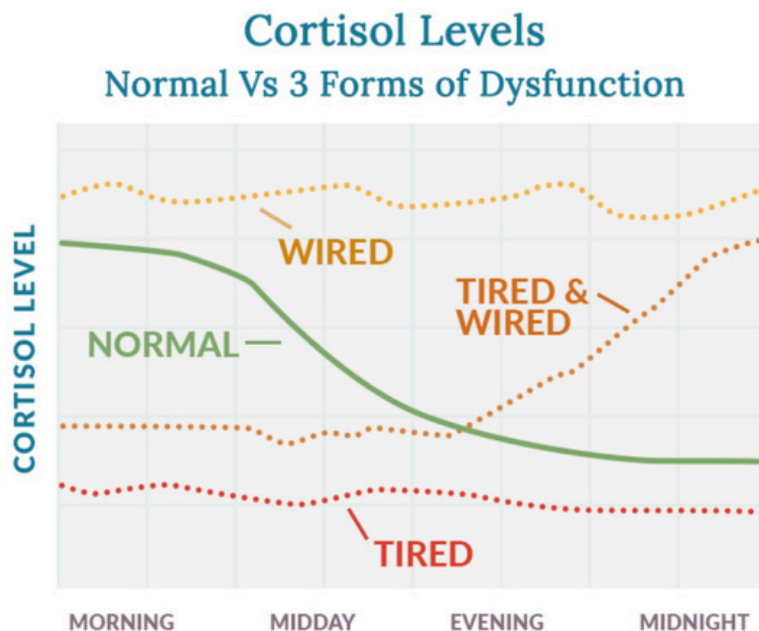
Here's where to begin:

Steady Your Blood Sugar First

This is foundational. Every hormone in your body is impacted by glucose highs and crashes, including your thyroid. Start by building meals around protein, fiber, and healthy fat. Aim for three balanced meals a day, and limit the grazing and sugar spikes that stress your system.

Calm the Cortisol Rollercoaster

If your stress response is constantly flipped on, your body won't prioritize hormone production. Focus on calming practices like walking in nature, breathwork, laughter, and actually giving yourself permission to rest. Yes, it counts.



Rebuild Nutrient Stores

Magnesium, selenium, zinc, and B vitamins are critical for thyroid conversion. So is iron, especially ferritin. Before jumping to supplements, take a look at what might be missing from your meals. A well-timed nutrient panel or hair mineral test can help too.

Optimize Your Digestion

Support your gut so you can absorb what you eat. That might mean slowing down at meals, taking digestive bitters or enzymes, or identifying and eliminating any food sensitivities that are triggering inflammation.



Don't Forget About Inflammation

Chronic low-grade inflammation blocks conversion of T4 to T3 and increases Reverse T3. Anti-inflammatory foods like wild salmon, leafy greens, berries, turmeric, and olive oil are a great start. So is saying no to things that feel like too much.

Get the Right Labs and Track Trends

Once you've got the full thyroid panel, start noting where your numbers trend, not just if they're in range. A Free T3 on the low end, ferritin in the 30s, and sky-high Reverse T3 paints a very different picture than a one-line "normal" TSH.

Jenna's case brought all of this into sharp focus.

She was doing everything right, or so she'd been told. But at 52, postmenopausal, and bone-deep exhausted, something clearly wasn't working. Her provider told her that her TSH of 2.8 was "totally fine." But no one had checked her Free T3, Reverse T3, or ferritin.

When we finally got her doctor to run a full panel, the picture became clear.

As noted before, her Free T3 was low, her Reverse T3 was high, and her ferritin was sitting at 34. Her cortisol curve was also flattened, and her digestion was sluggish from years of stress and skipped meals. It wasn't one issue—it was everything layering together.

So we didn't just chase thyroid numbers. We rebuilt from the ground up.

Jenna started eating real meals again—three times a day, with protein front and center. We worked on blood sugar balance, replenished key nutrients, and supported her adrenals with rest, rhythm, and replenishment. As her energy improved, we introduced light movement and practices to calm her nervous system.

And gradually, things shifted.

Her labs didn't just "normalize"—they started moving into optimal ranges. But more importantly, she started feeling like herself again. Clearer. Lighter. More grounded in her body and mind.

When to Consider Thyroid Medication (and What Your Options Are)

Lifestyle changes are powerful. They build the foundation your thyroid needs to function—nutrients, blood sugar balance, stress reduction, and digestive health. But sometimes, even with all the right pieces in place, your thyroid still needs a little extra support.

Your body may simply not be producing enough thyroid hormone. Or it might be struggling to convert T4 into T3 efficiently. And when your cells aren't getting the active hormone they need, no amount of kale or magnesium will fix the fatigue, the fog, or the creeping weight gain.

This is when it's time to consider whether medication might be the missing piece.

How Do You Know It's Time?

You've done the work. You're eating well, sleeping better, managing stress, and supporting your body, but you still feel off. Maybe your Free T3 is stuck in the basement, your Reverse T3 is climbing, or your TSH is creeping up toward the higher end of "normal."

These are signs your tissues might not be getting the message. And this is where thyroid medication can be life-changing.

What Are Your Options?

T4-Only Medications

This includes levothyroxine (Synthroid, Eltroxin, etc.). These are the most commonly prescribed but rely on your body converting T4 into the active T3. If you're a poor converter, which many women in menopause are, this may not be enough.

T3/T4 Combinations

This includes compounded bioidentical options or prescriptions like Cytomel paired with T4. These can help when conversion is an issue and often bring a noticeable improvement in energy and mental clarity.

Desiccated Thyroid (NDT)

Natural options like Armour, NP Thyroid, or Erfa (available in Canada) contain both T4 and T3. Some women respond very well to these, while others may need more individualized dosing.

T3-Only (Cytomel, Liothyronine, or Slow-Release T3)

This provides your body with the active form of thyroid hormone directly—ideal for women who struggle to convert T4 to T3 or who have high Reverse T3 levels. Fast-acting versions like Cytomel can cause spikes and dips for some, so compounded slow-release T3 is sometimes used for a gentler, steadier delivery. It can be especially helpful when standard therapies fall short.

There's no one-size-fits-all. The best medication, if you need it, is the one that gets your symptoms under control and your labs into an optimal range, not just "normal" one.

One More Thing...

Medication alone won't solve everything. Just like hormone therapy, it's a tool, not the entire solution. You still need the foundation in place to help your body use the hormone you're giving it.

But when used thoughtfully, thyroid medication can restore a sense of vitality that seemed long gone.

You deserve to feel like yourself again.

Take Lisa for example.

Lisa was 49 and barely getting through the day.

She came to me with the classic symptoms:

- Freezing all the time, even in summer
- Brain fog so heavy she couldn't hold a conversation
- Hair coming out in handfuls
- Weight gain that wouldn't budge no matter how clean she ate

She'd already seen two doctors. Other than suggesting she take some iron, the first told her everything was "normal" and the other said her thyroid was borderline, but still in range, and therefore fine.

But when we looked at her labs together, the real story came into view:

- TSH: 4.9 (technically "normal," but far too high to feel well)
- Free T4: 1.3 ng/dL (mid-range—adequate supply)
- Free T3: 2.5 pg/mL (low—poor conversion to active hormone)
- Reverse T3: 20 ng/dL (high—signaling stress or inflammation)
- Ferritin: 23 ng/mL (low iron stores impairing conversion)
- TPO Antibodies: >300 IU/mL (confirming Hashimoto's)

She had the raw materials, but her body wasn't converting Free T4 into the active Free T3. Instead, much of it was being diverted into Reverse T3, a protective mechanism when the body senses stress or starvation.

And that's when it clicked: Lisa had been under-eating for years.

Like so many women in midlife, she'd been chasing weight loss by cutting calories and carbs—unintentionally depriving her body of the fuel it needed to produce and convert thyroid hormone. Her nervous system was stuck in survival mode.

Together, we began to rebuild her foundation:

She started eating three real meals a day that included protein, fiber, and healthy fat.

She increased her complex carbohydrates like squash, lentils, root vegetables, and steel-cut oats to give her body the glucose it needed for conversion.

She added iron-rich foods and started addressing her low ferritin with a practitioner-recommended supplement.

And maybe the biggest shift? She stopped believing she had to eat less or punish her body to feel better.

With her full panel in hand and the right words to say, she was finally able to advocate for herself—even though her doctor had said she was just “borderline.” Together, they agreed to try desiccated thyroid, which contains both T4 and T3. Her stress levels began to drop. Her digestion improved. And for the first time in years, she felt like things were actually moving in the right direction.

Other Labs That Matter

Clues Your Thyroid Can't Tell You On Its Own

By now, you know a full thyroid panel is a must. But if we stop there, we're only seeing part of the picture. Because what often looks like "thyroid dysfunction" is actually the downstream effect of deeper imbalances like nutrient deficiencies, blood sugar instability, inflammation, and stress overload.

That's why I always look at the context. These labs help explain why the thyroid is underperforming, and what might be getting in the way of feeling better, even if you've already started treatment.

Let's walk through the most helpful ones, and how they showed up for Jenna and Lisa.

Ferritin (Iron Storage)

Iron is essential for thyroid hormone production and conversion. Even slightly low levels can cause fatigue, hair loss, anxiety, or trouble regulating temperature.

- Optimal range: 70–100 ng/mL
(Though function starts dropping below 50 in many women)



Jenna's ferritin was 34. Technically "normal," but not optimal. No wonder she felt like her get-up-and-go had gotten up and gone. Once she added more iron-rich foods and a gentle supplement, her energy slowly began returning.

Lisa's ferritin was even lower—just 23. With this level, her body was in conservation mode. It wasn't just her thyroid that was struggling—her cells were starving for oxygen and fuel. We addressed this early on to get her thyroid meds working more effectively.

Vitamin D

This isn't just a sunshine vitamin—it plays a major role in immunity, hormone production, and energy metabolism.

- Optimal range: 50–80 ng/mL

Both Jenna and Lisa were in the low 30s, which is common among women with fatigue or autoimmune tendencies. Low D can also impact mood and immune regulation. A high-quality supplement, taken with fat, helped bring them into a more therapeutic range.



B12 and Folate

Needed for nerve function, red blood cell production, detox, and methylation—all of which influence hormone health.

- Optimal B12: 700–1100 pg/mL
- Optimal Folate: 8–16 ng/mL

Jenna's B12 was under 400. She wasn't absorbing well despite eating animal protein. With a sublingual B-complex and digestive support, her focus and mood began improving.



hs-CRP (High-Sensitivity C-Reactive Protein)

This is a blood marker for systemic inflammation. It won't tell you where the inflammation is, but it will tell you if it's there.

- Optimal: under 1.0 mg/L
- Concern: 2.0 and above

Lisa's hs-CRP was 3.8. She had no obvious injuries or illness, but her stress levels were high, her sleep was disrupted, and her gut needed healing. Inflammation was one of the biggest drivers of her high Reverse T3.

Blood Sugar and Insulin

Your thyroid can't thrive in an unstable metabolic environment. Glucose spikes, crashes, and high insulin create internal chaos.

- Fasting glucose: 75–89 mg/dL (optimal)
- Fasting insulin: 2–6 µIU/mL
- HOMA-IR (Homeostatic Model Assessment of Insulin Resistance):
under 1.5 (lower = more insulin sensitivity)

Jenna's glucose and insulin were in the healthy range. But Lisa's fasting insulin was 11, and her glucose was 99. Her HOMA-IR was 2.7, suggesting early insulin resistance. Once she stabilized her meals, especially adding more complex carbs at the right times, her energy and mood improved dramatically.

Sex Hormones and Stress Hormones

We won't go deep into estrogen, progesterone, testosterone, or cortisol here—they each deserve their own spotlight. But I'll say this: if you're in perimenopause or postmenopause, these hormones can absolutely influence how your thyroid performs.

I have other guides that go into sex hormones and stress hormones in detail.

The Clarity You Deserve

This isn't about running more labs just for the sake of it. It's about uncovering the real reasons you don't feel like yourself—so you can finally connect the dots and move forward with confidence.

When you understand what your labs are really telling you, things start to make sense: the fatigue, the brain fog, the stubborn weight, the frustration with your thyroid meds.

You're not making it up.

You're not asking for too much.

You've just been missing the full picture.

Now you're learning how to understand your body—and that changes everything

The Autoimmune Connection: Could It Be Hashimoto's?

Most women are shocked to learn this:

Up to 90 percent of hypothyroidism cases are actually caused by Hashimoto's, an autoimmune condition in which the body slowly attacks the thyroid gland over time.

And yet? It's rarely tested for.

Instead of identifying the root cause, most providers simply check your TSH, and if it's a little high, they prescribe medication. No discussion of immune function. No exploration of what's really driving your symptoms. Just a band-aid.

But here's the truth:

Hashimoto's is the most common autoimmune condition in the world, and it affects 1 in 8 women at some point in their lives. It's especially common during hormonal transitions like perimenopause and postmenopause, when estrogen and progesterone, key regulators of immune balance, start to decline.

The symptoms can be confusing, inconsistent, and maddening:

- Crushing fatigue
- Weight gain that doesn't respond to diet or exercise
- Puffy face, achy joints, feeling inflamed
- Brain fog, forgetfulness, anxiety
- Cold hands and feet
- Mood swings, irritability, or even depression
- Irregular or worsening cycles during perimenopause

And the labs? They don't always catch it.

Your TSH might look “normal.” Your Free T4 and T3 might even sneak into range. But if your immune system is attacking your thyroid, those numbers don't tell the full story.

That's why testing TPO antibodies and Tg antibodies is non-negotiable if you're dealing with persistent symptoms, even if your basic labs are “fine.”

When the Thyroid Isn't the Only Problem

Hashimoto's isn't just a thyroid issue—it's an immune imbalance. And that means the fix isn't as simple as taking a pill.

To really feel better, we have to support the entire system:

- Calm the immune response
- Reduce chronic inflammation
- Support gut healing (since 70–80 percent of the immune system lives there)
- Replenish key nutrients like selenium, zinc, vitamin D, and magnesium
- Address adrenal health, stress patterns, and nervous system overload
- Re-evaluate thyroid medication if needed



That's exactly what happened with Karen, age 48, who came to me exhausted, inflamed, and deeply frustrated. She was told her TSH of 3.2 was "nothing to worry about." Her full thyroid panel however, told a different story.

- Free T3 was below optimal
- Reverse T3 was elevated
- TPO antibodies were over 1,000
- Ferritin was suboptimal
- And her digestion was barely functioning

She was doing "everything right," but her body was stuck in defence mode.

We took the pressure off.

We rebalanced her meals, removed key triggers, added gentle nervous system support, and later introduced a low dose of combination thyroid medication with her provider's support. Slowly, the inflammation calmed. Her energy returned. Her brain fog lifted. And for the first time in years, she said, "I finally feel like me again."

This is why we don't stop at TSH.

Because behind every number is a real woman, and her story deserves to be heard.

Top Triggers for Hashimoto's

If you've been diagnosed, or suspect you might have it, these are some of the most common immune system disruptors worth addressing:

Chronic Stress

Emotional stress, overtraining, and lack of rest all impact cortisol, which in turn disrupts immune regulation.

Gluten Sensitivity

Gluten can mimic thyroid tissue in people with Hashimoto's (molecular mimicry), prompting a stronger immune attack.

Blood Sugar Swings

Both spikes and crashes raise inflammation and keep the body in a reactive state.

Nutrient Deficiencies

Low levels of selenium, zinc, magnesium, ferritin, and vitamin D can impair immune balance and thyroid function.

Gut Imbalances

Leaky gut and dysbiosis (imbalanced gut bacteria) are strongly linked to autoimmune activity.

Toxin Exposure

Environmental chemicals, mold, and heavy metals can increase immune load and trigger inflammation.

Viral Reactivation

Past infections like Epstein-Barr (EBV) may become reactivated during times of stress and contribute to autoimmune flares.

You don't have to address all of these at once.

But bringing awareness to even one or two can create a noticeable shift in how you feel.





Labs to Request for Hashimoto's

If you want real answers, you need more than just a TSH check. These labs help uncover the full picture:

TSH (Thyroid Stimulating Hormone)

A brain signal—not a thyroid hormone. Can be “normal” even when symptoms are present.

Free T4

The inactive storage form of thyroid hormone.

Free T3

The active form—this is what your body actually uses.

Reverse T3

A mirror image of T3 that becomes elevated with stress, illness, and inflammation. Doesn't “block” T3, but it signals that the body is conserving energy.

TPO Antibodies (Thyroid Peroxidase)

One of the key markers for diagnosing Hashimoto's.

Tg Antibodies (Thyroglobulin)

Another critical marker that may be elevated, even if TPO antibodies are not.

Ferritin

Reflects stored iron. Levels under 70 ng/mL can impair thyroid hormone conversion.

Vitamin D (25-hydroxy)

Vital for immune balance. Aim for 50-80 ng/mL for optimal function.

Zinc, Selenium, and Magnesium (RBC if possible)

Support enzyme function, reduce inflammation, and assist hormone conversion.

If your doctor won't run them, consider ordering through a direct-to-consumer lab—or working with a practitioner who understands the deeper layers.

Supporting Yourself with Hashimotos

If you've been told "you have Hashimoto's" like it's a throwaway comment or just something to watch, let's slow down. Because Hashimoto's is an autoimmune disease, and it usually unfolds in stages. When you understand where you are on that path, you can actually do something about it.

The Stages of Hashimoto's

1.Silent Autoimmunity

Antibodies are present, but TSH and thyroid hormone levels are still normal. You may not have full-blown symptoms yet—or you might feel "off" in ways that don't show up on standard labs.

2. Immune Activation

Antibodies increase. You may start noticing fatigue, anxiety, weight changes, or subtle hormone shifts, but your labs still come back “normal,” so you’re told it’s nothing.

3. Subclinical Hypothyroidism

TSH begins to rise, but Free T3 and Free T4 may still look okay. You’re likely having symptoms now: sluggishness, constipation, brain fog, heavier cycles, cold hands and feet—but your provider might still say, “Let’s wait and see.”

4. Overt Hypothyroidism

The immune system has caused enough damage that your thyroid can no longer keep up. TSH is high, Free T4 is low, and symptoms are more pronounced. This is often the point where women are finally offered medication.

5. Advanced Progression

Years of attack can lead to thyroid gland atrophy and permanent damage. At this point, medication is essential, but lifestyle support still matters, because Hashimoto’s is about immune regulation, not just hormone replacement.

Now for the empowering part: you don’t have to wait until Stage 4 or 5 to intervene.

In fact, the earlier you support your body, the more you can potentially slow, stabilize, or even reverse the immune activity.

Here's what that looks like:

Lower the Inflammatory Load

Start with your food. Gluten is the most researched dietary trigger in Hashimoto's—it shares a similar protein structure to thyroid tissue and can ramp up immune confusion. Dairy, sugar, and ultra-processed foods may add fuel to the fire. Focus on whole foods that nourish, not inflame. The Auto-Immune Protocol (AIP) Diet can be very helpful.

Repair the Gut Barrier

Autoimmunity often starts in the gut. Hashimoto's is strongly associated with intestinal permeability (aka "leaky gut"). To support healing, try spacing meals out, eating slowly, chewing well, and adding collagen-rich broth, fermented foods, and zinc-rich meals. A high-quality probiotic may help too.

Support the Nervous System

Chronic stress activates the immune system and drives inflammation. You don't have to become a Zen master—just build in little anchors: deep breaths before eating, walks after dinner, and saying no to one thing this week. These are not small. They are nervous system medicine.

Nourish with Purpose

Hashimoto's can deplete key nutrients like selenium, magnesium, iron, vitamin D, zinc, and B12. Low ferritin? Your thyroid can't convert T4 to T3 properly. Low selenium? Antibodies may rise. Test if you can, but also add in more nutrient-rich meals. Real food still works.

5. Track Trends, Not Just Snapshots

Look beyond a single “normal” TSH. Watch how your TSH, Free T4, Free T3, Reverse T3, and antibodies move over time. You’re not looking for perfect—you’re looking for patterns. Progress. Shifts. This is how you get your power back.

Let’s revisit Karen, who was stuck in stage 3.

Her antibodies were high, her TSH was climbing, and she was tired of feeling brushed off.

We removed gluten, dairy, and processed foods and transitioned her to a modified AIP (Autoimmune Protocol) plan rich in anti-inflammatory whole foods. We focused heavily on gut repair—incorporating bone broth, fermented veggies, and targeted support for digestion. She began daily nature walks to regulate her stress response and added simple bedtime breathwork to help calm her nervous system. We also addressed nutrient gaps—especially selenium, zinc, magnesium, and vitamin D—through food first, with a few targeted supplements.

Her thyroid antibodies (TPO) were over 900 when we started. Six months later, they had dropped to just above 400. That kind of shift doesn’t happen overnight—but with consistent effort, it’s absolutely possible. For many women, reducing antibodies is a gradual process, and full normalization may not happen at all. But even a 30–70% drop can make a profound difference in symptoms and quality of life. She finally felt like she had her brain and body back—and had the labs to prove that what she was doing was working.

When the Thyroid Speeds Up: Understanding Hyperthyroidism

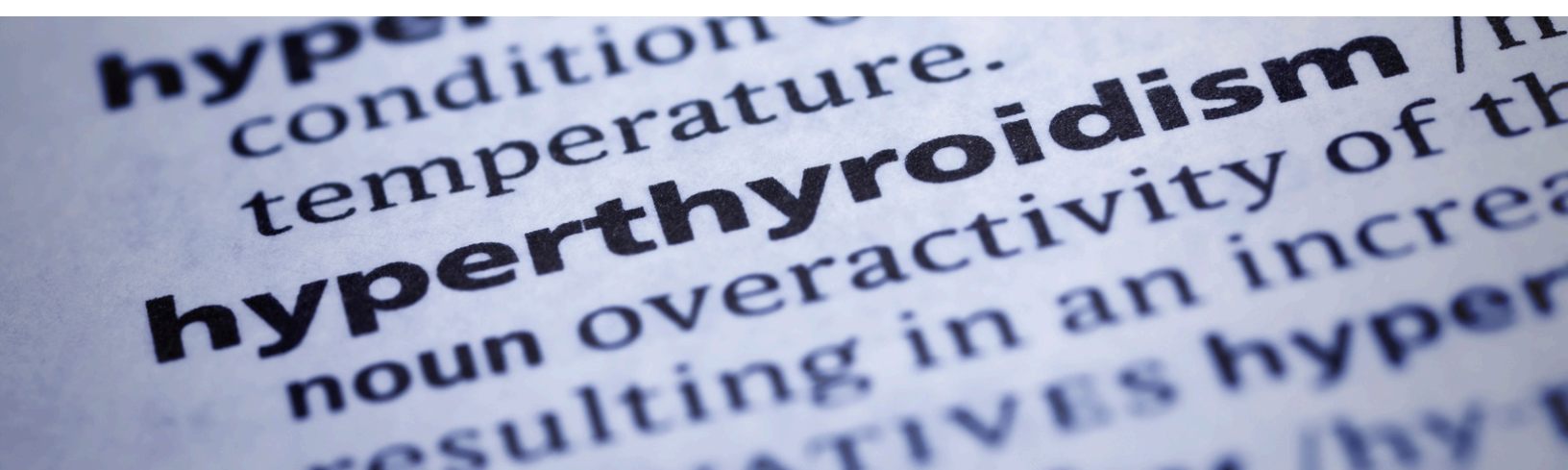
While most women in midlife are told their thyroid is sluggish, some experience the opposite—a thyroid that's running too fast.

Hyperthyroidism happens when your thyroid makes too much hormone. And although it's less common than hypothyroidism, it's not rare. Graves' disease, thyroid nodules, postpartum changes, and even Hashimoto's in a flare can all send your thyroid into overdrive.

But here's where it gets tricky: in menopause, hyper symptoms often fly under the radar, or get chalked up to anxiety, aging, or stress.

If you've ever felt:

- Wired and tired, like your body can't shut off
- Unexplained weight loss (or, frustratingly, none at all)
- Racing heart, heart palpitations, or increased blood pressure
- Sweaty or heat-intolerant, especially at night
- Shaky hands, anxiety, or a mind that won't settle
- Frequent bowel movements or looser stools
- Hair thinning (especially on your head or outer eyebrows)
- Trouble sleeping



...it could be more than stress. It could be your thyroid running too fast.

And sometimes, what looks like hyperthyroidism on labs is really a swing—a flare-up from autoimmunity (like Hashimoto's) before things crash back into hypothyroid territory.

That's why testing matters. And retesting. Because thyroid health isn't static.

What to Look for on Labs: Hyperthyroidism

If you suspect your thyroid is in overdrive, or swinging between high and low, here's what to look for:

Essential Labs:

- **TSH (Thyroid Stimulating Hormone):** This is usually low in hyperthyroidism. Sometimes it's even undetectable.
- **Free T4:** Often high, because the thyroid is pumping out too much hormone.
- **Free T3:** Also elevated, sometimes significantly, especially if you're having strong symptoms like anxiety, insomnia, or heart palpitations.
- **TPO and Tg Antibodies:** These detect Hashimoto's, which can occasionally cause hyper flares before swinging low.
- **TSI (Thyroid Stimulating Immunoglobulin):** This tests for Graves' disease, the most common autoimmune cause of hyperthyroidism.

💡 **Optional, but helpful:**

- **Total T3 and RT3:** May help fill in the picture, especially in mixed-pattern cases.
- **Thyroid Ultrasound:** Can detect nodules, goiters, or inflammation.
- **SHBG (Sex Hormone-Binding Globulin):** Can be elevated with excess thyroid hormone, as it's upregulated by estrogen and thyroid activity.

When Your Body Feels Like It's Running Away From You

Elena was 48 when she came to me, completely overwhelmed. She had always been the calm, steady one in her family, but now, her heart was racing at night, her sleep was wrecked, and she found herself snapping at her kids over the smallest things. She wasn't drinking caffeine, hadn't changed her routine, and yet her nervous system felt stuck in high gear.

She also mentioned unexplained weight loss—something that might sound “nice” at first glance, but in her case, it came with muscle loss, anxiety, thinning hair, and complete exhaustion.

When we looked at her labs, the picture became clear:

- TSH: 0.02 (well below the reference range)
- Free T4: 2.2 ng/dL (high; optimal is generally around 1.0–1.5)
- Free T3: 5.4 pg/mL (also elevated)
- TSI: Positive (a marker for Graves' disease)

Elena's provider did prescribe medication to bring her thyroid levels down—but beyond that, there wasn't much support. No discussion about potential root causes like Graves', no advice on how to manage the anxiety, insomnia, or weight loss that had taken over her life. She left every appointment with more questions than answers.

While her provider discussed medication options, Elena and I focused on the lifestyle changes that could calm her immune system and support her body through the chaos.

We started with blood sugar balance—because when your adrenals are already under pressure, the last thing you need is a glucose rollercoaster. Elena built her meals around protein, fiber, and healthy fats and added a small, balanced snack in the afternoon to help stabilize her energy.

We also worked on calming her nervous system. Daily breathwork, short nature walks, and journaling helped shift her out of constant fight-or-flight. Even simple things like putting her phone away in the evening made a difference.

Movement was another piece. Elena had always been active, but we swapped out high-intensity workouts for gentle yoga, stretching, and slow walks—enough to support her body without overstimulating it.

She removed iodine-rich foods like seaweed and iodized salt and stopped the multivitamin that was unknowingly contributing to her flares. We also took out gluten and dairy, both common triggers in autoimmune thyroid disease, and focused instead on anti-inflammatory, nutrient-dense meals.

Sleep became a non-negotiable. She began winding down earlier, turned off screens at night, and even started taking magnesium to help her body fully rest and repair.

Finally, we looked at her environment—swapping out conventional cleaners and beauty products for cleaner alternatives to reduce the toxic load on her already sensitive system.

None of this happened overnight. But with steady support and the right strategies, Elena's symptoms became more manageable—and for the first time in a long time, she felt hopeful.

Over time, and with the right medical and lifestyle support, Elena's thyroid levels began to stabilize. She didn't feel like she was "losing herself" anymore. Her sleep returned. Her mood lifted, and most importantly, she felt back in control of her body.

For women like Elena, conventional treatment often includes antithyroid medications like methimazole or propylthiouracil (PTU), which reduce the thyroid's hormone production. Some may also be prescribed a beta blocker to help ease symptoms like heart palpitations, anxiety, or tremors while the medications take effect. In more advanced or persistent cases, radioactive iodine or even surgery may be discussed, but those are usually considered further down the road and are not one-size-fits-all.

In Elena's case, a low dose of methimazole made a big difference, but it wasn't the only factor. Her healing really accelerated once she began addressing the lifestyle stressors that had been driving her system into overdrive for years.

Supporting Yourself with Graves' (What You Can Do)

Let's be real: living with an overactive thyroid can feel like you're stuck in fast-forward. Everything is racing—your heart, your thoughts, your exhaustion. And while medications can help turn down the dial, they don't always address why your body flipped the switch in the first place.

Here's what I want you to know: you have more power than you think, and support isn't just about prescriptions—it's also about restoring safety in your body and giving your immune system less to fight against.

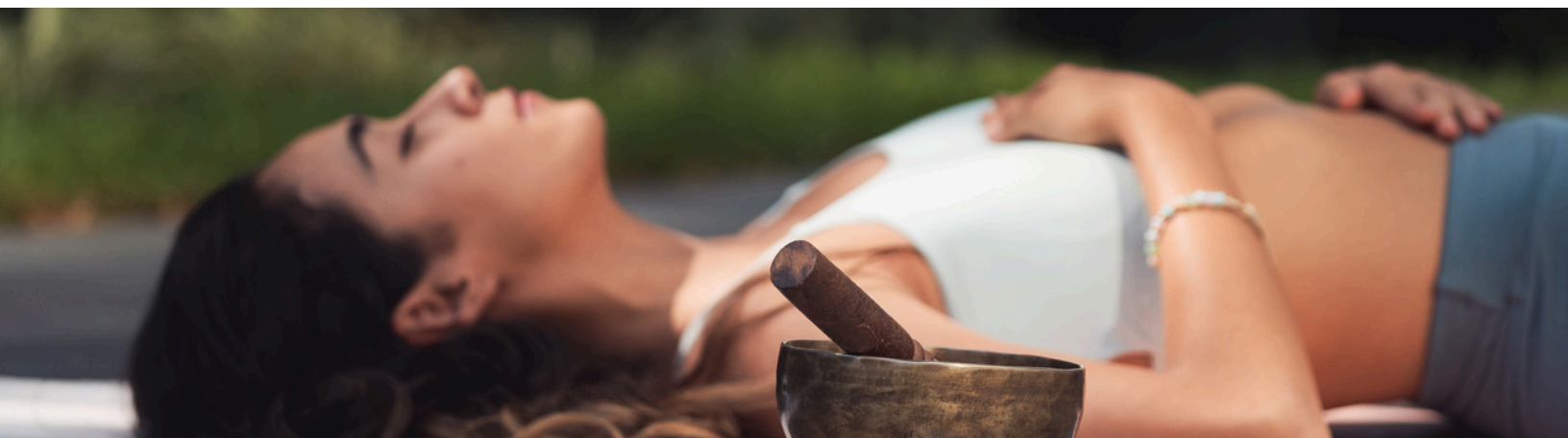
Start here:

Reduce Immune Triggers

Graves' is autoimmune. That means the root issue isn't your thyroid—it's your immune system attacking your thyroid. Removing known immune stressors like gluten, excess sugar, ultra-processed foods, and industrial seed oils can be an important first step. Many women also find dairy and soy to be inflammatory. This doesn't have to be forever, but for now? Consider it fuel for healing.

Focus on Nervous System Regulation

Graves' is often preceded by long-standing stress or trauma. Your nervous system plays a massive role in how your immune system behaves. Think nervous system first, not just thyroid. Daily nervous



system support, like breathwork, grounding, yoga, time in nature, or even short rest breaks, can create safety signals your body desperately needs.

Support Nutrient Replenishment

Hyperthyroidism depletes nutrients quickly. Focus on replenishing:

- Magnesium
- B-complex (especially B1 and B12)
- Selenium
- Zinc
- Omega-3 fatty acids
- And don't forget to eat. Appetite may be up and down, but your body needs fuel to rebuild.

Get Gentle, Not Aggressive

This is not the time for High intensity Interval Training (HIIT), intermittent fasting, or pushing through. Your body is already in overdrive. Gentle walks, stretching, or even restorative yoga will do more good than any bootcamp.

Track, But Don't Obsess

Keep a log of your labs and symptoms. Look for trends, but try not to panic over a single result. Labs often fluctuate early on. Healing is rarely linear. Trust the process.

Nicole's Wake-Up Call

Nicole was 39 when she reached out, overwhelmed and confused. She'd been diagnosed with Graves' disease six months earlier, after suddenly losing weight, struggling with anxiety, and noticing a constant inner tremor she couldn't shake.

Her doctor had started her on methimazole, but she wasn't getting the follow-up support she needed. She felt like she was just watching numbers on a chart, without anyone helping her understand what those numbers meant for her body, her life, or her future.

When we connected, it was clear that her system had been on high alert for years. Nicole had three kids, worked full-time, and ran on caffeine and adrenaline. She hadn't had a real meal or a real rest in months. Her Graves' diagnosis felt like her body's cry for help.

So we paused.

We focused first on rebuilding calm: protein-rich meals to stabilize her energy, boundaries around work and screen time, and simple tools to downshift her nervous system daily.

We supported her gut and repleted key nutrients like selenium, magnesium, and B12. She stayed on her medication, but now had the lifestyle support to help her body truly heal.

Over time, Nicole's tremors subsided, her energy steadied, and her labs improved.

But more importantly—she did, too.

For the first time in years, she said, "I feel like I'm not just surviving anymore."

When Your Thyroid's Gone: What You Need to Know

Whether your thyroid was removed surgically or ablated with radioactive iodine, the impact is the same: your body no longer produces its own thyroid hormone. And that means you're now fully dependent on replacement therapy to function.

But here's what often gets missed—just replacing thyroid hormone doesn't mean you'll feel well.

Many women come to me after a thyroidectomy or RAI saying things like:

"I thought once I started medication, I'd feel normal again."

"My doctor keeps telling me my labs are fine, but I still feel off."

That's because the thyroid doesn't work in isolation.

Without a thyroid, your body is no longer making T4 and T3 on its own. If you're only taking levothyroxine (T4-only meds like Synthroid or Eltroxin), and you aren't converting well—or if your Reverse T3 is high—you may still feel sluggish, foggy, or down, even if your TSH looks "normal."

You may need a different approach. Some women feel better when they:

- Add in T3 (liothyronine or Cytomel) alongside their T4
- Shift to a desiccated thyroid medication that includes both T4 and T3
- Adjust the timing, formulation, or dosage of their current meds
- And support conversion naturally through nutrition, stress management, and restoring key minerals

And let's not forget the ripple effect: without thyroid hormone, digestion slows, metabolism drops, detox becomes less efficient, and hormones get further thrown off. You might experience more gut issues, weight gain, or hormonal chaos, and not realize it's connected to your thyroid being gone.

That's why this isn't just about getting a prescription—it's about building a foundation that allows your body to use that prescription well.

What's Actually Holding You Back? (It's Not Just Your Thyroid)

When you've been struggling with symptoms for a while, it's easy to think you've tried everything. But sometimes what keeps women stuck isn't what they're missing—it's what they're misunderstanding.

Let's clear up a few of the biggest pitfalls I see:

1. Believing 'Normal' Means Optimal

Just because your labs are in range doesn't mean they're working for you. Thyroid labs need to be interpreted in context—your age, stress load, symptoms, and even your type of medication matter. A Free T3 of 3.2 pg/ml might feel great for one woman and awful for another.

2. Taking Medication but Still Feeling Awful

Thyroid meds can help, but only if your body is converting, absorbing, and using them well. If you're only addressing one piece of the puzzle (usually T4), it might not be enough. Especially if your ferritin is low, stress is high, or inflammation is blocking conversion.

3. Obsessing Over Internet Graphs of 'Optimal' Levels

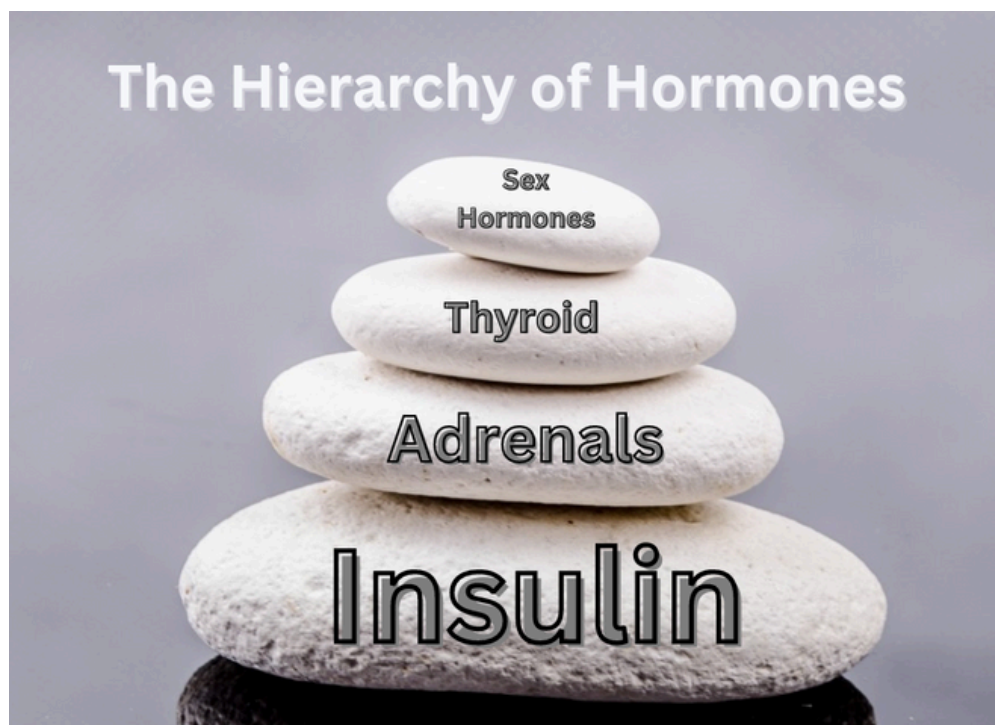
Here's the truth: there is no one-size-fits-all optimal. Online charts are often based on opinions, not real-world functional results. What's optimal depends on you—your labs, your history, your medications, your symptoms, and how you actually feel.

4. Getting Caught in Extreme Protocols

From ultra-restrictive diets to supplement overload, there's a lot of advice online that promises big results but is based more on hype than science. Some of it can even make things worse, especially if you have Hashimoto's or other autoimmune issues. More is not always better.

5. Ignoring the Hormone Hierarchy

If cortisol, blood sugar, and digestion are out of whack, your thyroid will be too. Chasing T3 without looking upstream is like trying to patch a leak without turning off the faucet. Healing happens when you support the whole system.



6. Assuming You Have to Do It Alone

It's overwhelming. And Google rabbit holes can leave you more confused than when you started. Sometimes what you really need isn't more information—it's the right strategy, support, and someone to help make sense of it all.



Final Reflection: Where Do You Go From Here?

If you've made it this far, you already know: this isn't just about your thyroid numbers.

It's about your life.

It's the amount of energy you wake up with.

The weight that won't budge, no matter how well you eat.

The brain fog that makes you question your sharpness.

The mood swings that catch you off guard.

The constant second-guessing—"Is it just me?"

It's not just you.

And you don't have to keep guessing.

This guide was designed to help you understand what's really happening in your body, so you can stop spinning your wheels and finally get some traction.

You've seen how thyroid health connects to stress, blood sugar, digestion, and more.

You've read about other women who've walked this road and found a way through it.

Now it's your turn.

Here's what I recommend next:

Go back to your labs. Not just your TSH—your full thyroid panel. Reread the notes in this guide and see where your numbers fall.

Check your symptoms against the real root causes. Is it conversion? Inflammation? Autoimmunity? Something upstream?

Audit your lifestyle. Are you skipping meals, under-eating, overtraining, under-resting, or simply surviving? (No shame—just awareness.)

Get support. This part is key. Whether it's working with someone like me or building a care team that actually listens, you deserve to be seen and heard.

You don't have to overhaul your whole life.

But you do need a path forward that's built for you.



YOU'VE GOT THIS!



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