



## A natural approach to hypothyroidism can work wonders

by Marcy Holmes, NP, Certified Menopause Clinician & Marcelle Pick, OB/GYN NP



Millions of women suffer from low thyroid function (medically referred to as hypothyroidism), especially in the perimenopausal and post-menopausal years. Unfortunately the conventional approach to thyroid problems is to treat the thyroid in isolation from the rest of the body. But that just isn't how your body works. When we approach thyroid problems holistically, we can often cure the problem before it becomes permanent. Even after the development of full-blown thyroid disease, the natural approach can help slow its progress and make conventional treatments more effective.

### What exactly is an underactive or low functioning thyroid?

[Hypothyroidism](#) is commonly described as an underactive or sluggish thyroid, but there is more to it than just thyroid activity. Sometimes the problem is thyroid hormone imbalance, primarily underproduction of the thyroid's main hormone, thyroxine (T4). But T4 also has to be converted into its active form, triiodothyronine (T3), by the liver. It then has to be efficiently utilized by the body. Disruption in any one of these processes can contribute to hypothyroidism symptoms.

Notably, women are far more likely than men to be afflicted with thyroid problems. The great majority of these women suffer from hypothyroidism, which leads to fatigue, weight gain, depression, high cholesterol and other symptoms. A fraction suffer from [hyperthyroidism](#), which is an overactive thyroid.

The connection between **thyroid hormone imbalance** and menopause is often overlooked

Over 20% of menopausal women in the US are diagnosed with thyroid dysfunction. Recent studies suggest that millions more suffer from subclinical problems but are undiagnosed. For women in their late 30's or 40's, hypothyroidism is often a good indication that they are in perimenopause — the five, ten, or even 15 years of hormonal change preceding menopause.

What accounts for this epidemic of **thyroid problems**? And what's the connection between **thyroid hormones** and menopause?

Before answering these questions, let's remember that the thyroid can't be viewed in isolation from the rest of your endocrine system. On the contrary, it sits at the very center of action. And it is just as vulnerable to stress and lack of support as every other part of your body. Understanding how those stressors create illness and thyroid disease will also show us how to create balance and wellness. It will also illuminate why problems with your thyroid gland are so likely in menopause and perimenopause.

What causes hypothyroidism in women?

Hypothyroidism is more common in women than in men, probably because [hormonal imbalance](#) acts as a trigger for thyroid problems. Women's bodies have a delicate balance of hormones such as estrogen and progesterone, which can be upset when your body is under stress and not receiving enough support. Perimenopause, [menopause](#), and pregnancy are times in a woman's life when hormonal imbalance is particularly common, and are also associated with hypothyroidism. (Click here to [learn about the symptoms of hormonal imbalance](#).)

Dr. John Lee long argued that an excess of estrogen combined with low progesterone — the estrogen dominance typical of early perimenopause — is also a major trigger. Strong synthetic estrogens, such as those in Premarin, may exacerbate estrogen dominance. Dr. Lee also argued that curbing estrogen dominance prevents many problems in perimenopause, including hypothyroidism.

Our take is a little different; we believe that it is more about imbalance in the ratio between estrogen and progesterone. Supplemental progesterone can offset this imbalance; women taking prescription-strength estrogen will generally need prescription-strength bioidentical progesterone as well.

Testing salivary or blood levels of progesterone during the luteal phase of the menstrual cycle can be of great value, so that gentle replacement can be implemented if needed to reduce the negative impact of excess estrogen on the thyroid.

Is it really just a **thyroid problem**?

In addition to hormonal imbalance, other conditions often cause or contribute to hypothyroidism. This is why it is so important to look at the body as a set of interconnected systems, rather than isolating the thyroid as a single entity.

There are so many symptoms of [adrenal fatigue](#) that are similar to thyroid disorders that this often leads to confusion in distinguishing between the two. There is speculation that adrenal stress impairs thyroid function because it causes overproduction of cortisol, blocking the efficient conversion and peripheral cellular use of the thyroid hormones at many levels. We don't have data on this, but this seems to be what we observe in clinical practice. For this reason we evaluate and, if appropriate, test for adrenal function in combination with thyroid testing.

Similarly, [insulin resistance](#) presents many of the same symptoms as hypothyroidism, is often found to coexist with it, and may play a role in contributing to its development. Insulin resistance is itself tied to poor nutrition, which impairs thyroid function. Women with hypothyroidism symptoms should also be evaluated for insulin resistance.

## **What hypothyroidism treatment options are available?**

Hypothyroidism treatment is the subject of recent debate. What your healthcare provider chooses to do is a function of training and experience. Most practitioners just prescribe synthetic T4 (Synthroid, Levoxyl, or levothyroxine) for hypothyroidism. But that works only if the patient has no difficulty converting T4 into T3. For women who are poor converters, synthetic T3 (Cytomel) is sometimes added to improve low T3 levels and their related symptoms.

Not every practitioner believes in using T3 since it is very short-acting, somewhat a matter of trial and error, and difficult to monitor. There is also desiccated thyroid taken from pigs (Armour Thyroid), which provides both T4 and T3. Armour was the most common form of replacement until the 1970's, when practitioners largely abandoned it for synthetic T4, under the argument that a synthetic version was healthier because it was produced in a laboratory. Armour Thyroid is still available and often yields excellent results. The overall goal with any supplemental formulation should be to tailor dosage to symptom relief, achieving levels of TSH less than 2.0 along with optimal levels of T3 and T4.

There is also a wide selection of herbal supplements on the market today that promise quick solutions to optimal thyroid function. But healthy hormone function doesn't come in a pill — it requires holistic support.

The bottom line is that nutrition, stress management, and exercise are the keys to your well-being — and optimal thyroid function is not likely without them. Beyond this foundation, you may still need thyroid hormone replacement, and this is something you should discuss with your healthcare provider. We can tell you that we've seen in our practice patients who improve using nonprescription thyroid interventions, but for some women, thyroid hormone replacement is absolutely crucial. In these cases we recommend alternative thyroid treatments as a complement, rather than a substitute, for thyroid medication.

Remember, your thyroid cannot do it alone. Natural thyroid health depends on a delicate balance among all your body's major hormones. Fortunately, providing yourself with a foundation of support can go a long way in promoting natural thyroid health.