

Natural Thyroid 101

Thyroid, Depression and Mental Health

Psychiatric, Psychological and Emotional Aspects of Thyroid Disease i.e. it's not all in your head!

It's a common scenario for hypothyroid patients, especially when you are undiagnosed due to your doctor's over-reliance on a faulty TSH range, or treated with thyroxine T4-only medications: You go to the doctor; you complain about your depression, or your anxiety, or your emotional swings, or your inability to concentrate, and onto your doctor's favorite anti-depressant, anti-anxiatal, lithium, or bi-polar med you go—beginning with the freebies on the shelf from his friendly and suited pharmaceutical rep. Sound familiar??

But the problem with this scenario is that your depression or anxiety or other mental health problem is not a unique and unrelated illness. It's most likely due to having a low free T3, the active thyroid hormone, and/or adrenal insufficiency. And this is especially common for patients treated with Synthroid, Levoxyl and other thyroxine medications.

And this problem is not limited to depression. Low thyroid hormones, and the common occurrence of sluggish, poorly functioning adrenals, can play a role in a variety of emotional and behavioral symptoms and disturbances, including anxiety, excessive fear, mood swings like bi-polar, rage, irritability, paranoid schizophrenia, confusion, dementia, obsessive/compulsive disorders, and mental aberrations. So if your physician or psychiatrist failed to check your thyroid function with the correct tests (free T3 and free T4, plus antibodies), and your adrenal function with a 24 hour adrenal saliva test, and instead prescribed his or her favorite band-aid psychotropic medication, you are left with medications that can include unneeded fluoride, that can clash with your other meds, that can make your hypothyroid worse, or can leave you with classic side effects...besides the cost.

The mother of the creator of this site is a classic example of the tragedy of poor assessment or treatment of thyroid function. After she battled clinical depression and anxiety for years while on Synthroid (and we now know due to the thyroxine treatment), she relinquished all control of her health to a doctor who gave her electric shock therapy—a treatment which only slightly lessened her chronic depression and dulled her memory and intelligence for the rest of her life.

Dr. Ridha Arem, in his book, "The Thyroid Solution: A Mind Body Program for Beating Depression and Regaining Your Emotional and Physical Health", states:

Scientists now consider thyroid hormone one of the major "players" in brain chemistry disorders. And as with any brain chemical disorder, until treated correctly, thyroid hormone imbalance has serious effects on the patient's emotions and behavior.

Thyroid hormones thyroxine (T4, as the storage hormone) and triiodothyronine (T3, as the converted and direct active hormone) not only play a part in the health of your metabolic endocrine, nervous and immune system, they in turn have an important role in the health and optimal functioning of your brain, including your cognitive function, mood, ability to concentrate, memory, attention span, and emotions. On her [website](#), Christiane Northrup, MD states that T3 "is actually a bona fide neurotransmitter that

regulates the action of serotonin, norepinephrine, and GABA (gamma aminobutyric acid), an inhibitory neurotransmitter that is important for quelling anxiety.” She also states that “If you don’t have enough T3, or if its action is blocked, an entire cascade of neurotransmitter abnormalities may ensue and can lead to mood and energy changes, including depression.”

Dr. Barry Durant-Peatfield, in his book *Your Thyroid and How to Keep It Healthy*, states

“Brain cells have more T3 receptors than any other tissues, which means that a proper uptake of thyroid hormone is essential for the brain cells to work properly.”

He feels that up to one-half of depression is due to unrecognized hypothyroidism. And this figure could be higher when you consider the high amount of thyroid patients who are suffering from depression while on the inferior treatment of T4-only.

A classic article written in 2003 by Heinrich MD and Graham MD, and found in the *Journal of Clinical Psychiatry*, outlines the relationship between thyroid disease and psychiatric and psychologic manifestations, titled *Hypothyroidism Presented as Psychosis: Mxedema Madness Revisited*:

<http://www.psychiatrist.com/pcc/pccpdf/v05n06/v05n0603.pdf>

Low cortisol can be an additional problem

In addition to low T3 levels causing psychiatric and psychological disorders, low cortisol levels can be an additional culprit—even when you feel you are adequately treated for your thyroid. Low cortisol results in cell receptors failing to adequately receive thyroid hormones from the blood, and can explain certain emotional and behavioral symptoms even when a patient is on thyroid meds, such as the need to avoid leaving one’s house, seeking peace and quiet, unable to tolerate stress, low tolerance to loud noises, rage, emotional ups and downs similar to bi-polar, panic, obsessive compulsive tendencies, hyper sensitive to the comments of others, phobias, delusions, suicidal ideation....and more.

What’s the solution?

If you recognize any of the mental health issues mentioned above—or even have friends or family members who have been trying to point these out to you—[find a doctor](#) who will test your free T3, plus antibodies. If you find your free T3 below mid-range, or if you have an autoimmune attack going on against your thyroid (which will make labs useless since you vascillate between hypo and hyper), you need to discuss the addition of Cytomel (synthetic T3) to your current thyroxine medication. There is a growing body of doctors and researchers who are using T3 as an adjunct to anti-depressive therapy, since improving your T3 levels can raise brain levels of the neurotransmitters serotonin and norepinephrine to the optimal level they need to be.

Even better, according the experience of many, is switching to desiccated thyroid, which gives you the entire complement your own thyroid would be giving you—T4, T3, T2, T1 and calcitonin. There are numerous testimonies of patients ridding themselves of chronic depression and other emotional problems when they dosed high enough with desiccated thyroid to put their free T3 towards the top of the range. (SEE LINK BELOW)

If you find that your free T3 is high or above range, yet you continue to have mental health issues, the