

## On Better Living Stop Fighting the Wrong Battle



It's known that 80–90% of hypothyroid patients in the US have an autoimmune disease called Hashimoto's thyroiditis. With Hashimoto's, an *errant immune system* attacks and "chews up" the thyroid gland to the point where it becomes inflamed, swollen, and impaired—often no longer able to produce the hormones it should to maintain health and quality of life. Sometimes during the typically long process of destruction that characterizes Hashimoto's, the gland even dumps *too much hormone* for short periods, creating hyper/hypo cycles that can drive patients and their doctors to the end of their ropes.

Despite Hashimoto's 80–90% dominance in the "thyroiditis" (swollen thyroid) category, doctors seldom diagnose it via lab tests because insurance companies are unwilling to pay for the tests. They know that conventional medical treatment for Hashimoto's—hormone replacement therapy—is the same as the treatment for other forms of hypothyroidism. The thinking goes like this: if the treatment is going to be the same no matter what, why pay for extra testing? Seems logical enough, but is it? Let's explore.

A large number of my patients are middle-aged women who come to my office after having been told by doctors that they are hypothyroid. They have been taking various hormone replacement medications such as Synthroid™ to get their lab numbers—especially their pituitary TSH (thyroid-stimulating hormone) and thyroid T4 levels—back into "normal" ranges. Despite the treatment, including jumps in dosage, these women

continue to exhibit many different symptoms, including symptoms of hypothyroidism that hormone replacement was supposed to alleviate.

When that approach failed to relieve symptoms for these women, another diagnosis often followed, usually from the following sickness menu: Depression (may be along with "it's all in your head"); Cyclothymia; PMS (Premenstrual Syndrome); Chronic Fatigue Syndrome; Fibromyalgia; and Anxiety Disorder. For these women, the additional diagnoses have meant more drugs and more side effects from those drugs, yet little if any relief from the misery they suffer. What is going on?

The immune system has two sides. One side "attacks invaders" while the other side creates antibodies that "tag invaders" for later attack and removal. In Hashimoto's, one side has gone "hyper," tricking the body into attacking its own cells.

Further, when a confused immune system creates errant antibodies that attack the thyroid, those inflammatory antibodies also convince other body cells to resist thyroid hormones present in the bloodstream. That's not good.

Thyroid hormones are meant to trigger important metabolic functions within cells. When the cells resist, the hormones already present don't work well, e.g., energy levels tank. That's why a patient can have "proper" laboratory levels of thyroid hormones in her bloodstream and still have symptoms of low thyroid.

The key to managing the immune system of a Hashimoto's patient is first to find out whether the patient indeed has Hashimoto's. Then we find out which side of the immune system is out of kilter and bring it back into balance with the other. This doesn't mean suppression, however. That is dangerous. It means modulation. Once

the proper laboratory panels are run—which includes a comprehensive thyroid panel, as well as looking for blood sugar disorders, other hormone imbalances, anemia patterns, and adrenal gland dysfunction, the needed approach usually becomes quite clear. But that approach is, and must be, tailored to each individual. One size does not fit all. Too many things are often out of kilter at the same time with Hashimoto's. What's more, to hone in on the real issues, doctors need time to truly listen to patients, a service that is in short supply under today's insurance-driven "health care."

To conclude, the faulty premise in treating Hashimoto's, whether actively diagnosed or not, is to regard it as a thyroid disease requiring hormone replacement, alone. That is fighting the wrong battle. Hashimoto's thyroid is basically an immune system problem that just happens to be targeting the thyroid. Manage the immune system problem well and the thyroid gland will often recover stability. Moreover, further damage (and continued symptoms) can usually be averted by finding out what likely triggered Hashimoto's in the first place; managing the diet, evaluating GI function for issues, altering general lifestyle behavior, and supplementing with immune-system modulating plant extracts commonly used in functional medicine.

Yes, hormone replacement may still be needed if too much damage has been done and the gland is unable to produce sufficient amounts. Although Hashimoto's is the result of some form of genetic susceptibility to environmental and other triggers and can't be reversed in the current science, it can be managed and held at bay very well to help the patient regain quality of life.



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