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Constipation can be caused by Less Than Optimal Thyroid

ARE YOUR LEVELS OPTIMAL?

TSH

BELOW 1.0

Often all doctors check. TSH a sign of a problem in your Pituitary/thyroid feedback loop.

If you are on NDT, TSH is usually below 0.5

Free T3

UPPER 1/4 OF RANGE

Some People feel better even slightly over the range. If your FT3 is low you can have symptoms of hypothyroidism even if TSH and FT4 are normal

Free T4

MIDDLE OF RANGE

Middle of the Range or slightly higher. If your FT4 is high, it can indicate hyperthyroidism, if it is low, it can indicate hypothyroidism.

Reverse T3

LOW IN THE RANGE

If your RT3 is high, you are likely converting too much T4 to RT3 and not enough to FT3. This can cause hypothyroid symptoms even if your TSH and T4 levels are optimal

Reverse T3 Ratio

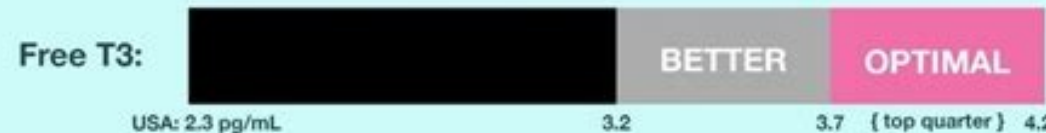
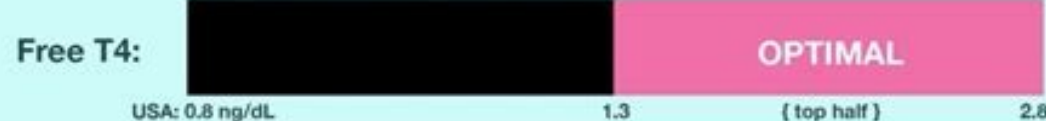
GREATER THAN 20

$FT3 \times 100 / RT3$ (if FT3 is in 100s)
or
 $FT3 \times 10 / RT3$ (if FT3 is in 10s)

HASHIMOTO'S 411

Are Your Thyroid Levels Optimal?

TSH below .5 is normal and expected if you are taking an optimal dose of T3 meds (NDT or T3).



"Normal" or "in range" does not mean optimal...
optimal is where you feel "normal".

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HASHIMOTO'S 411: LAB WORK

THYROID BASICS TSH Free T4 Free T3 Reverse T3 TPO, TgAB & TSI Antibodies Vitamin D, 1,25-Dihydroxy	OTHER IMPORTANT TESTS B12 Genetic Testing (23andMe.com) Candida and SIBO Parasites h. Pylori RBC: Magnesium, Selenium, Zinc
HAIR ISSUES Ferritin Iron Saturation Sex and Adrenal Panel: Estrogen, Progesterone, Testosterone, DHEA, and Cortisol (24-Hr Saliva Test) Free T3	WEIGHT ISSUES Free T3 Reverse T3 Ferritin Iron Saturation Vitamin D, 1,25-Dihydroxy Sex Hormones Cortisol (24-Hr Saliva Test)
INFLAMMATION MARKERS ANA CRP SED Homocysteine	OTHER POSSIBLE ROOT CAUSE ISSUES Infections: EBV, Lyme, Yersinia Enterocolitica Heavy Metals Brain Damage
LEAKY GUT Cyrex Array 2 Genova Intestinal Permeability	LEAKY BRAIN Cyrex Array 11 and 20 GABA Challenge

Looking for YOUR Root Cause?
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5 TESTS NOT RECOMMENDED BY NICE

- 1 SCREENING FOR ANTI-SPERM ANTIBODIES
- 2 POST-COITAL TESTING OF CERVICAL MUCUS
- 3 BLOOD TEST FOR PROLACTIN
- 4 ROUTINE MEASUREMENT OF THYROID FUNCTION (UNLESS SYMPTOMS PRESENT)
- 5 ENDOMETRIAL BIOPSY TO EVALUATE LUTEAL PHASE



QUICK REFERENCE

Thyroid

Thyroid disease can be complicated and frustrating for people who are trying to get diagnosed, and those who are being treated, but still not feeling well. Here are some tips:

From Mary Shomon



1 Optimal Thyroid Levels

If you're undiagnosed, or a thyroid patient taking thyroid hormone replacement medications, being in the "normal" range does not mean you feel well, or that your treatment is optimized. What levels are considered "optimal" by many integrative physicians?

- TSH - Typically less than 2.0
- Free T4 - Top half of the reference range
- Free T3 - Top half - top 25th percentile of reference range
- Reverse T3 - Low end of normal range
- Thyroid Peroxidase Antibodies (TPO) - Below top of range
- Vitamin D - Above 50
- Ferritin - Above 60 (above 80 if experiencing hair loss)

We are all different, and not everyone fits all of these criteria. Use normal ranges as a guide.

2 Key Tests to Request

Going for thyroid tests? Here are the key tests to request.

BASIC	KEY TEST
- TSH	- Vitamin D
- Free T4	- CAN'T LOSE WEIGHT?
- Free T3	- Reverse T3
- Thyroid Peroxidase (TPO) Antibodies (if you suspect hypothyroidism/hypoparathyroidism)	- Leptin
- Thyroid Stimulating Hormone Receptor Antibodies (if you suspect hyperthyroidism/Graves)	- LOSING HAIR?
- Ferritin	- Ferritin

NORMAL TSH & SYMPTOMS?

- Reverse T3

3 Hypothyroid, Still Sick?

- Make sure TSH, Free T4, Free T3 are not just normal, but optimal
- Change medications if nec
- Test for and treat underlying adrenal and sex hormone
- Address deficiencies in vitamins B & D, iodine
- Deal with gluten intolerance, food allergies, and overconsumption of soy and raw goitrogenic foods
- Optimize digestion and gut health

4 Thyroid Hormone Drugs

Thyroid hormone replacement options:

Levothyroxine/T4	Natural Thyroid
- Synthroid	- All sources of Natural Thyroid (NATRO) (NATRO, NATRO-THYROID)
- Levolet	- Natural
- Levothyroid	- Naturo-Thyroid
- Thyronex (hydrophilic, liquid capsules)	- Thyroid W/P
- Generic	- Kels
	- Generic

l-thyronine/T3

- Cytosine
- Generic
- Compounded
- Time-released



5 Can't Lose Weight?

Optimize your thyroid treatment - TSH, Free T4, Free T3, Reverse T3

Optimize your other hormones - adrenal, leptin, sex hormones

Change how and when you eat

Lower meals, chew, breathe, eat slowly

Eliminate sugar, grains, gluten and allergens

Try the "Taper" approach

Move, build muscle (T-Tapp is great)

Get enough sleep

Practice daily stress reduction

Read the book "Thyroid Diet Revolution" for details.



6 Losing Hair?

- Make sure TSH, Free T4, & Free T3 are optimized
- Add T3 to levothyroxine or switch to natural thyroid
- Get ferritin tested. On scale of 20-100, it should be 80 or higher to slow/stop hair loss
- Get a dermatologist checkup to rule out other issues
- Try supplements - Evening Primrose Oil, biotin, iron, and Cooper Dermastrong. Vitamins may help

www.Facebook.com/ThyroidSupport

Thyroid nodules guidelines. Thyroid guidelines 2020. Thyroid biopsy results level 4. Thyroid biopsy results level 3.

Then if the TSH is above the reference interval, measure free thyroxine (FT4) in the same sample if the TSH is below the reference interval, measure FT4 and free tri-iodothyronine (FT3) in the same sample. Consider measuring TSH and FT4 to: adults when the secondary dysfunction of thyroid (pituitary disease) is suspected of children and young people, TSH is below the reference interval, FT3 measurement in the same sample. Offering thyroid dysfunction tests to adults, children and young people with: type 1 diabetes or other autoimmune diseases, or atrial fibrillation of new on-onset consider tests for dysfunction. Thyroid for adults, children and young people with inexplicable depression or anxiety consider testing for thyroid dysfunction for children and young people with abnormal growth, or unexplained changes in behavior or school performance, are aware that, in menopausal women, the symptoms of thyroid dysfunction can be confused with menopause, not test for thyroid dysfunction during acute disease, unless You suspect that acute disease is due for thyroid dysfunction, because acute disease can affect the test results do not offer tests for thyroid dysfunction only because an adult, Child or young woman has type 2 diabetes Consider measuring thyroid stimulating hormone (TSH) only for adults when Secondary dysfunction of thyroid (pituitary disease) is not suspicious. Take this in consideration when adjusting the levothyroxine dose. If the symptoms persist, consider adjusting the levothyroxine dose even more to get the ideal well-being, but avoid using doses that cause TSH or thyrotoxicose suppression. This summary does not include information about: à € à €

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