



## Signs and Symptoms of Low Thyroid Production

The earliest signs and symptoms of low thyroid function can occur several years prior to lab studies being abnormal! This is very confusing because you complain of being tired and you measure the thyroid and it appears to be normal.

Depression Weight gain Constipation Headaches/migraine Brittle, ridged, striated, thickened nails Rough, dry skin Menstrual irregularities Fluid retention Poor circulation Elbow keratosis Slow speech Nails that are easily broken Anxiety/panic attacks Decreased memory Inability to concentrate Muscle and joint pain Reduced heart rate Slow movements Morning stiffness Puffy face Swollen eyelids Decreased sexual interest Cold intolerance Cold hands and feet Swollen legs, feet, hands, abdomen Insomnia Fatigue Low body temperature Horse, husky voice Low blood pressure Muscle weakness Agitation/irritability Sparse, coarse, dry hair Dull facial expression	Yellowish discoloration of the skin Inability to convert beta carotene into vitamin A Muscle cramps Drooping eyelids Carpel tunnel syndrome Sleep apnea Endometriosis Hypercholesterolemia Infertility PMS Hyperinsulinemia Fibrocystic breast disease Nutritional imbalances Paresthesias Myxedema <b>Down turned mouth</b> Acne Allergies Painful menstrual cycles Tendency to develop allergies <b>Loss of the later 1/3 of the eyebrows</b> "Fat pads" above the clavicles Hair loss in the front and back of head Loss of hair in varying amounts from legs, axilla, and arms Poor night vision Loss of eyelashes, or eyelashes that are not as thick Blepharospasm Ear canal this is dry, scaly, and may itch Excess formation of cerumen in the ear canal	Schizoid or affective psychoses Miscarriage Dizziness/vertigo CHF CAD/MI Decreased CO Arrhythmias Increased risk of developing asthma Hypertension Mild elevation of liver enzymes Gallstones Bladder and kidney infections Eating disorders Increased appetite Deposition of mucin in connective tissues Muscular pain Hyperhomocysteinemia High c-reactive protein Arthralgias/joint stiffness Menorrhagia Recurrent miscarriage Nocturia Easy bruising Erectile dysfunction Hypoglycemia Shortness of breath Impaired kidney function Osteoporosis Iron deficiency anemia B12 deficiency Tinnitus Delayed DTR Low amplitude theta and delta waves on EEG Bipolar disorders
---	--	--

## Lab Studies to Evaluate Thyroid Function

Ideally you want to test the following blood tests:

- TSH
- Free T4

### MIRANDA NATUROPATHIC CLINIC

467 Westney Rd South, Unit 10, Ajax, ON, L1S 6V8

[www.myanturalclinic.com](http://www.myanturalclinic.com)

905-239-3900

- Free T3
- Reverse T3
- Thyroid Antibodies

If only TSH is tested – we **miss 30%** of patients whose hypothyroid is not working optimally.

If only TSH and Free T4 is tested – we **miss 20%** of patients whose hypothyroid is not working optimally.

### **Important to Replace both T4 and T3**

98% of patients do better if they take the right amount of T4 and T3 (desiccated thyroid) as opposed to just taking T4 (Synthroid or levothyroxine or eltroxin). Many studies have shown this and the references are below. This is most likely due to the various possible challenges our bodies can have to convert T4 to T3 (which is the more active form of thyroid hormone).

#### References

- Christianson, A., and Murray, M., *Hypothyroidism*. In Pizzorno, J., and Murray, M., *Textbook of Natural Medicine*. St. Louis: Elsevier/Churchill Livingstone, 2013, p. 1473-80.
- Starr, M., *Hypothyroidism: Type 2*. Columbia, MO: Mark Starr Trust, 2005.
- Shomon, M., *Living Well With Hypothyroidism*. New York: Avon Books, Inc., 2000.
- Smith, P., *What You Must Know About Women's Hormones*. Garden City Park, NY: Square One Publishing, 2010.
- Gold, M., et al., "Hypothyroidism and depression, evidence from complete thyroid function evaluation," *JAMA* 1981; 245:1919-22.
- Turnbridge, W., et al., "Lipid profiles and cardiovascular disease in the Wickham area with particular reference to thyroid failure," *Clin Endocrinol* 1977; 7:495-508.
- Esposito, S., et al., "The thyroid axis and mood disorders: overview and future prospects," *Psychopharmacol Bull* 1997; 33:205-17/
- Dean, J., et al., "Exaggerated responsiveness to thyrotrophin releasing hormone" a risk factor in women with artery disease," *Brit Med Jour (Clin Res Ed)* 1985; 290:1555-61.
- Krupsky, M., et al., "Musculoskeletal symptoms as a presenting sign of long-standing hypothyroidism," *Isr Jour Med Sci* 1987; 23:1110-13.
- Hochberg, M., et al., "Hypothyroidism presenting as a polymyositis-like syndrome," *Arthr Rheum* 1976; 19:1363-66.
- Evans, T., "Thyroid disease," *Prim Care* 2003; 30:625-40.
- Althaus, U., et al., "LDL/HDL-changes in subclinical hypothyroidism: possible risk factors for coronary heart disease," *Clin Endocrinol* 1989; 28:157-63.
- Rivas, M., et al., "Thyroid hormones, learning and memory," *Genes, Brain Behavior* 2007; 6(Suppl 1): 40-44.
- Smith, J., et al., "Thyroid hormones, brain function and cognition: a brief review," *Neurosci Biobehav Rev* 2002; 26:45-60.
- Kelly, G., "Peripheral metabolism of thyroid hormones: A review," *Alt Med Rev* 2000; 5(4):306-33
- Bunevicius, R., et al., "Effect of thyroxine as compared with thyroxine plus triiodothyronine in patients with hypothyroidism," *NEJM* 1994; 340(6):424-29.
- Adlin, V., et al., *Subclinical hypothyroidism: deciding when to treat*," *Amer Fam Physician* 1998; 57(4):776-80.

### **MIRANDA NATUROPATHIC CLINIC**

467 Westney Rd South, Unit 10, Ajax, ON, L1S 6V8

[www.myanturalclinic.com](http://www.myanturalclinic.com)

**905-239-3900**