



# Advanced Fertility Services

# The Thyroid Gland

BY HUGH D. MELNICK, M.D., F.A.C.O.G.

Below, you will find a list of symptoms, both physical and psychological, that are experienced by women who have under active thyroid function. These symptoms may vary in degree and in intensity.

## Physical Symptoms

- Weight gain/ difficulty in losing weight
- Always feeling cold, severely affected by cold weather, hands and feet always cold.
- Water retention
- Dry hair and/or hair loss.
- Dry skin and brittle fingernails
- Constipation
- Irregular periods, heavy menstrual flow, infertility, miscarriages
- Joint or muscle pains
- Carpal and/or Metatarsal Tunnel syndrome
- Tingling or numbness of the hands or feet
- Hearing Ringing or Ticking in the inner ear
- Diagnosed with Chronic Fatigue Syndrome or Fibromyalgia

## Checklist of Psychological Symptoms

- Fatigue
- Depression
- Decreased Sex Drive
- Mentally Foggy
- Decreased Concentration (AADD)
- Poor Recent Memory
- Postpartum Depression

## Information Regarding Hypothyroidism



Hugh D. Melnick, MD  
Medical Director

The **THYROID GLAND** is a small, butterfly-shaped mass of tissue found in the neck, just below the “Adam’s Apple.” Despite its small size, it has a critical role in determining how our

bodies function, and, ultimately, how well we feel. The thyroid controls the body’s metabolism, which is the energy supply that is essential for all bodily functions. Think of the thyroid gland as an automobile’s fuel pump. If the pump is not working up to capacity, the car’s engine will not get enough fuel, and will run slowly and inefficiently. Should the pump supply too much fuel to the engine, it will run too fast and eventually burn out. An under active Thyroid Gland causes a medical condition known as **HYPO-THYROIDISM**. For some unknown reason, it occurs much more frequently in women than in men, and as many as 15% of the female population may have some degree of thyroid under activity.

The symptoms of hypothyroidism are quite common and diverse. Fortunately, they are rarely life threatening. Nevertheless, they are very disturbing since they affect the way a woman looks and feels, both

physically and emotionally. Without any doubt, an untreated under active Thyroid gland can have a profoundly negative effect upon a woman’s quality of life.

Having seen the wide spectrum of symptoms associated with hypothyroidism, it is apparent that they are extremely common complaints, experienced by many women. It is quite possible that either you, one of your friends or a family member is plagued by one or more of these troublesome symptoms. Many times,



Thyroid gland

women with these complaints have been tested for hypothyroidism and were told that, despite their symptoms, they did not have an under active thyroid gland because their thyroid blood test results were within the normal range. They may have been told that their symptoms are part of the “normal” ageing process or are caused by anxiety or depression. In many instances, they are referred to a psychia-

trist for treatment with antidepressants and psychotherapy, but often these treatments may not make a symptomatic woman feel better.

Such symptomatic individuals may actually have a condition known as **SUBCLINICAL HYPOTHYROIDISM**. In this clinical condition, a patient may be symptomatically hypothyroid, yet her blood tests may suggest, but not fully support, the diagnosis of thyroid gland under activity. In subclinical hypothyroidism, there is a partial decrease in the thyroid gland’s ability to produce enough hormones to make the body’s metabolism work at 100% efficiency; hence an individual will be symptomatic. Such individuals may benefit from a therapeutic trial of treatment with a natural prescription thyroid supplement.

There are two basic problems that account for the failure to diagnose many cases of subclinical hypothyroidism. First is that what is considered to be the “normal range” for one of the main blood tests used to diagnose hypothyroidism (TSH-Thyroid Stimulating Hormone) is a bit too narrow to diagnose many patients who are symptomatically hypothyroidism. Recently, the American Association of Clinical Endocrinologists (A.A.C.E.) has recognized this fact and has reduced the normal TSH

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levels from 4.5 to 3.0, a change which will allow at least 15% more symptomatic individuals to be diagnosed as having hypothyroidism. Unfortunately, most clinical laboratories have not yet included this change in their laboratory reports. In addition to TSH levels, the amount of other thyroid hormones such as T<sub>4</sub> and T<sub>3</sub>, as well as antibodies against thyroid tissue, must be evaluated in any woman having symptoms associated with hypothyroidism.

The second difficulty in diagnostic hypothyroidism is that we, as physicians and scientists, are trained to rely more on objective findings, such as laboratory tests, than subjective

noticed, as depression resolves. Hair and skin begin to improve after 4-6 weeks, but weight loss usually will take quite a bit longer since the body takes time to breakdown existing fatty deposits.

When I treat women who have symptoms associated with hypothyroidism, I initially use a natural thyroid medication that has been available since the 1940's, called Armour Thyroid Extract U.S.P. It is a combination of two active forms of thyroid hormone, T3 and T4. T4 is the form of the thyroid hormone that is in the synthetic thyroid medications commonly prescribed today. Normally, T4 is converted into T3, which is the biologically active form of the thyroid hormone that actually controls the body's metabolism. In a significant

helpful only to the extent that they insure that the thyroid hormone dosage is adequate and is being properly absorbed. Blood tests that are taken 4-5 hours after taking thyroid medication may show elevated levels of T3. Elevated T3 levels in treated patients indicate good absorption and do not mean that the patient is taking too much medication. The important point to remember is that the evaluation of symptoms is of equal significance to the levels of thyroid hormone in the blood.

Summary

The diversity of symptoms can make the diagnosis of hypothyroidism quite challenging, especially since laboratory tests do not always reflect

**A patient's symptoms are equally important as blood test results.**

factors, such as a patient's symptoms. Unfortunately, many doctors will not feel comfortable making a diagnosis of hypothyroidism if a patient's blood tests fall anywhere within what is strictly defined as the normal range, even if such levels may be *close* to indicating the possibility of an under active thyroid gland in a symptomatic patient. There are definite "gray zones" that exist clinically, such that a patient's clinical symptoms may not be completely documented by their laboratory results. It is important to remember that blood tests only reflect a "moment in time" in the human body and consequently may not always accurately represent its true condition! Therefore, a patient's symptoms must be considered as being of

number of individuals, the body is unable to properly convert T4 into T3. Hence a patient may be clinically hypothyroidism, yet have "normal" blood tests. Therefore, I find that a woman's clinical response to the natural form of a combination of T3 and T4, will often be better than giving T4 alone.

It is of critical importance that a physician be finely attuned to a patient's symptoms and her symptomatic response to treatment. Thyroid supplement therapy is very individualized, since the dosage requirements are quite different for each patient. Fortunately, thyroid supplementation has no significant risks or downsides. A patient virtually never becomes hyperthyroid when taking

thyroid gland under activity in a significant number of symptomatic individuals. If you, a friend, or a loved one experience any of the above symptoms or generally feel poorly, you should speak to your doctor about the possibility that subclinical hypothyroidism may be the cause of such symptoms. After an appropriate diagnostic evaluation of symptoms and laboratory tests, a therapeutic trial of a natural thyroid supplement or any other thyroid medication may provide relief from these troubling symptoms.

**Infertility and Miscarriage can be related to Subclinical Hypothyroidism**

equal significance as their blood test results in diagnosing hypothyroidism.

In my experience, many women who present with physical and psychological symptoms associated with hypothyroidism will have some degree of improvement when treated with supplemental thyroid medication. Improvement should be noted in two to eight weeks. Increases in energy levels, sex drive, body temperature and memory are the first changes noted. Water retention also improves fairly rapidly. An increased feeling of well-being may also be

dosages of medication typically prescribed. If a patient feels some degree of clinical improvement after 6-8 weeks on medication, treatment will be continued and will be necessary for the duration of their lifetime. If, however, a woman notices no symptomatic improvement with thyroid hormone supplement treatment, the medication should be discontinued and an alternate diagnosis be pursued.

A patient's dosage needs to be re-evaluated based upon the degree of symptomatic improvement and "fine-tuned" as necessary. Blood tests are

