
Could Your Thyroid Be Why You Are Not Feeling Well?

Revelation Health, LLC.

Perhaps you are one of the 13 million people in this country that go to your doctor with sudden weight gain, fatigue, hot flashes, infertility, depression, or some other unexplained symptom and ask about your thyroid. They send you out for blood work that comes back normal. According to the American Academy of Clinical Endocrinologists (AACE), there are 27 million people in this country with thyroid conditions and only half (13 million) are diagnosed. That makes thyroid conditions the #1 under-diagnosed condition types in the United States. Some experts estimate that more than 80% of Americans have a thyroid condition and are not diagnosed properly. The truth is you can go 20-30 years with symptoms before your blood work is abnormal. Finally, when it becomes abnormal, your doctor will put you on thyroid replacement hormones for the rest of your life. Is there another answer? Read on!

WHY YOUR BLOOD WORK LOOKS NORMAL BUT YOU DO NOT FEEL WELL!

I will make this as simple as I can: most doctors think the problem is just in the thyroid when most of the time it is not. The reason for this is because thyroid conditions most often occur because of a problem somewhere other than the thyroid gland itself.

Thyroid hormone levels of TSH, T3, and T4 can appear normal. I give my patients 3 reasons for this phenomenon.

1. T4 doesn't convert to the active hormone T3.
2. Active T3 can't be used in the cell because its receptors on the cell are blunted.
3. You could potentially have an autoimmune condition called Hashimoto's Disease.

Let's start with the first reason. T4 hormone must be converted to T3 active hormone. If this conversion does not take place or is shunted into another direction (as in times of stress), then the message to the cell will never get through. ONLY active T3 can be used in the cell. T4 is the stored hormone and not active in the cell and therefore, must be converted to T3. The hormone most doctors give as a replacement hormone once they realize you do in fact have a thyroid problem is T4. Therefore, if you are not making the conversion...well, you get the picture. Your blood work will look normal and you still don't feel well.

The conversion takes place in the liver. If your liver is stressed, for instance by toxic overload, then the conversion may not take place. Has your doctor ever considered your liver in your thyroid program? The point I am trying to make is that your blood work will look normal because the pituitary gland in your brain is signaled of all the T4 in your system and tells the thyroid that all is well. Your blood work is normal, but you are not. Your weight keeps increasing and your energy keeps decreasing, but your doctor keeps insisting you are fine. Once again...

EVEN THOSE WHO ARE DIAGNOSED AND TAKING A REPLACEMENT HORMONE....

...Such as Thyroxin or Synthroid (which are both T4) must make the conversion to T3, and if this is not successful your blood work will look fine but you will still have symptoms.

What I believe to be the greatest reason for T4 not converting to T3 active hormone is stress. The body doesn't know the difference between physical, chemical, or emotional stress. The physiology is all the same in how your body adapts to any of these stressors. Under times of stress, the body conserves energy to survive. Survival is ALWAYS the body's first and most basic priority. It will stop you flat and lay you on your back, leaving you completely energy depleted in order to survive if that

is what is required. Think of the last time you had the flu. The flu is a short-term stress that requires a significant amount of your body's energy to heal from. You were laid up by your body's own innate intelligence in order to adapt to the temporary stress. During this time your body takes T4 hormone and converts it into something called reverse T3 (rT3). Instead of converting it into T3, it makes the mirror image of it called rT3. rT3's role in times of stress is to bind to the T3 receptor on the cell and block the T3 from getting its message to the cell for energy. This, in turn, conserves the energy so that it can be used to fight the infection. The problem occurs when the stress becomes chronic rather than acute, for example a long-term emotional stress like the death of a loved one or a stressful relationship. A toxic chemical stress can cause the same reaction. Regardless of the stress, the body will continue in this energy-robbing/life-saving mode. Instead of producing active T3, it will continue to shunt the T4 to produce rT3 blocking your own T3 hormone. This is what we call rT3 dominance. Even after the stress is removed, the body can remain in rT3 dominance where once again, the blood work appears normal but you feel anything but. Has your doctor looked at the ratio of Free T3 to rT3? Similar to cholesterol, this is more important than the normal ranges themselves. Has he or she considered your ADRENAL GLANDS and your ability or inability to adapt to stress?

The second reason and perhaps the most common reason for your blood work being normal but still not feeling well:

Active T3 cannot be used in the cell because the receptors to the T3 on the cell are blunted. An important point that I teach is that hormone problems are not necessarily problems with hormones themselves, but rather the receptor to the hormone. Similar to Type II Diabetes, where the diabetic has plenty of insulin but the receptors to the insulin are blunted and unable to "hear" the message in order to allow the glucose in the cell, and therefore the glucose cannot get into the cell to produce energy. That condition is referred to as insulin resistance (meaning the cell is "resistant" to the hormone insulin). T3 resistance works the same way. It is like having plenty of gasoline but not being able to get it into your car. Your cells are literally starving for T3, however, due to the feedback mechanism, the pituitary gland in the brain gets a message that there is adequate T3 and signals the thyroid that everything is okay and therefore your blood work will be normal. As previously stated, it typically takes years before the innate intelligence will start to produce more TSH to produce more T4 and T3 in an effort to increase cellular energy.

Most doctors simply address the thyroid without an understanding of the distant cell's ability to receive the message. Hormone resistance is a massive epidemic driven by cellular inflammation. The fact that hypothyroidism, as well as diabetes and other hormonal conditions, is approaching unprecedented numbers in this country is evidence that we are not understanding what the true cause is.

If your doctor is not addressing the 3 main causes of cellular inflammation, and therefore hormone resistance, you will spend the rest of your life on medication and chasing symptoms.

Finally, the 3rd reason is that the problem could potentially be you are suffering with Hashimoto's, which is an autoimmune condition where the body is attacking itself. It is estimated that 80% of thyroid conditions are autoimmune related. Most of these conditions also go undiagnosed, because most doctors do not run the correct blood work to check for autoimmune hypothyroid. You may be asking yourself why that is. The answer is very simple: their treatment is the same, whether you are hypothyroid or autoimmune hypothyroid. Therefore, since the treatment is the same in either case, there is no need to run the blood work. The fact is most doctors give T4 replacement hormone, which does very little if anything, for the autoimmune type of hypothyroid. The success of treatment will be deceiving because the T4 hormone will make your blood work appear normal. The replacement hormone T4 will push your TSH levels to normal. As a matter a fact, TSH levels are the gauge that doctors use to tell you that you should be feeling better. TSH is considered the "gold standard" for thyroid testing. The truth is there is not one study that shows that normal TSH levels have ANYTHING to do with normal thyroid function. Before 1971, we treated the patient; today, sadly, we treat the lab results.

How many people are being treated for thyroid conditions with replacement hormones and yet still suffering with a multitude of unexplainable symptoms? Unfortunately, this is true for so many because the doctor points to their “normal” blood work, and therefore the “success” of the medication. Of course there is a time and a place for medication, especially if you are one of those who does not have a thyroid. If you are a person who cannot convert T4 to T3 (the majority of replacement hormone is T4), and would therefore not be converting it to T3 and receiving its benefit, OR if your cells can’t “hear” the hormone (hormone resistance), taking the medication and still having symptoms will be the obvious outcome. By no means am I suggesting anyone come off of their medication. That is between you and your doctor. I am, however, pleading with you to do your homework. The truth is out there and when you see it, you will be angry that more don’t understand.

FOOD INTOLERANCES can drive inflammation and therefore, your own immune system to attack itself (autoimmune). A massive number of people in this country, enough to constitute an epidemic, have gastrointestinal issues from IBS, Crohn’s, Celiac, and leaky gut, which allow foreign proteins to cross through the gut and cause the immune system to start the attack. Hashimoto’s can be the downstream result of this preventable condition. Has your doctor considered your gastrointestinal system as the cause of your thyroid problem?

If you remove the cause, the body can heal. No doctor can ever provide a treatment that heals; they can only remove the interference. The proper tests must be done for success.

It is always my goal to enlighten as many people who will listen to this truth.

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