



» NUTRACEUTICALS IN THYROID CONDITIONS

Protocol for Practitioners in Autoimmune Thyroid Disease (AITD)

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Thyroid clinical and subclinical diseases are extremely common conditions that have a negative impact on the health of all populations across the world. The diagnosis of thyroid diseases is based on evidence of structural abnormalities of the gland and/or of altered secretory function. Hormones secreted by the thyroid gland control the function of the majority of tissues, maintaining the internal balance of the body. Iodine is essential for normal thyroid function as well as for hormone production. The thyroid gland releases triiodothyronine (T₃, the bioactive form) and thyroxine (T₄, the inactive form), among other hormones, which play an important role in regulation of body weight, energy levels, internal temperature, skin, hair, nail growth, metabolism and is a crucial

part of the endocrine system. They influence mood, behavior, sleep, heart rate, fertility, fluid exchange. Autoimmune thyroid diseases (AITD) are the most common thyroid conditions. Hypothyroidism is one of the most common endocrine conditions, and the most common thyroid condition worldwide, with Hashimoto's Thyroiditis (HT) being the most common cause of primary hypothyroidism in developed countries, and Iodine deficiency in the developing countries.

Hyperthyroidism is considerably less common, being Graves Disease (GD) its most common cause. Living in developed countries where nutritional deficiencies are uncommon, we will here focus on AITD.

1. SUSPECT IT

Because thyroid hormones target most tissues, patients will bring complaints that are non-specific. It will be our job as practitioners

to suspect a thyroid condition. Here's a small guideline to support your suspicions:

HYPOTHYROIDISM	HYPERTHYROIDISM
Tiredness, weakness, lethargy	Hyperactivity and tremors followed by tiredness
Dry skin	Moist and sweaty skin
Intolerance to cold, cold and numbness feeling	Intolerance to heat, sweat
Constipation	Diarrhea or loose bowels
Weight gain/difficulty losing weight	Increased appetite, weight loss
Puffiness, fluid retention	Anxiety, irritability, insomnia
Heavy periods	Scanty periods

2. TEST IT

If you suspect a thyroid condition, you must find it. A blood test should be your first approach. Check TSH and free T₄ (fT₄) as a first line of approaching. This will already give you lots of information. You will find an elevated TSH (> 2UI/L) and low or normal fT₄ (<0.8ng/dL) in hypothyroidism, and low TSH (<0.2UI/L) and high or normal fT₄ (>1.8ng/dL) in hyperthyroidism. You may then find positive antibodies in AITD: aTPO or aTG in HT, and aTR or aTSI in

GD. It may be needed -mandatory if the physical exam reveals so- to do further testing as ultrasound, CT scan, or even biopsy of the tissue. You should use serum Fe, ferritin and transferrin levels to assess cause (malabsorption) and ensure proper treatment, as well as urinary iodine excretion (normal UIE is 100-200mcg/L).

3. ADDRESSING IT

Your goal will be normalizing and stabilizing TSH levels as well as tackling the underlying root cause of the immune problem. Start by ensuring that the patient is aware of the importance of self-care practices that will make a crucial impact in their condition, balance

of their hormonal levels and symptoms. The risk of not doing this might be having to take hormone replacement therapy (for life in most cases!), which interacts with many foods and other drugs.

a) DIET. Alkaline diet, anti-inflammatory and non-toxic.

Avoid gluten, lectins, soy derivatives, BPAs, and all possible toxins and endocrine disruptors, as well as big fish that may carry heavy metals. Avoid also raw cruciferous, seaweed and nightshade vegetables until TSH levels are controlled.

Increase whole foods: Greens, artichokes, zucchini, asparagus, carrots, spinach, mushrooms, berries, apples, peaches, pears, grapes, citrus fruits, sweet potatoes, butternut squash, fish,

eggs, meat, and poultry, shellfish, eggs, turkey, chicken, olive oil, avocados, avocado oil, coconut oil, unsweetened coconut, brown rice, quinoa, brown rice pasta, seeds, nuts and nut butters (previously "activated" or fermented), coconut milk, cashew milk, coconut yogurt, almond milk, fresh and dried herbs like basil and rosemary, spices like paprika, saffron, and turmeric, water, unsweetened tea, sparkling water, kefir.

b) CLEANSE

Cleanse liver, respiratory and urinary tracts, skin, fascia, lymph, blood vessels & gut.

Avoid stagnation, sitting long periods of time, dehydration, stress, alcohol.

Increase physical exercise, deep breathing, saunas and steam rooms, lymph drainage and skin brushing, electrolyte balance and hydration, and enemas. You may use herbs and/or other protocols for each of these categories.

c) SUPPORT

Support the thyroid gland as well as the immune system. Start with lower doses, as there is always time to increase or review medications, even when natural or holistic ones. Make sure it is

understood that this protocol will be strict for approximately 90 days, then re-evaluate.

Example:

30' before breakfast	1h after breakfast	after lunch	before bed
Magnesium Bisglycinate Plus 150 mg = 1 capsule	Vitamin K2+D3 2000 IU = 8 drops	Selenium 100 mcg = 1 capsule	Magnesium Bisglycinate Plus 150 mg = 1 capsule
Wild Omega 3 1 softgel	Vitamin C Plus 1g = 1 tablet	Vitamin C Plus 1g = 1 tablet	Vitamin C Plus 1g = 1 tablet
L-Tyrosine 500 mg = 1 capsule	Lion's Mane 1g = 2 capsules	Lion's Mane 1g = 2 capsules	Lion's Mane 1g = 2 capsules
Pro-Recovery* 1 capsule	Reishi 500 mg = 1 capsule	Zinc Ultra 50 50 mg = 1 capsule	Pro-Recovery* 1 capsule
-	-	Reishi 500 mg = 1 capsule	Reishi 500 mg = 1 capsule

*1 caps/12h during 45 days, then 1 caps/24h during 45 days, on an empty stomach (30 min before or 2h after meals)



Click on the product to view its informationsheet.

You may want to consider Iodine, Iron, Copper, Vitamin A or Vitamin B status in blood or Urine to assess the need to supplement them. Other possible supplements to consider, depending on the symptoms or underlying finding may be:

- » **Glutamine**
- » **Turmeric**
- » **Cordyceps**
- » **Psyllium**
- » **Liver**
- » **Quercetin**
- » **R+ Alpha Lipoic**
- » **Co-enzyme Q10**
- » **Ultra Protect**
- » **Digestive Enzymes**

And, of course, find the underlying cause (SIBO, achlorhydria, celiac disease, parasite or other infections, intolerances...).

4. MONITOR IT

Make sure the TSH levels are stable before you start removing medication or supplementation. You may check them every 6-8

weeks and adjust supplements until there has been around 6-12 months of stability in their TSH levels and their symptoms.

