



Optimal Health Series

**BONUS REPORT**

How to Work with  
**Your Doctor**  
to Fix Your Thyroid

**A Letter to Your Doctor**

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Author of The *New York Times* Bestseller *UltraMetabolism*

Dear Doctor:

In my practice, I have found the diagnosis and treatment of thyroid disease one of the more difficult and yet rewarding aspects of patient care. I found my training lacking and my patients still suffering despite “normal thyroid” results or while on treatment with T4. That is why I prepared a report on thyroid disease for my patients and for consumers. I hope you receive this letter in the spirit of inquiry and cooperation that I believe is needed for patients and physicians to find the best possible treatment for each person.

Your patient has read my report on hypothyroidism and autoimmune hypothyroidism. My approach is based in the science of functional medicine, a systems biology approach to dealing with chronic illness that attempts to assess the underlying network of causes and factors that promote disease. This approach also incorporates strategies to optimize and enhance normal gene expression, biochemistry, and physiology.

Thyroid disease, and hypothyroidism in particular, is often subtle and multidimensional. It is clear from the literature that many factors affect thyroid function, including xenobiotics such as environmental petrochemicals and organochlorines. Thyroid function is intimately tied to adrenal function. Chronic inflammation from sources such as celiac disease also impairs thyroid function. These underlying issues often interfere with thyroid function, and addressing them can be a very effective and helpful part of an overall strategy to address thyroid dysfunction.

In addition, proper thyroid function requires adequate nutritional support, including adequate levels of iodine and tyrosine for thyroid hormone formation as well as adequate levels of selenium to facilitate the conversion of T4 to T3 as a cofactor for the enzyme 5' deiodinase. Vitamins D and A combine with T3 as heterodimers to facilitate T3 binding to the thyroid nuclear receptors, which control gene expression and thyroid action.

There certainly is controversy regarding the adequate diagnosis and treatment of thyroid disease; however, my experience and the literature support the need for a more refined and comprehensive approach to thyroid dysfunction. The key things that I have identified from my practice and research include the following:


- New studies suggest a very high incidence of borderline hypothyroidism. Hypothyroidism may be subclinical and, in fact, even “sublaboratory” depending on the interpretation of the tests. Elevated thyroid antibodies in the face of normal thyroid tests may warrant a trial of therapy to help mitigate any chronic symptoms related to thyroid disease.
- Coexistent subclinical hypothyroidism often exacerbates other chronic diseases, is a comorbid condition in many autoimmune diseases, and should be addressed and treated.
- In addition, diagnosis of mild hypothyroidism requires a detailed history and high index of suspicion, because laboratory results may not fully represent abnormal thyroid function.
- Standard thyroid tests often have high false-negative rates, and new guidelines from the American College of Endocrinologists suggest that any TSH of greater than 3.5 is often reflective of hypothyroidism.
- Treatment is often difficult, and it is clear from research that a combination of T4 and T3 is often the most effective in treating thyroid disease. One must keep in mind that other factors are relevant in addressing thyroid function, including normalizing reproductive hormone imbalance, which can exacerbate hypothyroidism or be a sign of borderline hypothyroidism. Chronic stress and adrenal dysfunction often exacerbate hypothyroidism, and treating thyroid disease without support for adrenal function can often cause an exacerbation of symptoms.
- Nutritional support is also critical, including the use of a multivitamin, zinc, essential fatty acids, vitamin D, vitamin A, selenium, and iodine to help normalize thyroid function.

- Normalization of thyroid function often includes a comprehensive approach that addresses underlying life-style factors such as diet, which can affect thyroid function, chronic stress, inactivity, environmental toxins, and nutritional deficiencies. Attention to these factors along with targeted thyroid replacement and trial of combination T3 and T4 such as Armour Thyroid can often be very effective.
- Armour Thyroid has often been perceived as unstable and unreliable in terms of dosage; however, revisions and improvements in manufacturing by the pharmaceutical company that produces Armour Thyroid have significantly reduced this problem, and the drug can be used safely and effectively for managing thyroid disease.

Thank you for taking the time to review these thoughts and concerns. I encourage you to consider this perspective in your practice.

If you would like further information on the field of functional medicine and more detail about addressing hormonal disorders and other chronic disease in this fashion, I encourage you to read the *Textbook of Functional Medicine*. For further resources and training, please see [www.functionalmedicine.org](http://www.functionalmedicine.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Hyman', with a long, sweeping horizontal line extending to the right.

Mark Hyman, M.D.