Managing Hashimoto's.

Are We Asking the Right Questions in Hypothyroidism?

Dr Harpal Bains | Harpal Clinic.

Session Outline.

- The conventional approach to managing Hashimoto's hypothyroidism is rigid and uncompromising, providing relatively limited scope for the testing and management of thyroid issues
- Conventional medicine is not able to differentiate between hypothyroidism and Hashimoto's - the treatment of both remains identical - leading to a significant shortfall in autoimmune treatment for those with Hashimoto's
- Is it therefore time to consider a new approach to the disease, and to consider if we are asking the right questions in diagnosis and management?
- In adopting a functional and hormonal approach to Hashimoto's, we afford ourselves the opportunity to ask different questions and to translate these answers into more suitable management for our patients

The Conventional Approach.

Typical patient usually goes in presenting with:

- Weight gain despite exercise and diet
- Tired all the time (TATT) or more tired than they should be
- Constipation
- Dry skin, hair loss
- Cold all the time (not as noticeable in menopausal women)
- Sleeping too much

If GP suspects a thyroid issue, they will ask for:

- TSH
- T4 (if you're lucky!)
- T3 (if you socialise together)
- Thyroid antibodies (if you're related)
- rT3 (let's not go there...)

Transition from Conventional to Functional Treatment.

The Patient:

- 32 dentist
- Overweight
- Sallow, dull skin
- Moved slowly as if conserving energy
- Smiled a lot but it was a sad smile
- Seemed a bit joyless!

Family History:

- Father and Brother- Hashimoto's
- Mum - Diabetes Mellitus

Past Medical History:

- 25- Hashimoto's
- 25- PCOS (insulin resistance)
- 30- Uterine fibroid - 7.5cm

Symptoms.

- Constipation
- Weight gain
- Hair loss
- Poor temperature regulation - cold hands/feet
- Gas and bloating related to period cycles
- Heavy periods of 5 days - regular cycles
- Could not cope with tiredness and job
- Supportive husband, but he is very busy and they were attending couples' therapy
- Psychosexual issues - she felt resentment towards her husband
- Lost libido for 4 years (unusual in PCOS)
- Neck stiffness every day
- Progressed to migraine
- Joint pains - diagnosed with golfers elbow and wrist
- Rash on forearm - progressed to other parts of body
- Decreased ability to handle stress
- Increased anxiety, feeling overwhelmed
- Loses temper a lot
- Poor quality of sleep - light sleeper and requires 9 hours of sleep to function. Sleep was not restful even with 9 hours

Medications/Supplements.

Prescription Medication:

- Levothyroxine 100mcg
- Ulipristal Acetate- 5mg for 3 cycles
- Metformin 2g/day

Supplements:

- Selenium 200mcg
- Vitamin D 60,000IU 1/week for 12 weeks (at this stage now 4 weeks in)
- Vitamin E for hair loss
- Multivitamin with gamma linolenic acid

Functional Journey - Initial Consultation.

- Came wanting to improve quality of life and interested in LDN - she has already heard about it
- Diet - high in carbs, grain based, low protein, moderate fat. She ate a typical vegetarian Indian diet with lentils, potato and wheat (chapati) forming the bulk of her calories
- She thought she needed to lower her fat intake as she was overweight - so used olive oil spray and rapeseed oil
- Stimulants - tea or coffee twice a day
- Exercise - 11,000 steps a day, tried to do yoga 1/week
- Decided to do our clinic's bespoke detailed lab panel which includes haematology/biochemistry and detailed hormonal panel, cyrex testing
- Cyrex - Arrays 3,4,10 and 20 (3 - gluten, 4 - gluten cross reacting foods, 10 - all other foods; 20 - blood brain barrier permeability)

Conventional Management.

Prescription:

- Levothyroxine - 50mcg to 150mcg - eventually settling on 100mcg
- Uterine Fibroids - Ulipristal Acetate to shrink size of her fibroids (care of gynaecologist)
- PCOS - metformin 2g/day

How did the patient fare?

- There was initial benefit but that hit a ceiling
- Energy did not return, did not feel right
- Symptoms same even when dose dropped
- So what is the point? She felt like there was no light at the end of the tunnel...
- At this point, she was asked if she felt depressed and was offered antidepressants which she refused

Working Functional Diagnosis.

Prior to seeing lab results:

- Adrenal Fatigue
- Suboptimal thyroid (despite conventional prescription medicines)
- Unmanaged autoimmune
- Poor diet
- Poor sleep quality
- Leaky gut
- Food intolerances

Lab profile > 1

- Fasting Insulin: *10.4 (<10)
- Progesterone: < 0.2 (0.2 - 2.8)
- E2: 722 (98 - 571)
- Free Testo: 0.82 (0.4-7.1)
- TSH: 0.45 (0.27 - 4.2)
- Free T4: *23.6 (12 - 22)
- Free T3: 4.5 (3.1 - 6.8)
- Thyro Anti: *143.7 (0 - 115)
- Thy Perox: *449.6 (0 - 34)

- **Hormones:**
  - LH/FSH ratio - shows PCOS with flipped ratio
  - Insulin levels- very high despite metformin
  - Sex hormones (oestrogen/progesterone) - all over the place - oestrogen dominant
  - Testosterone - levels low - unusual in PCOS
  - Thyroid:
    - TSH- suppressed but within normal
    - Free T4 - high
    - Free T3 - normal
    - Thyroid antibody levels quite high
- **Haematology/Biochemistry:**
  - Nothing out of the ordinary
- **Cyrex:**
  - Intolerance to lentils, potatoes, beets, soy, cashew, oats, gluten

Functional Management from Initial Consult.

- Address dietary changes as indicated by Cyrex labs
- Autoimmune - Start LDN and go gluten free
- Optimise sleep
- Manage adrenal issues
- Sex hormone - decided to wait until fibroid management completed

Prescription:

- Pregnenolone 100mg 1/day
- Melatonin 1.5mg
- Adrenal supps and fish oil
- LDN drops to 4.5mg
- Kept levothyroxine dose same with intention to review in 3 months
- Concentrated on LDN

Functional Management - Second Consultation - 3 Months On.

- Patient has now been on 4.5mg sublingual LDN, adrenal supplements, fish oil, melatonin, and pregnenolone for 3 months
- Had not fallen sick in past 3 months - previously got colds all the time
- Fibroid 2cm smaller (from 7cm to 5cm)
- Less tired
- Less aches
- Felt ready to do more exercise and more challenges but had not yet started
- Missing LDN brought all aches and tiredness back the next day
- Bowel habits the same but now no gas and bloating
- Wheat consumption down 90%
- Period on 3-4 days with lighter flow
- Stress much lower
- Temperature regulation improved, fingers/toes not as cold
- Skin less dry
- Libido up
- Hair loss still ++ve
- Sleep reduced to 7-8 hours and waking up rested
- Better morning moods
- Diet better, cooking with good fats (e.g. ghee)

Lab profile > 2

- TSH: 1.43 (0.27 - 4.2)
- Free T4: *22.7 (12 - 22)
- Free T3: 4 (3.1 - 6.8)
- Thyro Anti: *141.1 (0 - 115)
- Thy Perox: 314.7 (0 -34)
- Reverse T3: *36 (10 - 24)
- Progesterone: 8.5 (0.2 - 2.8)
- E2: 67 (98 - 571)

- Now did a smaller lab profile, including reverse T3.
- Thyroid antibody levels has gone down marginally
- Reverse T3 is high
- Oestrogen dominance now balanced

Changes in Management:

- Decrease levothyroxine down to 75mcg
- Start on T3 at this point - 25mcg in the mornings - at the same time as levothyroxine

Third Consultation - 9 Months On.

- Feels marginally better now on T3
- But has more stress at work due to undertaking a new postgraduate course
- Long days which will be getting worse
- Tiredness better
- Now mostly gluten free
- Her relationship better
- Migraines stopped
- Neck ache better
- Rash improved
- Skin brighter
- Hair loss has decreased
- Some weight loss
- Overall in a better place

Lab profile > 3

- TSH: *0.11 (0.27 - 4.2)
- Free T4: 12.3 (12 - 22)
- Free T3: 6.8 (3.1 - 6.8)
- Progesterone: 7.7 (0.2 - 2.8)
- E2: 281 (98 - 571)

- Labs are now balanced
- Thyroid balanced
- TSH- suppressed. No rT3 was done
- Sex hormones balanced

Lab Profiles 1 > 2 > 3

Labs 1:

- TSH: 0.45 (0.27 - 4.2)
- Free T4: *23.6 (12 - 22)
- Free T3: 4.5 (3.1 - 6.8)
- Thyro Anti: *143.7 (0 - 115)
- Thy Perox: *449.6 (0 - 34)
- Progesterone: < 0.2 (0.2 - 2.8)
- E2: 722 (98 - 571)
- Fasting Insulin: *10.4 (<10)

Labs 2:

- TSH: 1.43 (0.27 - 4.2)
- Free T4: *22.7 (12 - 22)
- Free T3: 4 (3.1 - 6.8)
- Thyro Anti: *141.1 (0 - 115)
- Thy Perox: 314.7 (0 -34)
- Reverse T3: *36 (10 - 24)
- Progesterone: 8.5 (0.2 - 2.8)
- E2: 67 (98 - 571)

Labs 3:

- TSH: *0.11 (0.27 - 4.2)
- Free T4: 12.3 (12 - 22)
- Free T3: 6.8 (3.1 - 6.8)
- Progesterone: 7.7 (0.2 - 2.8)
- E2: 281 (98 - 571)

Patient Summary.

- Patient first came in with Hashimoto's: conventionally managed with slight improvement but still had all symptoms of hypothyroidism and wasn't feeling right. She also had sex hormone disruption, adrenal fatigue, psychosexual issues, poor nutrition, and leaky gut
- **Initial functional management:** we managed her autoimmunity, adrenal fatigue, and sleep issues at that point. This was done with LDN, going gluten free, and removing other foods that cause intolerances; adrenal supplements, pregnenolone, melatonin and fish oils
- **3 month review:** did a more comprehensive thyroid panel and found raised antibodies and high rT3. We now changed her management to decrease T4 to 75mcg and added T3 to 25mcg. Also suggested adding 12.5mcg T3 in the afternoon. Sex hormones were nicely balanced at this point. Patient felt much better overall. **She had reached the full dose of LDN**
- **9 month review:** she was on the regime suggested at 3 months except that she didn't take the afternoon dose of T3 due to inconvenience. She was able to now take on more stress. Felt marginally better despite increased stress and workload. All non-specific symptoms were much better

Conclusion I

- This case was chosen because we managed different elements of her issues at different points in time
- The case highlights how varied elements of management can change things - the issues identified involved her adrenals, thyroid, autoimmune, diet & nutrition and psychosexual element.
- Overall positive results over a relatively short period of time (9 months)
- LDN fits in with the complete management of her issues
- LDN in this patient probably contributed not only to modulating her immunity in regards to Hashimoto's, but also helped with her leaky gut and general immunity
- Leaky gut was possibly the bigger issue here causing added adrenal strain which secondarily impacted her thyroid (especially gluten)
- LDN has a prominent place in conjunction with Functional/hormone management in our Clinic's typical patient profile - one who's been around the (doctor) block, did not get desired result; resorting to forums/googling to find someone who will listen

Conclusion II

- We have to see these people in totality and not as having isolated problems to be treated independently of each other. Unlike in conventional medicine where patients are sent to specialist after specialist with a severe lack of continuity of care
- Are we asking the right questions in a conventional setup?
- Based on the results that patients like our dentist experiences when managed functionally, I don't believe we are
- However it's unrealistic to expect it within the allocated time NHS GPs have with each patient
- Nor when one considers the knowledge and experience required to ask the right questions
- The answers are there in the patient's stories and their journeys to date.
- We simply need to have a high index of suspicion and to know what to ask

Harpal Clinic.

4 Moorfields

London EC1V 9DX

United Kingdom

www.harpalclinic.co.uk

+44(0)208 616 9130