SLUGGISH THYROID SYNDROME:

why tests keep coming back normal, yet you continue feeling unwell

Published by Peter de Ruyter

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The intent of the author is solely to provide information of an educational nature in the reader's quest to seek a greater understanding of the human condition. In the event the reader uses any information from this book with which to change their lives in any manner whatsoever, the author and publisher assume no responsibility for your actions or any consequences.

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Sluggish Thyroid Syndrome – why tests keep coming back normal, yet you continue feeling unwell

By

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Chapter 1

What exactly is 'Sluggish Thyroid Syndrome'?

The greatest enemy of any science is a closed mind

Dr. J. Rozencwajg

Synopsis

This e-book explores why many people in the more developed nations are increasingly finding themselves dealing with a significant health issue called ***subclinical*** *hypothyroidism. It also investigates why this condition has been so difficult to diagnose when using traditional Western laboratory tests for regular hypothyroidism. This investigation will show why there is an urgent requirement for the hypothyroidism paradigm to expand beyond that of a central, glandular failure issue alone.*

What needs to be recognized is how significant numbers of people suffering hypothyroidism are dealing more with a ***peripherally*** *related dysfunction, within the overall thyroidal* ***system****. In other words, there is a need to look at hypothyroidism from a type 1, as well as a type 2 perspective, similar to the way in which we now understand diabetes.*

Other areas explored include alternate ways of diagnosing and treating this specific aspect of thyroid function, sometimes labeled as subclinical hypothyroidism, thyroid resistance, sluggish thyroid or hypothyroidism-type 2.

Although this e-booklet is being written primarily for those within the various healing professions, attempts will be made to explain matters in layperson's language, as much as possible, hopefully thereby providing information of value to those in the general community too. For the layperson reading this e-book, some of the concepts discussed may seem at times to be rather technical. But please, just hang in there, and realize that there's no need to fully understand every technical or biological detail in order to get the gist of this discussion. Keep in mind that a glossary has been provided in Appendix 2, which may help you better understand various scientific terms.

As the discussion progresses, more in-depth explanations and clarifications will be presented, so that the many individual 'pixels' being explored will eventually develop

into an understandable 'picture'. If nothing else, this e-book is something you can let your doctor know about if they have been having problems establishing a diagnosis, or a treatment strategy for all your symptoms.

It also needs to be emphasized that although the thyroid gland can present with many abnormal and diseased states, in this e-book we'll be focusing primarily on the basics of subclinical hypothyroidism.

Suffering from symptoms which tests don't seem to validate?

Initially, I am speaking to those readers who have long been struggling with a range of difficult-to-diagnose health issues… 'Have you been experiencing an annoying and encroaching amount of weight-gain lately, which just won't shift despite a range of diets and exercise regimes?' 'Are you feeling constantly tired for no apparent reason that medical testing can detect?' 'Is your skin increasingly breaking out with eczema, psoriasis, or is it more dry and flaky – especially in winter?'

'Maybe you've noticed your hair falling out more – particularly if you are a woman?' 'Perhaps you're experiencing increases in colds and flu's; anxiety spells; low libido; constipation; menstrual problems; chronic infertility; poor memory and concentration; depression; treatment-resistant anemia; fibromyalgia; high cholesterol and triglycerides; migraines; chronic miscarriage; hypoglycemia; cold extremities; chronic pain for no reason… to name but a few of the many symptoms which can be related to a sluggish thyroid?' 'Have you been to many doctors; had barrages of blood tests, and yet keep being told: 'everything's normal?'

Nevertheless, your symptoms don't go away, and many of you continue to have a nagging sense that there *is* something wrong – and possibly with your thyroid. Sounds familiar? Well, your intuitive feeling that your thyroid is implicated in the wide and seemingly unrelated range of symptoms you're experiencing may well be correct after all. Unfortunately, present-day blood tests for measuring thyroid *function* are more *quantitative* (measuring the *amount* of something) than *qualitative* (measuring how *functional* the tested body part or secretion is). Furthermore, the way these tests are interpreted makes them notoriously insensitive to finding anything but an already quite advanced and *centralized* state of thyroid malfunction.

These tests are not capable of detecting the more subtle *under*-functioning thyroid conditions. The problem is that even though a thyroid may be *under*-functioning - compared to *mal*–functioning - such under-functioning may nevertheless present with most if not all of the more severe range of symptoms found in a thyroid gland that is in full-blown *mal*-function.

This dilemma is compounded in that the present blood tests for detecting a malfunctioning thyroid are only focusing on one narrow component of this gland's purpose – in other words, its *central* performance in regard to its ability to produce enough of the primary thyroid hormone known as T4. The fact that there are also more *peripheral* components to thyroid action within the body is ignored or not understood.

Three levels to thyroid function

There are three primary levels to thyroid function which cause the confusion. The first level is associated with whether the thyroid gland can actually secrete enough of its primary hormones, namely T4, also known as tetraiodothyronine, as well as some T3, otherwise known as triiodothyronine.

The second level is associated with whether this T4 is then adequately converted into the *more active* T3 form of the thyroid hormone - mostly by organs *peripheral* to the thyroid, such as the liver, kidneys and cells themselves. The third level is whether this T3 is further able to dock onto the various cellular and nuclear receptor sites, thereby activating them. These levels two and three are where the 'normal' thyroid tests fail, yet this more *peripheral* component to thyroid function is unfortunately what can nevertheless drive so many people's experience of very real hypothyroid-like symptoms.

Unfortunately, the average doctor – and even some endocrinologists – simply haven't caught up with the latest shift in knowledge about these subtleties in thyroid function. Hence, it's not understood how the standard TSH/T4/T3 tests are woefully inadequate for uncovering what is nonetheless a genuine thyroid problem. This situation, therefore, can occur in many patients who are suffering a degree of what needs to be described as *subclinical* hypothyroidism.

Another major aspect of this dilemma is the reality that most doctors see hypothyroidism more in terms of its *physical* symptoms – such as obesity; skin problems; poor circulation; sluggishness, to name a few – without acknowledging that a faltering thyroid gland can be the basis of many emotional symptoms as well. Some of the earlier pioneers of thyroid disease recognized the many ways in which the thyroid was an 'emotional gland', with powerful effects on mood, feelings and brain function. In

this way, thyroid was understood to have direct and valid links to such symptoms as depression; chronic irritability; memory and concentration issues, or a sense of general unwellness.

Unfortunately, depression and tiredness are two of the highest presenting symptoms in a doctor's office. So much so, that doctors may become quite desensitized to what these symptoms may represent, and in the typical 5-10 minute medical consult there is not much one can do to really find the deeper source of such manifestations of unwellness.

A series of tests may be done – including a thyroid function test – but most of these will inevitably come back 'normal'. What's a doctor to do… but grab the prescription pad and dole out some anti-depressants? Yes, the depression and tiredness may improve, but nothing has been done for the deeper issues *driving* these symptoms. This can only mean that such deeper aspects keep smoldering away unattended, causing further symptoms over time. But of course, symptoms arising from such deeper damage within the body will in turn each be given a convenient 'pill' as well.

Surely, such an approach can't be classified as an adequate, let alone an optimal form of treatment for dealing with a person's unwellness? These 'quick fixes' accumulate over time, often resulting in people having to take large numbers of specific drugs for specific symptoms – yet many of which are driven by just one, core dysfunction.

Need for a paradigm shift

So, now what? Let's explore this dilemma, in order to better understand why some practitioners find it so hard to validate the reality of unwellness in many patients, despite their most earnest efforts to help. The type of low thyroid function we'll be exploring here is a multi-dimensional issue, and not readily explained in one or two pages. Hence, let's take one point at a time to help uncover the many layers of a deeply entrenched health condition found within our communities; often misdiagnosed, and therefore inevitably resulting in no treatment being offered either.

The problem is that when you mention the term '*subclinical* hypothyroidism' to most doctors, you either get a blank stare or it is hotly refuted as a clinical possibility – because all the blood tests keep coming back as 'normal'. End of discussion.

However, despite the desire of doctors to help their patients, the problem lies with this elusive condition being perceived solely according to whether the thyroid gland itself is producing enough hormones. It bears repeating that very little focus is being given to the more *peripheral* aspects associated with the subsequent conversion and activity of these hormones produced by the thyroid i.e. T4 and some T3.

A paradigm shift is required if this anomalous situation of undetected and *subclinical* hypothyroidism is to become medically recognized and hence treatable. Only in this way can we alleviate the suffering of literally millions of people who are presently being incorrectly treated - or not treated at all.

These are bold claims which need to be substantiated, so let's delve into the many intricate aspects of what can only be called a silent epidemic of undiagnosed, and hence ignored thyroid *dys*function, compared to *mal*function. This is where the work of Dr. Broda Barnes ('Hypothyroidism – the unsuspected illness' [1]), and especially the more recent research and rich clinical experience of Dr. Mark Starr ('Hypothyroidism type 2 – the epidemic' [2]) are vital to the discussion.

'Thyroid Resistance' or Hypothyroidism-type 2

Dr. Starr defines subclinical hypothyroidism as a type-2 format of hypothyroidism, and explains that it has more to do with… ***peripheral*** *resistance to thyroid hormones on a* ***cellular*** *level.* (emphasis added). [3] This is something not routinely tested for, and which 'normal' levels of TSH/T4/T3 can't point towards. There's also the issue of what is defined as a 'normal' range; but more on that topic later. As a new way of perceiving this issue, just think back to how recent research on the phenomenon of 'insulin resistance', or diabetes type 2 is finally being acknowledged and understood by science and medicine.

In this scenario, a person with supposed diabetes may still be producing adequate insulin, as measured within the blood, yet they are experiencing definite diabetic symptoms – validated by such clinical measurements as abnormally high blood sugar levels. The problem, therefore, within these people is not *lack* of insulin, but rather a lack of *functionality* of insulin within the *overall* body setting. In other words, if we solely focus on how *much* insulin the pancreas is or isn't producing, rather than how *functional* that same insulin is when it needs to 'do its thing' *within* the cells themselves, then we'll completely misunderstand why that same person is nevertheless presenting with symptoms of diabetes.

So too for the thyroid situation! *This* is the paradigm shift which hasn't yet occurred on a broad enough level within the medical community in regard to the *subclinical* level of what is nevertheless a genuine hypothyroid situation. Just as there is now a medical acknowledgment that there are two distinct aspects to diabetes – a *central* dysfunction/failure of the pancreas, labeled 'diabetes-type 1' – as well as a more *peripherally* driven aspect to poor blood sugar control – labeled 'diabetes-type 2' – so too is there an urgent need to perceive *overall* thyroid function along similar lines.

Is it inconceivable that what *is* happening within the pancreatic system could not also occur within the thyroidal system? Initially, diabetes-type 2 starts off as 'insulin resistance', which can then progress over time – if inadequately treated – to full-blown diabetes-type 2, and eventually can even burn-out into a state similar to diabetes-type 1. This latter stage is where the pancreas gland is totally incapable of producing any insulin, compared to the pancreas still producing insulin within the 'insulin resistant', or early diabetes-type 2 phase.

What is being presented here is Dr. Mark Starr's view that this exact same situation also occurs within the thyroidal system. Therefore, within hypothyroidism it needs to be equally understood that there are these two layers of dysfunction – a central gland failure – which could be labeled 'hypothyroidism-type 1' – and then a secondary, and more peripherally driven thyroid dysfunction – labeled 'hypothyroidism-type 2'.

Until this shift is made within medicine, many people presenting with rather clinically obvious thyroid symptoms will continue to be ignored… because the presently chosen blood tests, used for measuring thyroid function are far too narrow… and keep coming back 'normal'!

Lab results too often over-rule clinical observations

Unfortunately, within medicine there's a far too frequent and disconcerting phenomenon whereby too much status is given to laboratory results, compared to the amount of validity given to information a patient tells us, or which a keen clinical eye can observe in that patient.

There's nothing wrong with using blood tests - thank goodness we have access to them in this day and age. But when these same blood tests over-rule the *clinical* evidence presented to the eyes, ears… and yes, even intuition (such an improper word within most of science and medicine unfortunately!) of the observing clinician, then it

does suggest a need for medical personnel to reassess how they are presently diagnosing patients within an orthodox setting. More on this subject in chapter 11.

Hence, within this topic of *subclinical* hypothyroidism, or hypothyroidism type-2 - as so clearly defined by Dr. Starr – there is a need to be able to identify the true source of the problem. Thus a differentiation should be made between the more *core,* and supposedly sole dimension of thyroid dysfunction presently accepted (with abnormal TSH, T4 and T3 readings) - compared to the more *peripheral* aspects of a thyroid malfunction (where the TSH, T4 and T3 levels seem 'normal').

It's worth reiterating that what is called for is a recognition that *subclinical* hypothyroidism is more about a *systemic* failure on a cellular as well as secondary organ dysfunctional level (liver and kidneys), compared to solely a thyroid *gland* failure. It's about the actual *expression* and *function* of the more active T3 at the various *cell receptor site levels* which is crucial – not just *quantitative* levels of circulating T4 or T3 levels.

For the medical reader, perhaps a few light bulbs have just flicked on – especially correlating this part of the discussion with their present understanding of 'insulin resistance', as now recognized within the overall phenomenon of diabetes. So too, when it comes to understanding this more secondary phenomenon of what could be equally termed 'thyroid hormone resistance.' This connection is the essence of what we'll be discussing in this e-book.

For the lay person, perhaps you're feeling a bit lost amongst quite a number of unusual words and concepts. So, let's clarify the discussion thus far by stepping back a bit, and examining what the thyroid gland is; where it is found and what it is supposed to do. Mind you, medical readers will hopefully gain from this more wholistic exploration of the thyroid gland and its functions too; of what can support thyroid health, and especially the reality that many aspects of our modern life can also powerfully sabotage thyroid function……..

.....*Chapter 3*

Explaining the multitude of symptoms found in hypothyroidism-type 2

One problem with subclinical hypothyroidism, otherwise known as hypothyroidism-type 2 is that sometimes a patient may be considered a hypochondriac. This is because, medically, the test results keep returning as 'normal' - as defined by being within the conventionally accepted range. Such medical conclusions of hypochondria may be made regardless of how *unwell* the patient may look, or how ill they declare themselves to feel within themselves. On a clinical level, and as indicated earlier, this seemingly 'invisible' state of hypothyroidism-type 2 can nevertheless be the basis of a wide range of ostensibly unrelated symptoms.

Temperature and its affect on protein shape

Hypothyroidism as the basis of such diverse symptoms may seem improbable until we connect the dots between lower than normal body temperature, and how this affects enzyme structure, and thereby *all* cellular function in *all* body areas, thus causing these apparently unconnected symptoms. Let's explore this concept more fully.

To understand this very real phenomenon, we need to go back to one of the thyroid's central functions – managing a stable body temperature. It mostly does this via the temperature-regulating effect of T3 – one of this hormone's primary functions. Hence, if there is any compromise in the body's *peripheral* capacity to convert T4 to T3, or if T3 is not able to be effective on a *cellular* level, *then body temperature will be lower than normal.* This is a crucial point. As we'll discuss later, low body temperature (unsophisticated though it may seem, compared to the more technically based blood tests!) nevertheless offers a powerful, alternate way of measuring thyroid *function.*

To further understand why hypothyroidism-type 2 can be the basis of so many variable symptoms, we also need to focus more on the effect temperature has on protein *structure.*

- *Firstly, the reality is that all enzymes are fundamentally made from protein.*
- *Secondly, it needs to be understood that the* ***shape*** *of many proteins is exquisitely sensitive to temperature*.

Remember, we have already used the analogy of a lock and key in the above discussion. Let's therefore expand upon this idea, and see how it relates back to why a sluggish thyroid could cause so many apparently unrelated symptoms.

Enzymes are substances produced by the body to help catalyze cellular function. In other words, the billions of cellular reactions needing to occur every second of every day we are alive, in every organ, gland and body tissue, all need some sort of 'spark' to initiate such reactions. Think back to your car, and how the spark-plug in the engine is crucial to ensuring the otherwise inert petrol is transformed into energy – and heat – through which motive power is provided to the car. Similarly within our bodies. *Each cell needs something to 'spark' it into action, thereby driving the biological actions required for that cell to function – and thus keep us alive.*

The critical thing to keep in mind here is that *every* cell within the *entire* body system depends on such enzymatic function. In other words, every organ, gland and body tissue requires the efficient functioning of enzymes for optimal performance of that organ, gland or tissue. A simple truth… but one often neglected; certainly in this arena of *subclinical* hypothyroidism; 'thyroid resistance', or as Dr. Starr terms it: 'hypothyroidism-type 2'. Unfortunately, all three terms are used in the literature to describe this thyroidal state of dysfunction, but do realize that they all indicate the same health issue.

Enzyme function connects the dots

If, for some reason, these many different enzymes within the body are not able to *function* adequately… then surely it should come as no surprise that whatever organ or gland is being affected by sub-optimal or ineffective enzyme function could equally generate signs of such enzyme dysfunction – *called 'symptoms'*! In fact, Dr. Wilson – another researcher within the hypothyroid-type 2 arena – calls this condition: *multiple enzyme deficiency syndrome*. Perhaps this should be broadened to: 'multiple enzyme *dysfunction* syndrome'. In other words, the issue is not so much about there being a *deficiency* of enzymes, as a deficiency of *function* of enzymes.

Hence, if enzyme function is affecting an organ such as the liver, is it therefore so inconceivable that this reality could cause liver symptoms; or if present in the immune system – immune symptoms; or present in the mind – mind symptoms, and so on? There is a general lack of understanding by medicine to fully grasp how the core effects of low thyroid function - *via a lower than normal body temperature* - in turn becomes a major barrier to their adequate management of hypothyroidism-type 2.

It bears repeating that the link to this sticking point is between low body temperature and how this significantly impacts on ***all body enzyme function.*** Equally, it's by not fully grasping this connection that it seemingly becomes inconceivable how even a small but chronic decrease in body temperature can have such devastating effects. But *how* does this occur, you may ask?

Well, here we need to go back to the earlier statement that the shapes of many proteins – such as enzymes – are very sensitive to even small temperature variations. Bring to mind what happens if you pull out one of your scalp hairs and bring it close to – but not into – a flame. It goes all crinkly and misshapen, doesn't it? So too with the proteins making up our cellular enzymes, when they are exposed to an increase *or decrease* in body temperature.

In turn, let's revisit the previous analogy of a key and lock. If we get an old-fashioned house-key, and remove even one of those little 'bumps' or 'ripples' off the functional-edge of that key, then it can no longer *turn* the lock – despite still fitting *into* the lock. A similar situation occurs within our bodies.

Even a minor alteration in enzyme shape can have profound effects on how ***functional*** *such enzymes are when needing to dock onto the various cellular receptor sites.*

Hence, even a decrease of half degree, let alone a full degree or more in body temperature can have significant effects on the *functionality* of enzymes, causing them to become misshapen enough to now no longer work as effectively as they should. *In turn, this has an impact on every cell, organ and gland within our body*! And this is why such a seemingly insignificant thing as a slightly lower than normal body temperature can nevertheless have crucial affects on how efficiently our *entire* body functions.

As well, we need to keep in mind that if our overall metabolism is slowed down in this manner, it would have repercussion on the ability of our cells to repair, *and cleanse* themselves too. Such a situation, on a chronic basis would result in an increased body burden of toxic matter, which in turn would affect cellular function. Here lies one reason for the naturopathic tendency to often focus on 'detoxing' the system before it can be made to operate more efficiently.

Think of your car again. You may well have ensured the engine was given a good tune-up; used the correct fuel; had good tyres installed on the wheels, and more. However, if you haven't simultaneously given that engine a good ol' 'grease and oil change', then no matter how effectively the other components of the car may be

functioning, the *overall* performance of that car cannot be optimal. At least, not until that sump has been adequately cleaned out! So too with the body.

If on top of that, various body organs and glands are also not as functional as they should be – due to genetic flaws, nutritional deficiencies, or wear-and-tear factors – then it's precisely such *under*-functioning body systems within which hypothyroid-type 2 symptoms are more likely to play themselves out. So, perhaps it is becoming clearer why many people suffering from seemingly insignificant hypothyroidism-type 2 may nevertheless be presenting with an extensive range of very real symptoms normally relegated to individual and unrelated organ, gland or tissue dysfunction.

Need for a change in thinking

One major consequence of this reality is…….

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