

HEALTHY LIVING • HEALTHY PLANET

# natural awakenings

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**FREE**

Christie Brinkley  
Shares Her Secrets to  
**LASTING  
BEAUTY**

**Solutions for  
a Sluggish  
Thyroid**

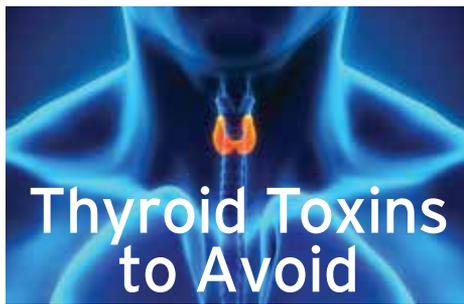
**Spark Up  
Your Love Life**  
Natural Ways to  
Boost Libido

**Reboot Your  
Eating Habits**



**EVERY ISSUE IS  
A GREEN ISSUE**

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## Thyroid Toxins to Avoid

### Fluorine/fluoride

- Fluoridated toothpaste
- Unfiltered municipal drinking water
- Some bottled teas
- Teflon pans
- Mechanically deboned chicken

### Chlorine/chloride

- Virtually all municipal water
- Swimming pools, spas
- Poultry chilled in chlorinated water to kill bacteria
- Chlorine bleaches and other conventional household cleaners

### Bromine/bromide

- Flour and flour products, except those labeled “unbrominated”
- Soft drinks
- Pesticides with methyl bromide
- Plastics
- Fire retardants in children’s nightwear and some furniture
- Spa disinfectants

Source: What Doctors Fail to Tell You About Iodine & Your Thyroid, by Dr. Robert Thompson.

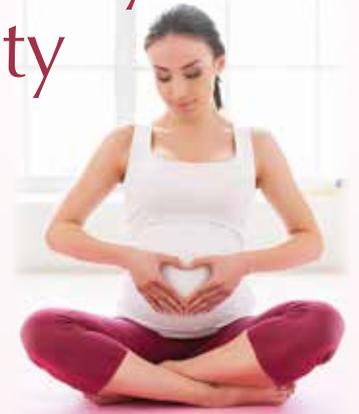
The U.S. Department of Agriculture maintains that we need 150 micrograms a day, but iodine advocates are quick to point out that a person eating a typical Japanese diet (where hypothyroidism, or low thyroid activity, is rare) ingests 12.5 milligrams of iodine each day—83 times the amount recommended by the government.

Shames recommends getting an iodine lab test (available without a prescription at [CanaryClub.org](http://CanaryClub.org)) to determine exact needs. Thompson recommends potassium iodide and sodium iodide supplements for thyroid health.

Kathleen Barnes is author of numerous natural health books, including *User’s Guide to Thyroid Disorders*.

# The Role of the Thyroid in Fertility

by Katie Johnson



The American Society for Reproductive Medicine defines infertility as the inability to achieve pregnancy after one year of intentional efforts to conceive. The World Health Organization states that one in four couples in developing countries struggle with infertility. Despite vast medical advances over the past 50 years, infertility rates have risen across all races and socioeconomic groups. While there are many underlying factors that lead to the development of infertility, one of the issues that can disturb a woman’s hormonal balance is thyroid dysfunction.

The thyroid has an integral role in many functions of the body, including regulation of the basal metabolic rate and body temperature, stimulation of cellular function and interaction with endocrine organs and glands, including the adrenals, ovaries and testes. Every single cell in the body has receptors for thyroid hormone, which signifies its important function in overall health. Common symptoms of thyroid dysfunction involve changes in hair and nail texture, energy fluctuations, mood changes, digestive problems and weight issues. However, menstrual irregularities and infertility can also occur in women with thyroid dysfunction.

The common current medical approach to thyroid issues, especially as it relates to women with infertility, is for doctors—even endocrinologists—to only check the blood for abnormalities of thyroid stimulating hormone (TSH) when screening for thyroid disorders. TSH is released by the pituitary and signals the thyroid to release more or less thyroid hormone.

However, TSH screening is only part of the whole picture. For a complete assessment of the thyroid, several things must be determined: levels of free T3 and T4, the active forms of thyroid hormone; adrenal function, which is affected by stress and can suppress thyroid function; liver health, which

metabolizes thyroid hormones as well as estrogen; levels of environmental toxins present in the body, many of which are endocrine disruptors; nutrient deficiencies, which can be implicated both in thyroid disorders as well as infertility; and the presence, or lack thereof, of autoantibodies to the thyroid, which are present in Hashimoto’s and Graves’ disease.

A 2013 article in the *International Journal of Clinical and Experimental Medicine* affirms that autoimmune thyroiditis (AIT), or Hashimoto’s thyroiditis, affects up to 20 percent of women during the age of fertility. The meta-analysis determined a connection between AIT and polycystic ovarian syndrome, stating, “Thyroid disorders, involving hyperthyroidism and hypothyroidism, can interact with the ovaries through both a direct effect on ovarian function and autoimmunity pathways.” Other studies have shown a correlation between AIT and premature ovarian failure, and also the presence of autoantibodies within the ovarian matrix.

There are many complexities in the presentations of both thyroid disorders and infertility. To ensure the best possible outcome, women should insist upon a thorough evaluation and seek out additional help when needed.



Katie Johnson is a doctor of chiropractic and licensed acupuncturist practicing integrative medicine in St. Charles and Downers Grove.

For more information, call 630-474-2720 or visit [LotusHealthCenter.com](http://LotusHealthCenter.com). See listing, page 38.