Estrogen, Menopause and Your Thyroid

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With researchers discovering that the benefits of estrogen are overrated and dangers underreported, it may be time to focus on your thyroid.

The news is in from the National Institutes of Health: the benefits of estrogen have been overplayed, and its risks have been minimized. Not only have valid studies found that estrogen replacement therapy has less protective value for heart disease, Alzheimer's, depression, urinary incontinence, and especially osteoporosis, but in addition, the latest studies are confirming its increased cancer potential.

In other words, the preventive powers of estrogen replacement therapy are much less than the drug companies have been saying, and its risks are greater. This is especially important information for any woman concerned about her thyroid health. Perhaps the biggest potential for mischief in the whole thyroid field is in the arena of women's health and menopause. Everything from minor vaginal irritations to repeated miscarriages have been shown to be thyroid-related in a certain percentage of sufferers. Menopause is not an illness, but it can begin to feel that way if your thyroid is low or borderline at the time of your change.

Women in this frustrating circumstance are often told “It’s just your menopause,” as if they should expect to feel awful for years because of a natural reduction in estrogen. Without an accurate diagnosis of low thyroid, these women are simply given estrogen and their symptoms linger. The ovaries and uterus need proper amounts of thyroid hormone as much as any other organ or system.

Despite increased awareness in the medical community about the issues and interventions surrounding menopause, tremendous numbers of women still suffer from menopausal difficulties. They expend a great deal of time, money, and heartache on hormone replacement therapies. Frequently, neither the synthetic nor the natural hormones provides complete relief. This is often because the underlying problem is undiagnosed low thyroid. By age 50, one in every twelve women has a significant degree of hypothyroidism. By age 60, it is one woman out of every six.

This runaway thyroid epidemic seems to be striking menopausal women harder than any other group of patients. Fortunately, much can be done to help them. The standard maneuver for perimenopausal patients who consult gynecologists is to provide a handful of estrogen samples.

We have heard too many stories of women in their late 40's and early 50's who were given these hormones to take without any blood testing at all. The compliant patient will follow the doctor’s advice. But, in those cases where women have been put on estrogen, and the symptoms of hot flashes, insomnia, irritability, palpitations, and “fuzzy thinking” are still quite annoying, the addition of thyroid hormone can be a godsend.

For those symptomatic menopausal women not wanting or benefiting from estrogen, we advocate thyroid blood testing first, perhaps followed by a clinical trial of thyroid hormone, even if their blood tests are in the normal range. Frequently, the underlying hypothyroidism is such a controlling factor that simply correcting it returns the whole system to fairly normal functioning. Menopause continues, but it is a more mild, gradual, and comfortable process. If your thyroid is low, your hot flashes will be much more pronounced, much more frequent, and more disconcerting. This is because thyroid is your energy throttle, and you need energy to go through the change gracefully.

How much energy people have, how well they get up in the morning, how well they sleep, and how much stamina they have for the day is directly related to their levels of thyroid hormone. When your level is too low, you don’t have the energy to cope adequately with anything, much less the additional stress and emotional lability associated with the menopausal years.

Consider the following case: a 51-year-old schoolteacher from the midwest named Sarah. Both she and her mother started menopause at the early age of 46. Sarah knew that her mother had low thyroid, as well as severe menopause problems. Neither the mother, nor Sarah, nor their doctors connected these two situations. When Sarah herself began to have the same severe menopause problems as her mother, she accepted it as her genetic predisposition. She was sometimes so hot and sweaty during a school day that she would need to keep a change of clothes in the teachers' lounge. Needless to say, the kids got on her nerves easily, and she was not enjoying her previously satisfying job.

Facing these difficulties, Sarah did what her mother had not done: she began taking Premarin and Provera...
immediately. The hoped-for relief, however, was only minimal, even when the gynecologist increased her dosage.

Fortunately, Sarah was referred to our office, and we discovered that her previously normal TSH was now, with advancing menopause, 6.2, clearly in the abnormal range. This indicated that her thyroid hormone levels were not keeping up with the extra demands of her changing metabolism. Once on thyroid medication, Sarah began to feel like her old self in a matter of weeks. Her menopause symptoms faded into the background, and her life became more balanced and enjoyable. Best of all, she no longer needed the Premarin and Provera to maintain this more graceful version of menopause. Thyroid hormone alone resolved the problems.

Other menopausal symptoms are equally amenable to treatment with thyroid hormone alone. Atrophic vaginitis, or thinning of the vaginal wall as the result of falling estrogen levels, can lead to itching, discharge, and painful intercourse. All of these symptoms are much more severe when your thyroid is low. Women who have had unremitting vaginal dryness that was unresolved with vaginal creams or estrogen pills are often found to be low thyroid, if checked carefully. In addition to getting an important part of their intimate life back, once treated with thyroid medicine, these women are pleased to find that their problems with dry hair, dry skin, and cracking nails are often resolved as well.

We don't intend to belittle the persistent difficulty that some women have at this time in their life. Not everyone will be helped as quickly or as completely as was Sarah. The dance of the hormones is very complex, so the idea that you can take just one hormone, or even two, and experience total relief, is not always borne out successfully. You need to look at the whole picture. That's what we mean by holistic health.

Contrary to what the pharmaceutical industry and your doctors may be telling you presently, a blue ribbon panel of specialists from around the world have confirmed that estrogen's benefits have been over-rated and its risks minimized. Optimizing your thyroid can be a far better way to achieve the smoother menopause and the preventive health care you may desire.

Drs. Richard and Karilee Shames have a private practice in Marin County, and also do nationwide telephone thyroid coaching. They are the authors of Thyroid Power, published by HarperCollins. Dr. Richard Shames is on staff at the Preventive Medical Center of Marin (see the ad on page 44) and is a founding member of the American Holistic Medical Association. For more information, please visit their website at www.thyroidpower.com or call (866) 468-4979.

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