



THYROID FLYER

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Feature - Complementary Therapies

Editorial

By Gail Pascoe

Welcome to this the final edition of *Thyroid Flyer* for 2003. We have two excellent meetings planned. On 29 November at the Royal Women's Hospital, Alun Stevens will be giving his introductory talk on Thyroid conditions. This is a most informative talk and is of great help to many in understanding the various thyroid conditions. This day is also our AGM.

A BIG day coming up to start off our program for 2004. Professor Susan Davis from Monash University and the Jean Hailes Foundation will talk on "Hypothyroidism, Insulin Resistance and Obesity - Is there a link?" When: 21 February, 2004 at 1.00 pm. Where: Royal Women's Hospital. Mark it in your diary. Bookings start on 1 February 2004. PLEASE DO NOT RING NOW. If you would like to book in advance, please write to us, or send an email to support@thyroid.org.au

In this edition, we publish a number of articles regarding complementary thyroid treatments, about which we have received many enquiries. These articles are by respected writers and the information contained in them may be of assistance to you. Please note that complementary treatments are not substitutes for your prescribed thyroid medications, but additional products that may assist your overall well-being.

In particular, for people with Hypothyroidism, you need thyroid hormone to function properly - there are no substitutes.

This year's Seminar was an excellent day. Each year we have been able to gain a far greater understanding of the complexities of thyroid conditions, which we can then share with all. We were privileged to hear three informative and insightful talks by our eminent

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Thyroid Disease

By Dr Ginni Mansberg

Dr Ginni Mansberg reviews treatments that complement conventional medicine to manage potentially serious disorders affecting as many as one in eight women.

For such a little gland, the thyroid can cause a lot of trouble, especially for women. Exactly why women are five to eight times more likely to have thyroid disease than men is unknown. But it seems that hormones may have a bit to do with it, as the disorder most often strikes around a period of hormonal changes, such as puberty, pregnancy and menopause.

Thyroid disease is often insidious, and patients may have vague and non-specific symptoms that leave them undiagnosed and therefore at risk of complications such as osteoporosis and hypercholesterolaemia. In fact, the American Association of Clinical Endocrinologists (AACE) says that around 10 per cent of menopausal women have undiagnosed thyroid disease.

The thyroid gland itself regulates tissue metabolism by the secretion of thyroxine or 'T4', and 3,5,3'-triiodothyronine, or 'T3', which it makes using iodine from the diet. The thyroid operates under the control of the pituitary gland, which in turn is regulated by the hypothalamus.

Uncertain incidence

The epidemiology of thyroid disease is a highly debated issue, with few studies determining exactly how many people suffer from it. The Colorado Thyroid Disease Prevalence Study was undertaken in 2000 to clarify the issue. The prevalence of elevated TSH levels was 9.5 per cent, and decreased TSH levels was 2.2 per cent.*

Around one in eight women will develop a thyroid disorder in her lifetime. The reasons for this are not clear. About five to 10 per cent of women will have thyroid dysfunction following pregnancy. When symptomatic, patients tend to present with one of the following clinical pictures:

- **Hyperthyroidism** may be caused by Graves' disease, thyroiditis, a hot nodule or single functioning nodule, toxic multinodular goiter, iatrogenic causes (excessive thyroxine dose), or rare pituitary or hypothalamic causes. According to the American Thyroid Association, post-partum thyroiditis affects five to seven per cent of women postnatally, with symptoms often resembling postnatal fatigue or depression.
- **Hypothyroidism** (the most common form of thyroid disease) may be due to Hashimoto's or autoimmune thyroiditis, iodine deficiency, iatrogenic causes (excessive anti-thyroid drugs, surgery or radioactive iodine therapy), and other rare pituitary or hypothalamic causes. It also is thought to affect 17 per cent of perimenopausal women, with up to one in three women taking HRT for the symptoms of menopause actually having an underlying thyroid disorder as the root of their problem, according to the AACE.
- **Thyroid enlargement** with or without abnormal hormone levels; the majority

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NEXT PUBLIC MEETINGS

MELBOURNE 29 November 2003

MELBOURNE 21 February 2004

DETAILS

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THYROID AUSTRALIA

MEMBER BENEFITS

Full access to Thyroid Flyer is restricted to paid up members of Thyroid Australia.

Thyroid Australia's services are funded by membership fees and donations from individual members of the public.

Membership is not expensive and your money goes towards the costs of maintaining and hosting this site, staffing our office, producing our newsletter and researching thyroid problems and treatments.

Please visit the About Us section of our web site for details of how you can join Thyroid Australia and help us help others just like you.