

**Chapter 1 : Stop the Thyroid Madness by Janie A. Bowthorpe**

*Thyroid mistreatment using T4 medicine, hashimoto's disease and hypothyroidism misdiagnosis are too common. Find out the truth about this ongoing scandal.*

Because lab results have nothing to do with just being in range. Why do we often have low iron levels? Because being hypothyroid can result in a lowered production of stomach acid which in turn leads to the malabsorption of iron, whether revealed with low ferritin, or with inadequate levels of serum or saturation. It can also lower your body temperature common for those on T4-only thyroxine, as well which causes you to make less red blood cells. Some even find themselves with a higher-than-normal temperature with on-going iron problems. Additionally, being hypo can result in heavier periods for women, which causes more iron loss. Does inflammation lower my iron levels? If you are having a hard time raising iron, or keeping it up, you may also have a chronic inflammation problem that needs discovery and treatment. Gluten can cause inflammation for those with Hashis. Even without Hashis, thyroid patients can have chronic inflammation in their joints. An allergy to what you eat can cause inflammation, as happened to thyroid patient Deb who discovered she was allergic to eggs. Once she removed eggs, her iron went up! To see if you have inflammation, go here. Why is having low iron levels a problem for hypothyroid patients and what are symptoms? First, though the slide into low iron can be symptomless, it eventually becomes the precursor to being anemic, revealed by the other iron labssaturation and serum iron. Excessively low Ferritin as well as low iron can also make it difficult to continue raising your desiccated thyroid, resulting in hyper symptoms when raising desiccated thyroid. In turn, having low iron levels decreases deiodinase activity, i. Biologically, insufficient iron levels may be affecting the first two of three steps of thyroid hormone synthesis by reducing the activity of the enzyme thyroid peroxidase, which is dependent on iron. Thyroid peroxidase brings about the chemical reactions of adding iodine to tyrosine amino acid , which then produces T4 and T3. Insufficient iron levels alter and reduces the conversion of T4 to T3, besides binding T3. Additionally, low iron levels can increase circulating concentrations of TSH thyroid stimulating hormone. Even worse, good iron levels are needed in the production of cortisol via the adrenal cortex. This study reveals that an iron-containing protein is present in high amounts in the adrenal cortex and is involved in the synthesis of corticosterone. So by having low iron, you can potentially lower your cortisol levels. Iron, in addition to iodine, selenium and zinc, are essential for normal thyroid hormone metabolism. My TIBC is low as is my iron. What does that mean for me? A low TIBC, which stands for Total iron binding capacity, has meant patients have been unable to take high amounts of elemental iron as others do to raise the low iron. Iron needs to be bound in the blood via protein in order to carry it where needed. When that binding is low, iron will accumulate too high in your blood. It will take longer to raise your low iron or low ferritin that those without low TIBC. Oryou can take Lactoferrin with your iron. Its a carrying protein. Ferritin is an iron-storage protein which keeps your iron in a dissolvable and usable state, making the iron non-toxic to cells around it. So when Ferritin is measured via a blood test, it is basically measuring the iron you have tucked away for safe use. Inflammation tends to thrust iron into storage, so you cant just look at Ferritin. Besides the others, why is measuring storage iron important? You can have so-called normal or even optimal serum iron and saturation levels, and even normal hemoglobin and hematocrit, yet a low Ferritin. And some patients report continued problems raising desiccated thyroid even with just low ferritin while the other labs look good. What causes low ferritin when other labs look great? It can point to bacteria and viruses feeding on iron. Even too much of certain herbs like Milk Thistle are said to lower ferritin. Finally, your body will steal needed iron from your storage first, so it needs to get up. Whats the solution to the above? The solution, after you have verified low iron levels with a blood test is to supplement your diet with iron. Foods rich in iron include lean meats, liver, eggs, green leafy vegetables spinach, collard greens, kale , wheat germ, whole grain breads and cereals, raisins, and molasses. You can also help yourself by cooking foods in a cast iron skillet. But many patients and their doctors have found it necessary to supplement with iron tablets, which includes Ferrous Sulfate, Ferrous Glutamate, Ferrous Fumerate, etc. Supplementation needs to be spread out during the day, with food, for better absorption. Bluebonnets Ferrous

Bisglycinate is a favorite among patients, but there are other good brands. Ferrous Sulfate is usually the cheapest just be sure you are taking a good Vit. E with it since there is evidence that its depleted with the use of Ferrous Sulfate. And always take it with food. The owner of this site had to take mgs. Ferrous Gluconate may cause fewer symptoms and is milder on stomach. Ferrous Fumerate is often prescribed by doctors as it, too, has fewer side effects, absorbs well, and is easier on the stomach. Beware of liquid iron that is animal based heme it may be the best absorbable iron, but it can blacken your teeth, as it did to the owner of this site. One suggested solution is to use a straw when taking the liquid iron. Also, because liquid heme iron is much more absorbable, patients take far less to achieve the same results as tablets. I was contacted by a physician practicing alternative medicine who highly recommends Floradix Iron and Herbs, or Enzymatic Therapy Liquid Liver. Check in your local health food store or pharmacy. From Canada, there is a chewable non-constipating iron called Hemofactors by Natural Factors, and one patient who wrote me swears by it. Its Ferric Pyrophosphate, also called SunActive Iron and youll want to pay attention to the elemental iron amount to get enough. Many thyroid patients like the Bluebonnet brand of iron, saying it causes less constipation. How much iron supplementation do I need to raise my low levels, and how long do I take it? The first step is to find out how much elemental iron the iron that is absorbable, is in each tablet of whatever iron compound you take. For example, in one mg tablet of ferrous sulfate, there may only be approx. Next, patients have discovered they may need to mg of elemental iron daily, spread out with meals i. And it can still take many weeks, and sometimes months, to improve your levels to the desirable goal. Keep track of labwork with your doctor to see where your levels are, because you want to get off the iron once you achieve your goal since iron promotes free radicals. Some women who are menstruating may have to stay on maintenance amounts of iron. Liquid is far more absorbable, so you may not need as much elemental iron as tablets. Talk to your doctor. Should I take anything with the iron to help? Yes, Vitamin C, as it helps greatly with absorption of iron, and combats the free radicals promoted by iron. Some take it to tolerancethe amount they can handle before getting too-soft stools. Others are in the mg range. At the very least, patients have discovered, drink down your iron tablets with orange juice or a drink like Emergen-C. Also taking a mineral supplement can assist the absorption, as can B-vitamins. One important B-vitamin is Folate not Folic acid , which promotes red blood cell formation. Adding it to your iron supplementation can be key. Add an acid to your drink, like a teaspoon of Apple Cider Vinegar or lemon juice. What should I avoid in my stomach at the same time as iron? Avoid calcium foods, coffee, tea or wine tannins interfere with absorption , the fiber of bran, and chocolate at the same time you take iron. Also avoid mixing iron with your thyroid pills. Keep them all hours apart from each other. What about the constipation I get from taking particular iron supplements? If you do find yourself with constipation or very hard stools, talk to your doctor about adding Magnesium Citrate as a supplement, taken twice a day, until you find the amount that softens your stool. Youll know within a few days if the amount you are taking is enough. Can I take iron at the same time I swallow my desiccated thyroid? If you swallow your desiccated thyroid instead of doing it sublingually, its important to avoid swallowing iron at the same time, since the iron will bind to some of the thyroid hormones as they mix in your stomach and bind some of that NDT. Take your desiccated thyroid one hour before you take iron, or several hours later or try your best to keep them apart somehow. If you are doing your natural thyroid sublingually , some may end up still being swallowed and thus mixed with that iron, but were not sure how much of a problem that is. So just use your best judgment. How soon do I re-test my iron labs when Im supplementing iron? Every 4 weeks minimum is best, say patients. You dont want to overload yourself with iron, and some patients have had that happen when doctors make them wait too long! Or you could have hemochromatosis and not know it! Also, you could have whats called the MTHFR genetic defect, which means your body doesnt do a good job breaking metals down.

Chapter 2 : stop the thyroid madness - MedHelp

*Stop the Thyroid Madness: A Patient Revolution Against Decades of Inferior Treatment [Janie A. Bowthorpe] on calendrierdelascience.com \*FREE\* shipping on qualifying offers. With even more pages, a new chapter on foods and supplements, and additions throughout the entire book.*

Doctors have always been considered the be all and end all when it comes to patient care. Many people never question their doctors, research their medications or find out the side effects of what was prescribed. The story you are about to hear and the information that I will relate when reviewing this book will definitely Stop the Thyroid Madness Author: The story you are about to hear and the information that I will relate when reviewing this book will definitely be a wake up call to everyone. As the author takes the reader on a journey back in time when she could barely stand for any period of time, work a full day without getting tired and giving up many careers due to a rapid heart rate and other physical problems you will learn what happens when someone is not properly treated for thyroid issues that can prove to be more than just weight loss or weight gain. Lab obsessed doctors, incorrect medications, medications used and given to camouflage the real symptoms and substandard treatment are just part of what happened to this author and members of her family and maybe you too. Imagine thinking that you are depressed and needing counseling when you really do not. Weight gain, constantly tired and napping all symptoms of thyroid disease but in her case not properly handled. If you want to learn more about the staggering amount of lingering symptoms while on T4 only medications read page 33 and you will definitely be alarmed what you will find out and much more. The author continues with the history of these medications and there is still much more to learn as author Janie A. Having had both hyper and hypo thyroid issues I can attest to what happens when the wrong medications are given even at the age of ten when Synthroid was prescribed. Your life changes and so did my moods. I never ever became agitated, nasty and restless until I started taking this medication. My thyroid was underactive and I was gaining weight by the minute and always so tired I could barely move. My headaches increased and my attitude was poor. Life changes when you have a desiccated thyroid. After reading this book I wish that I had the knowledge back then to have switches to a Natural Desiccated thyroid medication. The author shares her life experiences with the reader and how she became the new and improved person she is today. Writing this book, which she dedicated to patients having this problem and undergoing T4 meds only, or TSH or any other treatment by doctors and choosing to keep patients devoid of the right care. Many just look inside their medical journals or dictionaries for the right medications to match the right illness without considering side effects, meds that contradict each other or make the situation worse. Taking medication for both forms of thyroidism I can attest to the fact that the side effects equaled the illness at times and made me wish I never heard of that gland. The book is clear, succinct and really interesting to read and provides in-depth information from someone who experienced it all. It is patient guide for those suffering from this disorder and it defines Thyroid Madness in simple terms, as any myth that doctors tell their patients will help them. The simple one on one approach is clearly defined in a way that the reader will now become something most doctors do not want to happen: For those of us who have experienced Hypothyroidism let me quote what the author relates as the symptoms: Tiredness or fatigue, depression, loss of libido, constipation and weight gain as well as dry and itchy skin. But, on the flipside if you try as the author states natural treatment your energy level should increase, your libido will reignite, say goodbye to constipation, prevents insomnia help with stress management, promote weight loss and no more dry and itchy skin. Why would you want to feel tired, sick and miserable everyday if you could feel energetic, lose those excess pounds and look in the mirror and see yourself with smoother skin and silkier hair? The author provides alternatives that work to the programs most doctors recommend. With the right treatment your body will heal and you will not have to wake up with that dreaded feeling that the world is coming to an end for you as an active person and you can start to live again. Underactive thyroid which causes you to gain weight which is difficult enough to handle but the rest of the symptoms are even worse are not much better as we know. So, what did she do? She learned about a new natural medication called Armour and low and behold a real miracle happened. Information is powerful and

the Internet proved invaluable as she learned by reading a simple message board about a natural thyroid medication called Armour. Describing the history of the medication, its composition and where it came from the reader learns a lot about Armour and its origin. The author shares her experiences with Synthroid, how she managed to restore her health and the many blogs and message boards that she encountered during her journey. Helping the reader understand the definition of TSH testing, why it is not always valid and what adrenal fatigue really means in regarding this condition, the book is a virtual goldmine of information and encouragement for anyone that has gone through what the author has. Understanding Ferritin and Iodine really helped me and I wish that I had this information when I was younger before being placed on medication at age ten. Pages 42 to 43 define the meaning of desiccated thyroid followed by more information that will help you understand it better. Chapter three deals with what thyroid patients have learned and Chapter four will teach the reader more about TSH. Do not ignore those precious Adrenal Glands you need them to be on a friendly basis with you. So, if you feel anxious, nervous, problems dealing with stress, impatient, irritable, feel light-headed, shaky and have a racing heartbeat to name a few of the symptoms you might have adrenal fatigue and you need to get it taken care of. One telltale sign is salt and sweet cravings. So, what should you do? First, she sites information on why some doctors have not pointed this out to patients. Next, the author sites other factors that contribute to this problem and throughout Chapter Five she sites more information that the reader needs to learn for themselves to become informed. Page 78 is invaluable as it lists all of the symptoms of adrenal dysfunction followed by page 79 which lists the tests most doctors prescribe. Added to this list is a checklist to help you assess whether you have this problem. Step Two pages other indicators that might help you which follow. The ten big mistakes that people make and finally putting it all together and more shared stories of people who have this disorder. The author includes valuable information in the many addendums attached at the end of the book including resources to help the reader learn more about Armour and other treatments. The addendum that I found most valuable deals with how to understand your test results. This is an excellent resource for everyone that has ever had this problem and for doctors to read and learn from to understand that their way might not always be the right one. Stop the Thyroid Madness: Thank you to author Janie A. Bowthorpe for sharing her knowledge, story and that of others. I give this book:

## Chapter 3 : Stop the Thyroid Madness Book by Janie Bowthorpe

*Stop the Thyroid Madness. K likes. WELCOME to the Stop the Thyroid Madness Facebook page--based on the patient-to-patient informational site.*

Read More Hi Marigaux! Yes, try the Armour, but also be aware that you may be one of the people, like me, who needs more T3, and therefore must add Cytomel to the Armour dosage. This could be your situation, as well. But I do see some slight differences. It happens all the time. Read More I have yet to find a happy medium despite trying progesterone, Vit D and iron when all levels were low. I started reading on stop the thyroid madness that it could be adrenals and after A LOT of different tests, I had a few docs agree that my adrenals are stressed. NOT one of them though even has a clue really though! My last ACTH stim tests results were: My doctor is an Internist and I feel he truly desires to help but he is feeling his way along. Right now his main concern has been the Adrenal issues since the Cort Stim test was so odd. Read More I did just a bit of research and this appears to be a T4 only medication. Or would that not be the case in my circumstance? Read More I was often given samples of Synthroid by various doctors when I started on my thyroid madness journey. The leaflet inside the sample boxes stated that adrenal issues should be ruled out before a patient is placed on thyroid hormone replacement. Unfortunately the PCP and the endos that I have seen refuse to test the adrenal gland. They dismiss the connection and label it as rubbish. It goes on to explain if you have adrenal issues, it is possible that your meds could be storing in the blood pooling of meds vs. OR, you may have high numbers but remain with hypo symptoms. The first describes what I feel; may not be what is going on, but it seems to describe my case. Let us know how you go. It sounds like the RAI has not totally ablated the thyroid and also Graves antibodies flaring up. Your daughter is most probably being overmedicated and is on a roller coaster ride with her levels. Read More I find it hard to believe that the doctors do not want to even admit there is a connection between your symptoms and being hypothyroid. When I was first diagnosed it was done clinically. How do you feel? Are there better OTC products? Is there an increasing tolerance level? Is there a harmful effect on what natural thyroid production I presently have? Once I start will I have to use it for life? Can I rely on what "feels" like the right dosage? Generally, the average temperature of an adult with a healthy thyroid and a healthy metabolism is

## Chapter 4 : Stop The Thyroid Madness Reverse T3 Calculator

*Stop the Thyroid Madness Author: Janie A. Bowthorpe Reviewed by Fran Lewis Misinformation is really hard to counteract when you don't realize what you are being told is incorrect.*

## Chapter 5 : Iron and hypothyroidism – FROM Stop The Thyroid Madness | TPAUK

*Written by Carol Petersen, RPh, CNP - Women's International Pharmacy Janie Bowthorpe has become a force to be reckoned with. Her first book, Stop the Thyroid Madness, chronicles her return to health after decades of dealing with misdiagnoses and misguided treatments.*