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**INTERVIEW SERIES**

**Mary Shomon Interview**

**Thyroid Disease – Do You Have It?  
Are You Sure You Don't?**



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**Expert Interviews On Mind Body & Spirit**

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For the last five years, I've interviewed the world's best business and marketing minds.

And along the way, I've created a successful home-based publishing business all from my two-car garage.

When my first child was born, he was very sick, and it was then that I knew I had to have a business that I could operate from home.

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Now, let's get going.

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## Mary Shomon Interview

# Thyroid Disease - Do You Have It? Are You Sure You Don't?

Many middle-aged women are affected by thyroid disease. Amazingly, many of these women do not even realize it. These women and their doctors often regard symptoms like hot flashes, fatigue, and weight gain as normal things that happen to women of their age. Mary Shomon, the author of *The Menopause Thyroid Solution*, says that these symptoms don't have to be a part of your life if you are a middle-aged woman. In this interview, Mary Shomon reveals the myths and mysteries surrounding the tiny gland which controls your energy and metabolism.

Here's what you're going to learn in this interview:

- Shocking facts about how often thyroid issues are misdiagnosed
- Important medical tests to ask your doctor for at your next visit
- Hidden causes of infertility
- Why doctors often misinterpret thyroid test results
- The reason your antidepressants aren't working
- The key ingredient for hormone balance and weight loss
- How to stop hot flashes

Millions of people are walking around with undiagnosed and untreated thyroid conditions. They feel unhealthy, yet their doctors can't explain why. Don't let this happen to you. Listen to this interview with Mary Shomon today, and find out why you are feeling terrible, and what you can do about it. This interview is 21 minutes, enjoy!

Hi, this is Chris Costello and I have teamed up with Michael Senoff to bring you the world's best wellness related interviews. So, if you know anyone struggling with their weight, with cancer, diabetes, ADHD, autism, heart disease or other health challenges please send them to Micheal Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).

Chris: What is the thyroid and what does it do?

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Mary: The thyroid is a very small gland that is located in the neck behind and below about where the Adam's apple would be located. It is shaped like a butterfly and it weighs no more than an ounce, but it is the master gland of metabolism and energy.

It produces the hormones that go to every cell, tissue, gland, and organ in the body delivering oxygen and energy. So, in a lot of ways it could be thought of the gasoline that controls the car in our body, but essentially it is controlling all the aspects of our energy and metabolism.

Chris: There is an awful lot of talk about thyroid conditions lately. Now what is going on? Have things changed in our society that we are having these conditions more frequently. What do you think is happening?

Mary: Well, we know they are on the rise. There seems to be an increase in thyroid disease in general. Patients are also starting to become more aware and asking more questions, learning more. Doctors are becoming a little bit more tuned in to the fact that we have a vast number of people out there with thyroid problems and the majority of them are not being diagnosed and not treated.

Chris: So you wrote *The Menopause Thyroid Solution* and what can you tell women about some of the symptoms that they can look for?

Mary: *The Menopause Thyroid Solution's* purpose, what I was going for in terms of writing this book, is to help the 40 million women out there between the ages of 40 to 60. These women are very often trying to live and feel well, but they are running into a variety of symptoms; everything from hair loss, erratic periods, loss of sex drive, depression, weight gain, all sorts of symptoms. When they are younger in their forties they might say well of it might be stress, depression, PMS. As they get into their fifties the assumption is well it must be my menopause kicking in.

The reality is that for a substantial number of these women that are experiencing these symptoms the problem is not menopause and the problem is not PMS. The problem is what I call a thyropause. It is a slow-down in the thyroid function that happens in many women as we hit the forty and beyond age range. A lot of women that are struggling with all sorts of symptoms and either treating them with hormones or suffering through them without any support could actually be properly diagnosed and treated, and actually sail through their menopause

feeling and living well if they got their thyroids checked and properly treated.

Chris: How do they go about getting them checked and properly treated? I know in the book you mention things about sometimes it is hard to get a diagnosis.

Mary: It can be a bit of challenge. One of the things that I always urge women to realize is that when you go for your annual physical you are not getting your thyroid checked for the most part. A lot of people will say well no, my thyroid must be fine. I went and had my physical. I had my cholesterol level and nobody told me I had a thyroid problem. The problem is that our annual physicals and the blood work that we typically have done to check cholesterol and such very rarely includes thyroid unless we specifically ask for it or unless our doctor has specifically said I am going to check your thyroid on your annual blood work.

So, women really need to go in to their doctors armed with information and ready to ask for a complete thyroid evaluation. That includes a TSH test, which is a thyroid stimulating hormone test. A 3T4 Test, a 3T3; those are measurements of the actual circulating levels of thyroid hormone. We also want the thyroid antibodies to be evaluated. That tells us if we have got autoimmune thyroid disease that is brewing in the system. We also want to have the doctor do a hands-on comprehensive examination clinically for thyroid disease. That involves the doctor putting his or her hands on your neck checking for lumps, checking for enlargement, looking at your reflexes, examining you for puffiness and swelling, checking for hair loss, and looking at the outer edge of the eyebrows. That is actually a very common sign of thyroid problem in women is loss of the outer edge of the eyebrows. So, we want that doctor not only to do the blood work but to use his or her medical evaluation skills to take a good look and really look for evidence and signs of thyroid disease.

Chris: What are some of the symptoms that a lot of women will start feeling? For most women what ages will they start feeling these symptoms?

Mary: Well, the symptoms can range from fatigue, weight gain, or difficulty losing weight despite diet and exercise, high cholesterol including cholesterol that won't respond to medication. Depression especially depression that is not necessarily relieved by an antidepressant, infertility, erratic periods, loss of sex drive, hair loss, and that loss of the outer edge of the outer eyebrows as I mentioned. Skin can get dry;

in some cases, some people will have a low resistance to infection, constipation, feeling very cold all the time even when it is warm out and sleep disturbances. Some women may even have temperature changes of hot and cold so they may feel almost like they are having hot flashes. So, there is a lot of different symptoms that are associated with thyroid.

Thyroid disease can affect women at any age. We have women developing problems in their teens, in their twenties, but they are most common during periods of hormonal change. So during pregnancy, the period right after pregnancy, postpartum, and also the period when we start peri-menopause, the early forties when hormones start to change, even though we are still having menstrual periods, into menopause when the periods have stopped. There are times when thyroid disease is much more common. There is a lot of misdiagnosis.

We just heard recently from some statistics in a journal study that 27 million Americans are on antidepressant drugs right now. While they haven't been able to study the specifics, I am guaranteeing you that a percentage of that 27 million are people with thyroid problems who have never been properly tested or diagnosed.

We also have a lot of women struggling with infertility who are going for very expensive infertility treatments, assisted reproduction treatments, 10,000 dollar a month in vitro fertilization cycles. There are some fertility clinics in the United States where thyroid testing is not even a part of the normal workup for a woman's infertility.

So we are seeing all sorts of real travesties like that. But the bottom is a lot of women are walking into their doctor. They don't feel well. They say they are depressed, they're stressed out, they're tired, they're gaining weight. They are walking out either with, as you said, antidepressants, or they are walking out with hormone replacement therapy or diet drugs. Or in some cases they are not even getting any help at all. The doctors are saying "What do you expect?" This is how it is when you have had a baby, or when you are busy or when you are fifty or when you are sixty. Basically, they are being told this is how they are supposed to feel at the age where they are at.

Certainly, women definitely are going to want to ask for the TSH test which is considered the standard conventional test to diagnose thyroid disease. They also need to be aware that what the lab considers to be a normal range and what some of the most conventional doctors consider to be normal is actually much higher than what a lot of the

more innovate and hormone oriented practitioners understand to be normal. So, if you get a TSH test or your doctor calls and tells you they got the test back and it is normal. That is not enough information. You need to know what that TSH number was, and what the doctor is using as a normal range.

Most people with a level above 3 and up to 5 or 6 are being told they are normal by many doctors. When those levels, are actually according to the latest research, are considered to be hypothyroid and warranting treatment in some patients. Also, the 3T4 and 3T3, these are measurements of the actual thyroid hormone, are going to give us a better picture of what is going on at the blood level in terms of these hormones. Sometimes people can have a normal TSH, but if their 3T4 and 3T3 indicate that they are deficient in hormones they may benefit from some treatment.

Then there is a category of people that have very elevated antibodies, which are indicative of the onset of an autoimmune disease, meaning the body is attacking its own organs or glands, in this case the thyroid. They may have normal TSH and normal circulating hormones, but if they have very elevated antibodies that tells us that their thyroid is on its way to failure. Actually, treatment cannot only help relieve some symptoms in those people, but it may prevent the progression to full out overt hypothyroidism and it may actually also help lower antibodies, so there is a preventative aspect of treatment for some of those women. A lot of doctors simply do not bother to do that test, so those women are not getting the benefit of that treatment.

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Chris: And what is that test that tells you about the elevated antibodies?

Mary: That is the thyroid antibodies panel. The next step once you have had a diagnosis or you know for sure that you have a thyroid condition is proper treatment. For the majority of people that does include a prescription medication. There is a small subset of people that are very much on the border, they may have very mild thyroid issues, who may be able to use the natural approaches to nudge their thyroid back into a more normal pattern. But, for the majority of people, especially those with the autoimmune thyroid disease, the treatment is going to be with a thyroid hormone replacement medication. The common one that many doctors like to describe is a drug called Synthroid. That is a

brand name for Levothyroxine, which is a synthetic form of one of the thyroid hormones, T4. Other brand names of Levothyroxine include Levoxyl, Levothroid, and Unithroid. But some patients don't feel well only on Levothyroxine, and some patients benefit from the addition of a second hormone, T3, which is the active hormone that goes into the cell at the cellular level to deliver that oxygen and energy. So, some people will take their Levothyroxine and add in Triiodothyronine which is a T3 drug, or a time release compound of T3. Then there is a subset of patients that simply do not respond well to the synthetic medications. These patients do well with the natural desiccated thyroid drugs. These are older drugs that have been on the market for almost a hundred years that are desiccated, which is dried, glandular of animal. It is made from pork thyroid. A percentage of people do very well and feel their best taking these drugs. These are Armour, Nature-Throid, and West-Throid. These are the key drugs in that category. So, the key thing for patients is the best thyroid medication for them is the one that works safely for them. The key thing is to find a doctor who is willing to explore whichever medication is going to work best for you, because it is a trial and error process to find out which medication is going to work best for you and at what dosage.

Sometimes people assume that if they are hypothyroid or their hormones are imbalanced and they are looking to try to get things sorted out that they should go to an endocrinologist because endocrinologists are the specialists that deal with thyroid disease. But, I actually discourage people from seeing an Endo unless they have thyroid cancer or hyperthyroidism that is in a very active state, or if they have nodules or lumps in the thyroid; because endocrinologists are typically focused primarily on real focused disease issues of the thyroid. Hypothyroidism is considered to them to be pretty garden variety and not something that they spend a lot of interest or attention on diagnosing and treating.

I think patients tend to do better with their family doctors if their doctors are knowledgeable enough. Also internists in some cases, we also have some OB-Gyns who specialize in hormone balancing, sometimes integrative or complementary or holistic MDs who are focusing on chronic illness or hormone balance. In some cases there are some anti-aging doctors that are working with hormones are bio-identical hormones who may also have picked up some good working skills for thyroid diagnosis or treatment as well. You certainly want to talk to people about who their doctors are and who they love. I also maintain at my website a patient recommended directory of doctors around the country and around the world where people can find recommended

doctors that patients have recommended specifically for thyroid diagnosis and treatment. If you have a pharmacist that you love you can ask your pharmacist who do you know that is doing some really good work with thyroid. And many people will find if they ask around, even at natural food stores, natural health stores, or other consultants: chiropractors, reiki practitioners, they may even have recommendations on who the best doctors are for hormone diagnosis and treatment.

Chris: Mary, why don't you go ahead and share your website address with our listeners so they can find you.

Mary: People can find my website for the book at <http://www.meopausethyroid.com> and I have a free chapter of the book up for people to read at the website. And there is also a free downloadable risk and symptoms checklist for both peri-menopause and thyroid disease. It is a good tool for people to download. They can go through it, fill it out, and use it with their doctor to help determine if they are in peri-menopause, if they are in thryopause, or if they are actually experiencing both, which is a quite common situation. I always advise people to go through, to check off the symptoms that you are experiencing. Underline or highlight the top four or five problems that are really the both bothersome and the most debilitating for you. Make sure that you bring those up with your doctor. We have such short visits with doctors that we have to make sure to we get all of our priorities out as fast as we can in the beginning minutes of those appointments. Some doctors are willing to look at things ahead of time or they would like to have a copy of things in the file ahead. So you can always find out whether your doctor likes to get some copies of materials ahead of time to look at before you come in because some would like to review materials and then be able to discuss things when you are in the examining room with them.

Chris: Mary, you also talk about bio identical hormones. Can we talk a little about that?

Mary: Yes, absolutely, it is a hot topic these days. A lot of people are talking about bio identical hormones. One of the things that I always want to clarify for people is that bio identical does not necessarily mean compounded hormone. Because a lot of people think that bio identicals are only the ones that are the compounded hormones that are being specially concocted at bio identical pharmacies and are specialized types of hormones. In actuality, bio identical simply refers to a product that is exactly like the human counterpart. One of the things that is

really important for a lot of women to know is that if you do need to go the route of hormone replacement therapy or hormone therapy with estrogen and progesterone that there are bio identical options that are available that many doctors are very comfortable with using. For example, we have estradiol patches and estradiol creams which are truly bio identical. We also have progesterone cream; we have a manufactured progesterone capsule called Prometrium. There is a variety of products that are on the market that even the most conventional obstetricians, gynecologists, and doctors will prescribe that fall into the category of bio identical.

The importance of keeping in mind the issue of bio identical is that the various studies that have shown some of the risks and dangers associated with hormone therapy have found the greatest risks are with the conjugated and synthetic types of medicines that are not native to the human body. For example, the Premarin and Prempro, which are very popular drugs are derived from the urine of horses. These drugs are conjugates estrogens. They are associated with a higher degree of risk. They are also taken orally. We also know that in addition to bio identicals carrying slightly less risk, we also know that the transdermal forms, the patch and the cream forms seem to have less of a risk than the oral forms which are passing through the liver and metabolism. A lot of the doctors that I have talked with including many conventional gynecologists said that a woman is really suffering and she needs to be on some sort of hormone therapy she should not hesitate but it should be on the lowest dose possible for the shortest period of time and it should ideally be in the bio identical form and the transdermal form. That will really reduce the risk and make the benefit outweigh the risk for the woman over time.

Certainly, we also want to, as part of the overall hormonal system, we want to make sure we are managing our adrenal hormonal system, and that is the system in our body that manages stress. So getting a proper amount of sleep is so essential to hormone balance. That means we are not going to survive on five or six hours of sleep a night. We really seven and a half or more hours of sleep a night in order to maintain hormone balance and weight loss. Because that is an issue for a lot of people and you are not going to be able to lose weight effectively if you are not getting an effective amount of sleep and healing your adrenals and allowing your cortisol levels to drop at night.

We also see a lot of benefit to exercise for women in the forty and up age range; not only for women with thyroid problems because it helps with metabolism and energy, but also women with any sort of peri-

menopausal or menopausal complaints. Exercise tends to reduce the entire incidents of all these complaints, even hot flashes. Women who are regular exerciser report fewer hot flashes and less discomfort with the hot flashes that they have. So, we know that regular exercise is a really important factor.

Then of course eating well, women will probably have to cut some of their quantity of food back to make up for the fact that metabolism does tend to slow down slightly. So, that means it is even more important that what we put in our mouth needs to count. , more focused on organic, pesticide free foods, hormone free foods. Getting away from those processed foods, making sure we are getting good fats, lots of vegetables, some fruits, staying away from white flour and white sugar, and focusing on really eating as well as we possibly can. Also, keeping in mind that we may need to cut back on the quantity to take into account the fact that as we age out metabolism will slow down slightly.

I think one of the other important things I always want people to know is that while thyroid disease is a disease that requires diagnosis and treatment, menopause is not a disease. It is not an estrogen deficiency disease. Menopause is a transition. It is a period of hormone change, but it is not a disease. For the vast majority of women we hear that they will go through their menopausal transition without a variety of symptoms. They may have a little bit of hot flashes here or there, they may have little bit of sleep disruption for a time. But, most women will go through it without serious or debilitating symptoms. Those who do definitely want to see their doctors about more intensive treatments to help get through that period. For a lot of women it is a good attitude, a good practice of exercise and diet, and in some cases some natural supplements of herbs and vitamins that can help support hormone balance. And of course as I keep repeating making sure the thyroid is not a sabotage factor that of getting in the way of feeling well during that period of life. I think the issue for women is don't assume that you are not going to feel well. If you get your thyroid sorted out properly and if you go in with a good attitude, have some good health practices, and support yourself with some natural approaches you may be able to sail through it looking great, feeling great, and maintaining good health.

We just don't want to have millions and millions of women out there facing who have undiagnosed thyroid condition which is the case we have right now that there are walking around suffering who don't even know why they are suffering these symptoms. I would estimate that there are as many as 20 million American women that have a thyroid problem and don't know it. I think a lot of women that are having

unexplained vague symptoms that just don't feel well whose doctors are just looking at them and throwing their hands up and saying I don't know what to do for you. I think there are a substantial number of those women out there that are actually struggling with thyroid conditions that haven't been diagnosed or treated.

Chris: Mary, thank you so much for spending time with us today. We look forward to talking to you again. Once again, I want to mention your website <http://menopausethyroid.com> . Thank you, Mary.

Mary: Thank you, Chris.

*That's the end of our interview, and I hope you've enjoyed it. For more great health related interviews, go to Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).*