Alternative Medicine: Is Your Thyroid A Factor In Infertility and Miscarriage?

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In my current tenure as a health care provider in Integrative/Functional Medicine for 35+ years in the Ocala, Marion County Florida region, I have been amazed at the number of women who were directly involved with health challenges dealing with fertility and also who were constantly experiencing Miscarriages during the first and second trimester of pregnancy. The emotional and physical traumas associated with these two conditions were in many cases avoidable. There has been written documented case studies in the medical peer review literature noting that simple testing procedures and protocols due to abnormal function of certain body organs or organ systems could easily prevent conditions of Infertility and Miscarriage from ever occurring.

Even before the era of sophisticated, precise thyroid testing, doctors were aware of the effects of thyroid imbalances on reproduction. At the turn of the twentieth century, physicians administered thyroid hormone to women to improve their fertility and treat menopause. Today's doctors recognize that adequate thyroid hormone levels are essential to help regulate the production of sex hormones (that is, estrogen and progesterone) and the hormonal cycle responsible for ovulation. Both an excess of thyroid hormone and, more commonly, a deficiency of the hormone alter the harmonious functioning of the reproductive system and sometimes prevent ovulation. Even if ovulation and conception occur, a thyroid imbalance can lead to a deficit in progesterone, which can render the uterus unsuitable for implantation of an embryo. This, in turn, prevents a normal pregnancy.

A number of important advances have occurred in the past two decades in the field of infertility medicine. Less publicized have been the findings that link thyroid hormone imbalance with impaired and reproduction, infertility, and miscarriage.

Both an underactive thyroid and an overactive thyroid can cause infertility problems and affect the outcome of a pregnancy. Nevertheless, because hypothyroidism is much more common than hyperthyroidism, thyroid-related infertility and miscarriage problems are more frequently caused by an underactive thyroid.

Infertility is a common condition. Doctors estimate that one of every six couples of childbearing age has a problem with fertility. With modern infertility protocols, which are frequently expensive and time-consuming, approximately two-thirds of all couples can be treated and successfully conceive.

Infertility can be considered a type of chronic illness. The afflicted person lives with a constant but shaky hope that "it" will go away or be cured. An inability to conceive can generate a profound feeling of failure, which can lead to a state that psychologist Erik Erikson described as "stagnation and personal impoverishment". Many infertile couples become obsessed with their childlessness and feel inferior when they see other people with babies. The countless doctor appointments, the expenses, the effects on employment, and the monthly hopes and expectations may eventually overburden the couple and cause them to feel they have no control over their lives, leading to depression and marital problems.

Quite frequently, women being treated for a thyroid imbalance enter infertility programs with no idea that their thyroid condition could be preventing conception and a normal pregnancy. Even more alarming, a significant number of reproductive endocrinologists and gynecologists who treat infertile couples are unaware that a minimal thyroid imbalance can compound or even cause infertility. Nor do many of these doctors realize the importance of detecting sublet thyroid abnormalities.

Although we don't know how frequently minimal hypothyroidism contributes to infertility, recent research has clearly demonstrated that it is an important contributing factor. One study showed that approximately 25 percent of women referred to one infertility clinic had low-grade hypothyroidism.

When a couple seeks help for infertility, a female-related issue is identified 45 percent of the time. The most common identifiable female-related issues are ovarian dysfunction, tubal diseases and endometriosis. One study showed that even when the woman has an identifiable cause of infertility, she is more likely to have an autoimmune thyroid condition and thyroid dysfunction as well than a woman not having an infertility issue – antithyroid antibodies were elevated in 18 percent of infertile women, compared to 8 percent for healthy women. The female issue that is more frequently associated with autoimmune thyroid disease and thyroid imbalance is endometriosis. As you can see, the thyroid disease can be an additional contributing reason for infertility, even if there are other issues that could explain your infertility problem.

If you're experiencing problems with fertility, discuss with your doctor the possibility of a thyroid imbalance before you spend two years engaging in an infertility protocol. Ask to have your thyroid tested. Often an imbalance will show up only if you have a TRH (thyrotropin-releasing hormone) stimulation test. Among patients found to have low-grade hypothyroidism, the infertility may be reversed with thyroid hormone treatment.

Because thyroid testing is not routinely done when patients enter fertility clinics, many women with minimal hypothyroidism struggle for a long time attempting to conceive. One of my patients, Maria, age thirty-three, had gone through infertility protocols for almost two years. She was outraged when she learned that she had had symptoms of hypothyroidism for some time but that her gynecologist had not checked her thyroid at the outset of her treatment. She told me, "I had a hard time getting my weight off, and there were some other telltale thyroid signs that I think a doctor who was knowledgeable in this area should have been able to see." Maria became pregnant two months after beginning thyroid hormone treatment at our office.

I have cared for several women with minimal hypothyroidism whose infertility problems were reversed within two to three months after they began thyroid hormone treatment. Prior to the thyroid problem's being identified, all of them had suffered significant emotional and financial burdens as well as altered relationships with their spouses. Many of these women actually wondered whether their marriages could survive. Although infertility usually affects both partners, the person suffering from infertility usually has greater feelings of guilt, inadequacy, failure, and low self-esteem. Infertility issues are more common in women than men. Also, give our culture's tendency to blame women, infertile women often take on even more guilt and suffering than men, and their feelings of inadequacy may be magnified.

Dr. Badanek has been and currently is 40 years into active/private practice in the Ocala/Marion County, Florida region. Dr. Badanek practices Natural/Holistic Medicine through the use of Functional/Integrative Models for diagnostic and treatment protocols for the health challenged. Find him online at Dr.Badanek.com and www.alternativewholistic.com, and see what the facility has to offer the sick and health challenged. To schedule an appointment call 352-622-1151