

HOW YOUR THYROID GLAND DIRECTLY INFLUENCES PRE-MENSTRUAL/ PERIMENOPAUSE AND MENOPAUSE

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Today, we are facing an ever increasing incidence of women who suffer with reproductive issues that are in direct relationship with thyroid issues. Unfortunately, there is a serious void in traditional evaluation and treatment of these debilitating conditions effecting millions of American women. We are going to just briefly discuss some of the issues to empower you or your loved ones in the etiology [cause(s)] of these debilitating conditions.

From puberty to menopause, women's bodies and brains are influenced by continuous cycles of hormones. These hormones are crucial not only for reproduction but also for the nature of a woman's feminine identity. Sex hormones – including estrogen, progesterone, testosterone, and DHEA – also play an important role in thinking and memory, and they interact with chemicals in the brain that regulate mood, emotions, and sex drive.

The well-defined pattern of women's monthly cycles is tightly regulated by messages from the hypothalamus, and pituitary gland. Even though the thyroid system and the sex hormone system are two independent systems governed by the same "master gland" the pituitary, there are important relationships between the two.

First, thyroid hormone affects the levels of sex hormones and the way they work in your body. A thyroid hormone imbalance frequently causes either heavy, prolonged menstrual periods (especially in hypothyroidism) or brief, scanty menstrual periods. Or even cessation of menstrual cycles (in hyperthyroidism and also in severe hypothyroidism). Thyroid hormones are critical for ***conception*** and for a ***successful, healthy pregnancy***.

Second, sex hormones seem to play a role in the occurrence of thyroid disease. In females, autoimmune thyroid disorders become more common at puberty. As a woman enters her reproductive years, the frequency of both Hashimoto's thyroiditis and Graves' disease increases sharply. At menopause, the frequency of Hashimoto's thyroiditis and low-grade hypothyroidism also increases, with 13 to

15 percent of postmenopausal women having some thyroid hormone deficit. One study showed that Hashimoto's thyroiditis occurred more frequently in women who had a longer reproductive span (that is, more years between puberty and menopause).

Other facts clearly indicate that sex hormones have a major effect on the activity of the thyroid gland and may even affect the triggering of an autoimmune reaction in the thyroid. For instance, many women with dormant Graves' disease may have a flare-up in the first trimester of pregnancy or after delivery. ***The important hormonal changes that occur after delivery also seem to account for the high frequency of postpartum thyroid disease.*** The triggering or worsening of thyroid conditions throughout these periods of hormonal shifts is probably related to effects of sex hormones on the immune system

Sex hormones also have a significant effect on how a thyroid imbalance is manifested physically and mentally. The chemistry of both brain and body is influenced in normal and abnormal conditions by the thyroid and sex hormones. ***A thyroid hormone imbalance will exacerbate the symptoms of hormonal shifts,*** so a woman who usually has few or no symptoms related to hormonal changes will begin to experience more symptoms when a thyroid imbalance occurs.

These complex ways in which thyroid problems cause escalation of symptoms are most apparent during three important periods of the hormonal cycle: the luteal phase of the menstrual cycle (after ovulation, when an egg is released—the time when most women experience premenstrual syndrome, or PMS) the postpartum period, and menopause.

In the next two decades, nearly forty million American women will face menopause. For most women, the menopause transition is a physiological reality. It is not only a marker for the end of the reproductive years but also a critical period during which hormonal and sociocultural influences reshape how a woman perceives herself. ***Wide fluctuations of hormone levels affect your neurotransmitters and may make you more susceptible to depression and anxiety. Vasomotor instability may make you experience hot flashes and night sweats. Your sleep may become disturbed, and your sexuality may change. You are at a higher risk for bone loss, impaired cognition, and cardiovascular disease. Your metabolism slows down, and you may begin to gain weight.***

Through this transition, you will also have a ***higher risk of developing a thyroid imbalance***. Because of the hormonal changes and other poorly understood reasons, women become more vulnerable to immune attacks on the thyroid when they become menopausal. ***The frequency of low-grade hypothyroidism increases sharply at menopause, with at least one in eight women becoming afflicted with hypothyroidism.***

Dr. Badanek's office looks at sickness and disease at a totally different perspective. We address the root cause(s) of all conditions, test for them, and treat the cause(s) not just the symptoms. It is a totally new paradigm shift of conscientiousness for the new patient. To input knowledge to the patient, which is most lacking today in our health care delivery system, is empowering the patient to be successful with their health challenges presented.

Please schedule an appointment if you or a family member is currently experiencing these or any other health challenges which have not seen success under your current health care provider(s). We offer a courtesy consultation for your first visit to meet and consult with Dr. Badanek. Dr. Badanek has been in private clinical practice for 35+ years working in the field of Integrative/Functional Medicine in the Marion/Ocala Florida region.

Dr. Badanek's websites: Dr.Badanek.com OR alternativewholistichealth.com will give you an idea of what the facility has to offer the sick and health challenged.

To schedule an appointment, please call **352-622-1151**.