

TSH – Why It's Useless

(All of the below, *plus even more detail*, can be found in Chapter 4 in the revised STTM book. It's highly recommended to have the book on hand when you visit your doctor for reference. Bookmark key areas)

Talk to any Endocrinologist or most medical-school-trained doctors, and you will be told that

1. *The TSH lab is a reliable physiological marker of thyroid function (i.e. whether you are hypo or hyper)*
2. *It's an accurate guide for your medication supplementation amount.*
3. *The lower your TSH while on desiccated thyroid, the greater your chance of osteoporosis or heart attack.*
4. *There's an optimal place to be on the TSH range when on meds, such as between 1 and 2, or 'fill-in-the-blank'.*

But, reported experiences of patients have found ALL THE ABOVE to be totally false!

Not only are patients with OBVIOUS hypothyroid symptoms being told they have no thyroid problem because of a "normal" TSH (i.e. a TSH number in range), they are being held hostage to the TSH range when on thyroid medications, EVEN THOUGH the patient continues to have typical hypothyroid symptoms while in the range.

WHAT IS THE TSH??? In your body, the Thyroid Stimulating Hormone (TSH) is synthesized and secreted by your pituitary gland...i.e. it's a PITUITARY hormone, NOT a thyroid hormone. You can view the TSH like a messenger sent to knock on the door of the thyroid. And its purpose is to regulate your thyroid gland—to tell it to produce more, or to tell it to produce less. In a healthy individual, its message is based on whether your blood levels have too little thyroid hormones to meet the demands of your body, or too much.

When the thyroid gland becomes diseased or disabled and fails to do its job adequately (called hypothyroid), the TSH knocks and knocks on the door, and theoretically, the TSH lab will show a high number. Or, if the thyroid gland gets on its exercise bicycle and overproduces thyroid hormones (called hyperthyroid), the TSH lab will theoretically go low to show that the TSH in your body isn't knocking.

Occasionally, patients will have a very low TSH with raging hypothyroid symptoms, and that can point to a problem in the Pituitary gland, called Hypopituitary. The latter is usually due to a diseased pituitary gland, or a problem with the Hypothalamus, which is the organ that sends its messenger to the Pituitary. (The Hypothalamus, Pituitary and Thyroid glands make up with is called a Feedback Loop.)

WHEN WAS THE TSH LAB DEVELOPED?? The TSH lab test was developed around 1973, and it is our understanding that approximately 200 volunteers were used to establish the "normal" range. Over the years, additional population studies have been done to back up the range. The "normal"

reference range is intended to represent the range of values for those in a healthy population without any thyroid problem. The lowest and highest readings to create the range are usually thrown out.

But sad to consider, how do they really KNOW that those in the so-called healthy population weren't already on a slide into hypothyroid? How many millions of hypothyroid patients have been told they were normal, even when symptoms persisted that doctors dismissed?

Dr. David Derry (in the second link below) of Canada was practicing medicine when the TSH lab was introduced, and he made the profound observation:

“The consensus of thyroidologists decided in 1973 that the TSH (lab) was the blood test they had been looking for all through the years. This was about two years after I started practice. Having been taught how to diagnose hypothyroid conditions clinically, I was in a position to watch to see what the relation of the TSH was to the onset of hypothyroidism. What I found was many people would develop classic signs and symptoms of hypothyroidism but the TSH was ever so slow to become abnormal, rise and confirm the clinical diagnosis. Sometimes it never did. Finally I began treating patients with hypothyroid in the normal manner I was taught. I could not see why I had to wait for the TSH to rise for me to be able to treat them.”

Dr. Derry discovered exactly what we, as patients, have experienced for more than three decades! Namely, not only has the TSH lab failed to reveal that we were ALREADY hypothyroid, it fails us when we are dosing our medication. In other words, the TSH is thoroughly unrelated to how we feel!

This has been ESPECIALLY true when on inadequate T4-only meds, and it continues to be true when we start on Armour IF we are forced to stay within the TSH range.

WHAT IS PATIENT EXPERIENCE WITH THE TSH LAB? It's lousy. First, there is a huge body of hypothyroid patients who have a so-called “normal” TSH lab...along with classic or raging hypothyroid symptoms. And because doctors have become lab-obsessed rather than giving credence to clinical presentation, patients remain undiagnosed for years before the number rises high enough to reveal the condition.

Then, even when the patient is on a T4-only medication, or on desiccated thyroid, some symptoms remain—from mild to disabling—when they are forced to stay in the TSH range. Additionally, because doctors view the TSH man-made lab as infallible, they fail to understand that the continued symptom complaints by patients reveal that the lab and its range is unreliable and a huge failure!

Patients who have switched to [natural desiccated thyroid](#) have discovered that when they are allowed to dose by the COMPLETE elimination of symptoms, which also puts the free T3 at the top of the range, they will end up with a TSH lab VERY BELOW range....and not one hint of hyperthyroid. It is not uncommon to see a TSH of .009 or .004 when optimal, for example, yet not one iota of hyper. (If you do have a suppressed TSH with hyper-like symptoms, it's time to check your [adrenal status](#) or your Reverse T3/Free T3 ratio. The STTM [book](#) has more information about the latter.)

Additionally, patients see both their heart health and their bone strength completely improve, even with a TSH far below the so-called normal range, when on an optimal amount of desiccated thyroid and strong adrenals or adequate adrenal support.

WHAT IS THE BOTTOM LINE ABOUT THE TSH LAB ACCORDING TO THE EXPERIENCE OF PATIENTS? Two words: it sucks. It leaves hypothyroid patients undiagnosed for years. And even when on meds, its dubious normal range leaves patients with continuing hypothyroid symptoms, *including* bone density and heart problems. The best use for the TSH pertains to what is IS: a PITUITARY HORMONE! And for that, it's a good guide to reveal if you have a [malfunctioning pituitary gland](#), especially if you have a very low TSH and low free T3, accompanied by raging hypothyroid symptoms.

For thyroid diagnosis and dosing....the man-made TSH lab gets an F on the thyroid report card, as do doctors who use it.