



Symptoms & Signs of Hypothyroidism

Peppered throughout my questionnaire

Thyroid hormone is about metabolism

Metabolism is about energy

With insufficient energy,
everything does not work as well!



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You don't need blood tests to diagnose thyroid dysfunction

Online Resources for Hypothyroid Symptoms

Mayo Clinic:

<http://www.mayoclinic.com/health/hypothyroidism/DS00353/DSECTION=symptoms>

Women in Balance:

<http://womeninbalance.org/2013/01/03/my-thyroid-does-what/>

Women to Women:

http://www.womentowomen.com/hypothyroidism/symptoms.aspxgclid=CM2AncmCkbUCFQq0nQoddXkA_w

Hypothyroid symptoms and signs:

- Fatigue

 - Upon awakening

 - Improves with morning activities

 - ? b/o activation of circulation and adrenals

- Sensation of feeling cold

 - Florida Air Conditioning test: >77

 - Secondary to < metabolism thus < heat

 - BBT... taking basal body temperature

 - Menopause and low BMI can be factors

- < metabolism = nothing works as well

 - Bowels: constipation

 - Constipation is to be solved regardless of etiology

 - Whatever it takes!

Constipation: Whatever it takes!

- Hydration
- Vegetables
- Prunes
- Magnesium

...to bowel tolerance

Phillips MOM effect

Magnesium Glycinate for good absorption

Magnesium Citrate for movement

Hypothyroid symptoms and signs:

- Sign: a.m., upon rising, axillary temp < 97.4
- Transit time

Grate fresh organic beet onto a salad

Eat it 12 hrs before anticipated usual bowel movement
eg, with evening meal if a.m. b.m's are common

initials _____

3 Day Chart

Day and Date			
Basal Temperature		6am 9 12 3 6 9 12	6 9 12 3 6 9 12
Energy	High		
	Basic		
	Low		
Sleep	going to sleep: physical		
	emotional		
	dreaming		
waking:	physical		
	emotional		
	nap		
Time: hours of sleep			
Supplements	list		
Exercise	cardiovascular		
	stretching		
	other		
Bowels	time		
	amount		
	odor		
form	float		
	gas		
	#		
*transit time (see instructions)			
Substances			
Emotional experience			
Breathing	deep		
	rapid		
Water	# of cups/day		

Instructions for 3 Day Chart

Choose 3 days (they need not be consecutive) that are very representative of your usual living. (if 3 days seems like too much effort, choose a most typical single day and record for it)

Basal temperatures [1] Put a non-mercury thermometer [or a mercury thermometer if you already own one] on your bedside stand. Very first thing upon awakening, put it in your armpit and take your temperature, before any movement, for at least three mornings. Women, if you can, include 2nd day of menstruation. [2] Also take temperature @ 4pm.

Energy Draw energy changes in a "graphic" fashion, from 6 am to midnight. Signify on your graphed line, when you eat a meal ("m") or a snack ("s")

Sleep Describe:
 going to sleep: physical (tired, restless, energetic, etc.)
 emotional (ecstatic, angry, etc.)
 dreaming: (happy, struggle, don't remember, etc.)
 awakening: physical (energetic, tired, groggy, etc.)
 emotional (happy, dissonant, etc.)
 Record time and length of any nap
 In the 'time' column record time asleep and time awake and the total number of hours (e.g. 11PM-6 AM/7 hours).

Supplements Under "list", list the supplements or medicines you are now taking. Record the number of each you take each day in the columns.

Exercise Record the amount of time spent in each type listed.

Bowels Record the time of day, the amount of stool (small, medium, large), the odor (none, interesting, excessive), the form (watery, loose, soft, hard, etc.), and whether they float, sink or hover a bit beneath the surface. Also estimate the number of times a day you pass gas and the odor (none, strong, etc.). Also note the amount of time of any 'major' gas after a meal!

"Transit time" is a one time procedure. Steam 2 cups of fresh beets and ingest 12-16 hours prior to your usual bowel movement. Record time of eating and time red color first appears in your bowel movement.

Substances Record intake, if any, of substances such as coffee, tobacco, alcohol, recreational or pharmaceutical drugs.

Emotional Record a simple description of any significant emotional experience you had and how you handled it

Breathing Record a rough idea of how much and what type of breathing you do

Water How many cups per 24 hours

Food See page following 3 day chart for food recording chart

initials _____

3 Day Food Intake Record

Instructions: Choose 3 days for recording that are typical for the way you usually eat.
Record all food intake
Estimate and record amounts
Record time of intake in column provided

	Time	Day 1	Time	Day 2	Time	Day 3
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						

What percentage of your meals do you eat at restaurants? _____
What percentage of your food shopping is at health food grocery stores? _____
What percentage of the food you eat is 'Organic'? _____
List foods that you crave:

List any foods that you eat more than 3 times per week

Hypothyroid symptoms and signs:

- Thinning of eyebrows, laterally
- Pulse rate
- Non-tremor [note, as a baseline evaluation]
- Palpable gland
 - ? tender
- Reflexes: less than brisk,
 - Achilles reflex: return motion
- Cold, dry skin - edema

Post treatment follow-up exam:

- Pulse rate
- Tremor
- Achilles reflex return: "ATRR"

BP/P chart

Blood Pressure Recording

Name: _____

date/day				
medication:				
time	blood pressure	comment		
		pulse	code	
6 a.m.	/			
7 a.m.	/			
8 a.m.	/			
9 a.m.	/			
10 a.m.	/			
11 a.m.	/			
12 p.m.	/			
1 p.m.	/			
2 p.m.	/			
3 p.m.	/			
4 p.m.	/			
5 p.m.	/			
6 p.m.	/			
7 p.m.	/			
8 p.m.	/			
9 p.m.	/			
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4 a.m.	/			
5 a.m.	/			

Medications: List them below and give them a code				
1	medication	code	mg	times/day
2		a		
3		b		
4		c		
		d		

Best times to record:		code		code
on awakening in the morning		1	after exercise	5
when stressed		2	after a meal	6
when relaxed		3	at bed time	7
when you suspect elevation		4	with anxiety	8

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