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Losing Weight Despite Hypothyroidism

Give me a dozen heartbreaks . . . if you think it would help me lose one pound.

—Colette

Totie Fields once said, "I've been on a diet for two weeks and all I've lost is two weeks." As someone with hypothyroidism trying to lose weight, you may feel like Totie was talking about you. Sometimes, it seems that nothing you do to lose weight helps. You try diet after diet, herbal diet pills, cabbage soup, low-carb, no-carb, high-carb, no-flour, no-sugar, and every latest fad and idea that comes along, and not only do you not lose weight, you may even keep gaining.

I hear from hundreds of people each week who are desperately unhappy. Brides who want to fit into wedding dresses, new mothers who can't shed the baby weight, women who aren't willing to give up feeling fit and attractive, men who don't understand why their usual workout routine or daily runs aren't keeping the weight off anymore. People like me who have a closet filled with different-sized clothing, reflecting different stages of a thyroid problem. We all are looking to answer one question: "How do I get rid of the weight???"

It's the number one complaint of people with hypothyroidism. Often, weight gain is the first symptom to tip you off that there is a thyroid problem, but it needs to be seen alongside other symptoms before doctors take it seriously. Claudia experienced this:

I was 115 pounds, and then I started noticing that I was gaining weight and despite trying to lose, I kept gaining. Tried everything from Nutri-System to joining exercise class. I still had energy, but I was becoming depressed. Finally, I thought I was losing my mind. They put me on Prozac. It still didn't help. I started being so tired. I continued gaining weight and was up to 140 pounds. So tired I couldn't put one foot in front of the other. People noticed I was so swollen in my face. Started with a terrible constipation I have never before had. I went to the doctor and asked him to run a test for thyroid. He did and it was very high.

You might assume your metabolism will return to normal once you're on thyroid hormone replacement. The doctor might have told you that after the magic "two weeks"—or for some doctors "six weeks"—after starting thyroid hormone replacement your system would return to normal. You may interpret this to mean that you will be able to maintain your weight while eating and exercising as you did before you had a thyroid problem. Or you might assume you could lose weight in the same way you did before becoming hypothyroid.

Again, this does happen for *some* people. But probably not for the majority, despite what doctors say.

Katie, a marathon runner with hypothyroidism, was desperate to lose weight. She told her doctor that she was eating a healthy diet of 1,200 calories a day and jogging five miles daily. Her doctor's response? "Get off the couch and stop eating so much!"

It's mystifying, frankly. If weight gain is listed in the medical textbooks as a symptom that should trigger an examination for hypothyroidism, why does it mysteriously become an unrelated issue the minute after you fill a prescription?

Ultimately, you shouldn't expect much in the way of sympathy from the conventional doctors and endocrinologists when it comes to having difficulty losing weight. Other patients can sympathize. I can definitely sympathize. But don't be disappointed if your doctor gives you a "get off the couch" or "eat less" response. Once you're diagnosed and in the normal TSH range, they simply don't believe your thyroid has much to do with weight issues.

Don't look to the patient groups to have a handle on this issue either. Even the main patient group in the United States, the Thyroid Foundation of America, says in a brochure:

. . . we know that if your thyroid begins to make too little hormone, you may slow down and take less exercise—but you won't gain a lot of weight just because of having less hormone.

For many of us, hypothyroidism is synonymous with the weight battle, and it's impossible even to separate the two problems in our minds. A hypothyroidism diagnosis is only the beginning of what becomes a lifelong battle with weight, all the while being told by doctors that weight gain or difficulty losing has *nothing* to do with thyroid disease.

But the doctors are completely wrong.

The majority of people who are hypothyroid gain weight or find losing weight far more difficult.

Just ask the millions of thyroid patients who were at perfectly normal weights—myself included—until they started to pile on pounds faster than was seemingly physically possible, only to get diagnosed with hypothyroidism shortly afterward. Of course, there are always some patients who lose weight, or who only gain a few pounds and lose them fairly easily once treated, but they are in the minority.

In my survey of more than nine hundred thyroid patients, almost 84 percent of respondents indicated that they are overweight. Among them:

- 20 percent said they are ten to twenty pounds overweight.
- 14 percent indicated that they are twenty to thirty pounds overweight.
- 25 percent indicated that they are thirty to fifty pounds overweight.
- 18 percent said that they are fifty to seventy-five pounds overweight.

Interestingly, while many conventional doctors report that hypothyroidism causes no more than five to ten pounds of weight gain, only 8 percent of the respondents said they were five to ten pounds overweight.

Laura, an active fifty-one-year-old mother of two children, knew something was wrong when she started to gain weight and feel tired, moody, and achy. Says Laura:

> *I went from a vibrant, in-shape woman to a totally out-of-control, overweight couch potato!! I wanted to scream, but could not since I also lost my voice!! I did not want to leave my house and was too tired to do anything. I felt so sick I thought I would die!! I gained about forty pounds in a period of about three months. That alone was pretty scary.*

If you've had radioactive iodine (RAI) as a treatment for Graves' disease and hyperthyroidism, you are also likely to gain weight. One study found that more than 85 percent of patients receiving RAI became hypothyroid, and despite being treated with levothyroxine, their median weight gain after six months was eleven pounds, twenty pounds at twelve months, and twenty-five pounds after two years. Before the therapy, 27.5 percent were considered

underweight by body mass index calculations, and 19.3 percent were obese, with a body mass index above 30. Two years after treatment, only 8.7 percent patients were underweight and a total of 51.3 percent were obese. Overall, the researchers found that there was a 32 percent increase in obesity in previously hyperthyroid patients following RAI therapy, with the main weight gain coming in the first two years.

When you're hypothyroid, you can eat less than others, and *still* gain weight. How can we thyroid patients seemingly defy all the laws of physics? If it takes 3,500 excess calories to gain a pound, how could you possibly gain ten or twenty pounds in one month? And yet, when hypothyroid—even when treated—you can. This is what happened to me, at age thirty-three, before my 1995 wedding. After going through my twenties as a slender size 8, I quickly started packing on weight—so much so that I bought a size 12 gown, and in the months before my wedding, I had to have my wedding dress let out two more sizes (Is that a horrifying thing for a bride or what?), and even after going on a reduced-calorie diet with daily exercise, I walked down the aisle as a size 16. And after the honeymoon, the weight kept piling on.

Months after my wedding, I was diagnosed as hypothyroid; my doctor put me on thyroid hormone replacement therapy. Blissfully ignorant, I assumed that all the symptoms—and, in particular, the weight—would just melt off as quickly as it had appeared, now that I was getting my thyroid back in order.

Surprise! Not so . . . Sure, as we tweaked my medicine and dosages, I felt better in some ways—less exhausted, not so moody and achy—but except for several pounds, the weight didn't budge.

In my twenties, before my thyroid apparently started to go awry, losing weight was simple. I just cut out a bag of chips with lunch a few times a week, and switched to a diet soda instead of regular, and within a few weeks, the extra pounds would be gone.

But after my hypothyroidism diagnosis, nothing I was doing moved the scale an ounce. This wasn't going to be so easy. And I'm

not alone. Losing weight is *not* easy for many people with thyroid disease. It's a slow process, a far more difficult task than it is for people without metabolic problems. It is also a problem that has caused me, and *millions* of others, far more heartache than nearly any other aspect of hypothyroidism.

But remember—you're not lazy, or lacking willpower. Your weight problem is most likely *not* an emotional issue that can be shouted and bullied out of you by a television personality. You're probably not downing an entire box of donuts every night when no one else is watching. Your eating habits are probably not very different from those of your friends or family members who are at a normal weight. Your body may truly refuse to lose weight on rabbit food, Weight Watchers, or Atkins.

Your body just doesn't work the way it's supposed to, and it *does* have to do with your thyroid. When hypothyroid, for many of us, the metabolism becomes so efficient at storing every calorie that even the most rigorous diet and exercise programs may not seem to work. Your friend or spouse could go on the same diet as you, lose a pound or two—or even more—a week, and you might stay the same, or even gain weight. It's NOT FAIR!

That is the most difficult point to get past—to accept that, fundamentally, your thyroid condition may, especially in the beginning, and perhaps forever, make weight loss an unfair fight. What you suspect about your body is true. You very well may gain weight more easily than others, and you probably won't lose weight as easily or quickly as others.

The good news is, even if it's an unfair fight, it's still a fight you can win! There are answers, and there are solutions, so let's take a look at the issue of how hypothyroidism can play a role in weight problems, and what can be done to maintain a healthy weight with hypothyroidism.

■ Why Is Weight Loss Harder?

There are several key issues that make weight loss harder for people who are hypothyroid.

Metabolic Dysfunction

When we think about hypothyroidism and weight gain, we think about metabolism. The thyroid is actually the master gland of metabolism. Some people think of metabolism as the speed at which energy is burned—sort of like a car idling at 2,000 rpm will burn a smaller amount of fuel each minute than a car idling at 4,000 rpm. Actually, it's more accurate to think about metabolism as the *way*—and not the speed—that your body processes and uses the food you eat each day, more like a car that is designed to burn more fuel at the same rpm. The idea of a "faster" or "slower" metabolism is not really as accurate as the idea of an "efficient" versus a "dysfunctional" or inefficient metabolism.

In hypothyroidism the metabolism often becomes dysfunctional.

Metabolism itself is made up of several components:

- Basal metabolism—from 60 to 65 percent of calories you eat each day are spent just keeping you alive and giving you energy for basic life support. If you were to lie in bed all day, you would still need a substantial number of calories to support basic body functions.
- Physical activity—25 percent of your calories go to movement and physical activity.
- Thermic effect of food—about 10 percent of calories are spent processing the food you eat. One way to estimate how much you burn from eating is to take the total number of calories you eat in a day, and take 10 percent, to figure out how many calories you burn each day just eating. For example, if you are eating 2,000 calories a day, 10 percent of 2,000 is 200, so optimally, you would be burning 200 calories a day simply eating and digesting your food.

Overall, the calories you eat each day should equal the calories you expend.

CALORIES EATEN	=	CALORIES EXPENDED . . .
Total calories taken in		Basal metabolism +
		Activities during the day +
		Used digesting your food.

However, many hypothyroid people who are overweight do not eat any more than people of average weight—they are not taking in more calories. So it's clear that for many people, the problem must be that:

- Basal metabolism is reduced. When they are hypothyroid, even despite treatment, some people have a reduction in basal metabolism, and the basal metabolism is lower than normal. Since hypothyroidism also tends to be more common as we get older, we are also experiencing the double whammy of the thyroid's effects on the metabolism, combined with the slower basal metabolism that comes with aging.
- Activity is reduced. The ongoing fatigue of hypothyroidism causes many people to reduce activity. And remember, slowing down so that you burn even 100 fewer calories a day, perhaps the equivalent to a brisk fifteen-minute walk, means that you could gain an extra pound every month or so! Less exercise and activity also means there is less muscle, and muscle burns more calories than fat and raises metabolism.
- The thermic effect of food is blunted. In hypothyroid people, there are a variety of physiological factors that limit the thermic effect of food, and fewer calories are expended in digestion. In hypothyroidism the body can be a caloric miser, and become extremely efficient at extracting more calories than usual out of the food we eat.

So, in hypothyroid people who are overweight, all three factors may even be the case. And some hypothyroid people *also* overeat, which compounds the problem even further by adding in even more calories that aren't expended.

A Changed Metabolic "Set Point"

According to Dr. Lou Aronne, author of the best-selling book *Weigh Less, Live Longer*, when you begin to take in too many calories, you can gain a small amount of weight. Your body recognizes the starting weight as your "set point." Then, in order to maintain your set-point weight: "Your metabolism speeds up to process the excess calories, your appetite decreases, and some of the newly gained weight drops off."

According to Dr. Aronne, this self-regulating process is known as metabolic resistance. Dr. Aronne and other weight-loss experts believe that just as your body works to maintain a temperature set point of 98.6, it also appears to work toward maintaining a particular weight. His theory is that, in people with a chronic weight problem, the body puts up only modest metabolic resistance to weight gain. If you continue to take in more calories than you burn, the metabolic resistance loses strength, and your body then establishes a new, higher weight set point.

What this means is, if several years ago, a woman at five feet, seven inches and 160 pounds needed 2,500 calories a day to maintain her weight, and now, after a diagnosis of hypothyroidism and a steady weight gain, at 210 pounds, she needs 2,800 calories to maintain her weight. If she dropped her calories back to 2,500, would she lose the extra 50 pounds? No. Because as she reduces her calories and loses weight, her metabolic rate slows down. According to Dr. Aronne, she would probably drop to about 197 pounds, although she'd be consuming the same number of calories as another woman of the same height who's stayed steady at 160 pounds.

My theory is that because the body is in a state of hypometa-

bolism—underfunctioning metabolism—in hypothyroidism, the metabolic resistance becomes impaired, allowing the body to more easily establish higher set points, making it harder to lose weight.

Changes in Brain Chemistry

Hunger is intricately tied to brain chemistry. According to Dr. Aronne, the hypothalamus in your brain senses you need energy and issues a brain chemical with the message "eat carbohydrates." That brain chemical surge is what you feel as "hunger." Once the hypothalamus senses you've eaten enough carbohydrates, it releases serotonin to tell the body, "Okay, enough carbohydrates." Serotonin is a neurotransmitter involved not only in appetite, but in depression, mood, and sleep.

This system can be dramatically altered by a process present in chronic thyroid disease:

- Thyroid disease slows down the metabolism.
- Your metabolism is then too slow for the appetite level set by your brain.
- What your brain perceives as appropriate food intake levels then exceed your body's metabolism, creating weight gain.

When you have chronic hypothyroidism, your body is under stress, which interferes with the brain chemistry and can reduce the release of serotonin. In fact, part of the weight-loss success of the recalled diet drugs Fen-Phen (fenfluramine and phentermine) for some people with hypothyroidism was the fact that they increased serotonin and created a feeling of satisfaction and fullness.

Insulin Resistance/Metabolic Syndrome

Insulin is a hormone released by the pancreas. When you eat foods that contain carbohydrates (which make up the majority of most of our diets), your body converts the carbohydrates into simple sugars.

These sugars enter the blood, becoming "blood sugar." Your pancreas then releases insulin to stimulate the cells to take in the blood sugar and store it as an energy reserve, returning the blood sugar levels to normal.

Carbohydrates can be "simple," high-glycemic (high-sugar) carbohydrates, such as pasta, bread, sugar, white flour, and cakes, or "complex," lower-glycemic (lower-sugar), higher-fiber carbohydrates, like fruits, vegetables, and whole grains. However, the important point some people miss: *Fruits and vegetables are carbohydrates.*

Some scientists speculate that sugars and starches are more easily broken down today than in our prehistoric past. They claim that many of us do not need and cannot process the amounts of carbohydrates that are considered "normal" by current dietary standards. Some scientists speculate that for as much as 25 percent of the population, eating what appears to be a "normal amount" of carbohydrates may in fact raise blood sugar to excessive levels. The pancreas responds by increasing the secretion of insulin to a level where it will drive down blood sugar. For this group, consistently eating too many carbohydrates—and remember that what is too many for this group is not necessarily too many for the average person—creates a situation called "insulin resistance."

Insulin resistance means that cells have become less responsive to the effects of insulin. So your body has to produce more and more insulin in order to maintain normal blood sugar levels. The insulin can also remain in your blood in higher concentrations. This is known as hyperinsulinemia.

In addition to those who seem to have a lowered need for carbohydrates, some people simply eat too many carbohydrates. The popularity of low-fat diets has left a large group of people with a diet that heavily emphasizes pasta, bagels, and sugary fat-free products, and most of these are high-glycemic carbohydrates. Simply overeating high-glycemic foods can in some people trigger insulin resistance and weight gain.

If you are insulin-resistant, eating carbohydrates can make you crave more carbohydrates. You'll gain weight more easily and have difficulty losing it. There are some estimates that 25 percent of the general population, and 75 percent of overweight people, are insulin-resistant.

High insulin levels can stimulate your appetite, making you feel hungrier than normal for carbohydrate-rich food, while lowering the amount of sugar your body burns as energy and making your cells more effective at storing and less able to remove fat.

When you're creating this excess insulin, it also prevents your body from using its stored fat for energy. Hence, your insulin response to excess carbohydrates causes you to gain weight or you cannot lose weight. Weight problems are not the worst aspect of insulin resistance.

Insulin resistance may set up a whole syndrome of other serious health problems, including diabetes, increased risk of coronary artery disease, high blood pressure, and high cholesterol. In particular, insulin resistance is usually the first step in metabolic syndrome, which also includes abdominal obesity (a thick waist), elevated blood fats known as triglycerides, low levels of HDL ("good") cholesterol, high blood pressure, and high blood sugar levels.

It makes sense that hypothyroidism, with its penchant for slowing down everything else in our systems right down to our cells, can also slow down our body's ability to process carbohydrates and our cells' ability to absorb blood sugar. The carbohydrates we could once eat then become too much to handle. Excess carbohydrates equals excess insulin equals excess weight. And that excess weight is a double whammy, because hypothyroidism already increases the risk of high cholesterol, heart disease, and diabetes.

Interestingly, many of the unrelieved symptoms we assume are also due to hypothyroidism—tiredness, dizziness, fatigue, exhaustion, uncontrolled hunger—may, in fact, be side effects of blood sugar swings due to insulin resistance. Any illness, such as the chronic thyroid problems we all face, also creates physical stress.

And stress raises cortisol levels. And overproduction of cortisol increases insulin levels.

All these factors mean that insulin resistance is more of a factor for overweight people with hypothyroidism than for the general population.

If you've tried conventional low-fat diets that are heavy on fruits, vegetables, pasta, rice, and grains, and low on protein and good fats, and find that you can't lose weight or even gain weight, you might be insulin-resistant.

■ Weight-Loss Challenges and Solutions

There are a number of challenges inherent in hypothyroidism that may make weight loss a challenge, but here, we discuss those challenges and talk about the solutions you can consider.

Optimize Your Thyroid Treatment

The most essential step for anyone who is hypothyroid and can't lose weight is to make sure thyroid treatment is optimized. The best diet and exercise program in the world may not allow you to lose weight if your doctor is keeping you on too low a dose of thyroid hormone replacement. Or you may be one of the many patients who can't lose weight on any dose of levothyroxine, but add in T3, or switch to natural thyroid, and your diet and exercise start working again.

Dr. Ken Blanchard, in his book *What Your Doctor May Not Tell You About Hypothyroidism*, talks about how conventional thyroid treatment actually promotes weight gain. Says Blanchard:

> *In many people (but not all), treatment with synthetic 100 percent T4 can produce excessive T4 levels (at the upper end of normal) and TSH levels near the bottom of normal, nudging at hyperthyroidism. This creates a situation by*

which individuals feel hungry (from the metabolic thrust) but very fatigued due to inadequate T4 replenishment and conversion to T3. They ask their physicians for more T4 to handle their symptoms, but are denied because of their near-toxic levels.

While optimized thyroid treatment is discussed throughout this book, here are some key questions to review:

- Are you on the right brand of levothyroxine, if appropriate? If one isn't working, try another.
- Do you need additional T3, via adding in Cytomel or time-released T3, or switching to Thyrolar?
- Would natural, desiccated thyroid, such as the prescription drug Armour Thyroid, help you lose weight?
- Are you at the optimal dosage for you? (Could your TSH be lower?)
- Are you taking your medication properly and getting maximum absorption?
- Are you eating too many goitrogens or soy in your diet?
- Are you taking supplements that contain high levels of iodine?
- Are you taking supplements and vitamins that can help optimize thyroid function?
- Do you have any untreated, low-level infections?

Evaluate Other Drugs

Determine whether you are taking any drugs that promote weight gain, and discuss any concerns with your physician. These drugs can include:

- Steroid anti-inflammatories (i.e., prednisone)
- The antithyroid drug PTU
- Lithium
- Estrogen and progesterone independently, or together as the Pill

- Antidiabetic drugs, like insulin
- Various antidepressants, especially Prozac, Paxil, and Zoloft
- Mood-stabilizing and anticonvulsant drugs, such as those given for bipolar disorder, including lithium, valproate (Depakote), and carbamazepine (Tegretol)
- Beta-blockers
- Sedatives
- Tranquilizers

Check Your Blood Sugar

One thing you should consider doing is getting your blood sugar tested. At a minimum, you can get a glucose level from a home test kit, but it's preferable to get a fasting glucose to evaluate whether your blood sugar is normal, high normal, or elevated. In late 2003, the American Diabetes Association recommended that the fasting glucose range for defining "prediabetes" be changed, down from 110 mg/dl to 100 mg/dl, meaning that a value of 100 mg/dl or above would lead to a diagnosis of impaired fasting glucose/prediabetes/insulin resistance. If it is high normal or elevated, this can in part contribute to your difficulty losing weight, and also is a sign that you are either becoming insulin-resistant, are prediabetic, or are already a type 2 diabetic. If your blood sugar is elevated, you should discuss going on an antidiabetic medication such as metformin, known by its brand name, Glucophage. Metformin, along with diet and exercise, can actually help prevent the progression of your insulin resistance or prediabetes to full type 2 diabetes.

Consider Antidepressants or Supplements That Balance Brain Chemistry

Even if you do not suffer from depression, you might find that you have greater success fighting a stubborn weight problem if your doctor tries you on a course of antidepressants. A number of people have written to report that their diet/exercise plan suddenly began to work after their doctor prescribed a short course of antidepres-

sant medication, like Prozac, Welbutrin, Effexor, or Paxil, for example. It's worth discussing with your doctor. Welbutrin, in particular, is thought to be helpful in curbing cravings and addictions, and is not as likely to cause weight gain, which can be a side effect with some antidepressants in some people.

Some antidepressants have side effects, and in some cases, people simply prefer natural supplements. Since the antidepressant herb St. John's wort may have some ability to interfere with your thyroid hormone, you may want to avoid it. Patients have reported success, however, with a supplement called 5 HTP, 5-hydroxytryptophan, an amino acid derivative and the immediate precursor to serotonin. This is one I say you should approach with caution. The only people I know who have tried this, myself included, have had energy "crashes." I don't know if our experiences are unusual, but it's worth a warning.

The CraniYums collection of supplements, which include supplements that help to balance or enhance the neurotransmitters serotonin and dopamine, may also be an aid to people who suffer from imbalances that affect appetite, energy, cravings, and mood.

Follow a Low-Glycemic Diet

An effective method to combat insulin resistance and the inability to properly process simple carbohydrates is eating a low-glycemic, fairly low-fat diet. Low-glycemic foods are foods that do not rank high on the "glycemic index," a ranking that assigns values to foods based on their effect on your blood sugar.

High-glycemic foods are sugary, starchy foods like pasta, rice, white flour breads, cereal, desserts, and sugary drinks. You may feel frustrated that there's nothing left to eat. But you need to rethink your eating habits, shifting to a diet of low-fat protein sources (like chicken, turkey, fish, leaner cuts of other meats, and low-fat dairy products) and nonstarchy, high-fiber vegetables and fruits, and certain grains.

There are numerous books and Web resources that provide information on the glycemic index of foods and beverages that you can consult. But again, if you avoid sugar in all forms, and emphasize lean sources of protein, nonstarchy vegetables, with limited fruit, and when you do eat starches, make sure they are high-fiber and eat them only in limited quantities, you are on your way toward eating low-glycemic.

Researchers have found that thyroid disease may actually be linked to increased appetite for starchy/sugary carbohydrates. This increased craving for and intake of carbohydrates appears to stem from various changes in brain chemistry and sympathetic nervous system activity that stem from the thyroid condition. As you eliminate the "bad" carbohydrates from your body, you'll eventually find the cravings are reduced. But when they strike, you may want to try some of the products that help with these carbohydrate cravings, such as CraniYums serotonin-boosting supplements, or homeopathic Craving Elimination Drops.

Eat "Enough" Calories, But Not Too Many

Many thyroid patients have already gone on extremely low-calorie "starvation" diets in their attempts to lose weight. This sort of diet wreaks havoc on the metabolism, making it think that you are facing starvation, and turning on a whole host of appetite-increasing, fat-storing hormones. Your metabolism shifts into "hoarding" mode, and slows down to prevent you from starving. While you may need to eat a lower-calorie diet to lose weight, diets that go lower than 1,000 to 1,200 calories per day are probably going to be counterproductive to most people with hypothyroidism.

At the same time, all the various calculators and guidelines that say the typical woman who weighs 150 pounds should eat 2,200 calories a day just to maintain her weight, for example, are not likely to apply to you. At one point about a year ago, I calculated the calorie levels I'm *supposed* to be able to eat in order to maintain my weight, and actually tried eating that amount every day for two weeks. I gained seven pounds. That was the end of *that* experiment!

I now eat about *half* that calorie level every day, and it's only at that level, with regular exercise, that I am able to lose weight or maintain weight lost over time.

Eat Enough Protein

Protein is needed to build muscle, and to maintain energy, and so your diet should include sufficient levels of protein. Ideally, include a portion of lean protein in every meal and snack, and never eat a carbohydrate—whether vegetable, fruit, or starch—without an accompanying protein, because it helps slow down the digestion of the carbohydrate as it converts to sugar.

Get Enough Good Fat

Essential fatty acids (EFAs) cannot be produced in the body, and so you must get them through diet or supplements. The key essential fatty acids include:

- Omega-3/alpha linolenic acid (ALA), eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA)—Found in fresh fish from cold deep oceans (i.e., mackerel, tuna, herring, flounder, sardines, salmon, rainbow trout, bass), linseed oil, flax seeds and oil, black currant and pumpkin seeds, cod liver oil, shrimp, oysters, leafy greens, soybeans, walnuts, wheat germ, fresh sea vegetables, fish oil. Usually, your body can convert ALA into EPA, and then into DHA.
- Omega-6/linoleic acid/gamma linolenic acid (GLA)—Found in breast milk, sesame seeds and oil, safflower seeds, cotton and sunflower seeds and oil, corn and corn oil, soybeans, raw nuts, legumes, leafy greens, black currant seeds, evening primrose oil, borage oil, spirulina, lecithin. Linoleic acid in omega-6 can be converted into GLA.

Nutritional expert Ann Louise Gittleman, author of *Eat Fat, Lose Weight* and the best-selling *The Fat Flush Diet*, believes that good fats are essential to good health and weight loss, and that today's low-fat diets are counterproductive. Gittleman, like many other nutritional experts, believes that if you include good fats in the diet, you rev up the body's fat-burning potential and you stay full longer, allowing you to eat fewer calories without feeling hungry. In addition to adding more of the foods that contain these essential fatty acids, some of the ways you can add EFAs to your diet include:

- Omega-3/fish oil supplements—Go for a decent-tasting oil or a "burpless" capsule (Enzymatic Therapies' Eskimo Oil is my favorite).
- Omega-3/flax seeds and flaxseed oil—You can add flaxseed oil to meals, either in the oil form or as capsules. Some people like to make salad dressings out of the oil or add it to soups. Taking flaxseed oil with each meal helps slow down digestion and modulate blood sugar fluctuations (which helps with insulin levels).
- Omega-6/evening primrose oil, borage oil—These are usually taken as supplements. GLA is thought to help activate brown fat and to boost metabolic efficiency.

Gittleman is an advocate of evening primrose oil for weight loss:

> *In my private practice, I have seen women and men benefit time and time again from the addition of omega fats to their weight-loss plans. Many of my clients who have had at least ten pounds or more of weight to lose have reported staggeringly dramatic results with four to eight capsules of 500 mg evening primrose oil.*

If you want to include a healthy balance of EFAs, select a product that includes a balance of oils, such as the Atkins-formulated Essential Oils supplement, or Udo Erasmus's Udo's Oil products.

Drink Enough Water

Hypothyroidism can cause water retention and bloating. So, because you feel or look bloated or swollen, you may not drink enough water. But the body will hold on to even more water more fiercely when you cut back on your water intake. Not drinking at least 64 ounces—or more—of water a day is counterproductive, as it will worsen bloating and cause dehydration, which slows metabolism.

Hypothyroidism also slows down digestion and elimination, which can impede weight loss. Optimize digestion by making sure you get high levels of fiber every day, and if you need help with regular elimination, consider adding a natural supplement, such as Ayurvedic triphala, to aid in regularity.

Get Enough Fiber

Fiber is another essential to digestion, and optimizing your weight-loss efforts. Fiber has minimal calories, but can fill you up by adding bulk, and when consumed with carbohydrates, it helps modulate the insulin response and normalize blood sugar. There is a fair amount of scientific support for fiber's ability to increase your feeling of fullness after you eat and reduce your hunger levels. One study found that adding 14 grams per day of fiber was associated with a 10 percent decrease in energy intake and body, and a weight loss of five pounds over four months. To add fiber, eat more raw vegetables and fruits; they have more fiber than cooked or canned. Limit cereals and breads to high-fiber only. Two slices of high-bran "health" bread, for example, has 7 grams of fiber, compared to only 2 grams of fiber for white bread. Other good sources of fiber are nuts, beans, apples, oranges, broccoli, cauliflower, berries, pears, Brussels sprouts, lettuce, prunes, carrots, and yams. Men up to fifty require 38 grams of fiber a day, and women need 25 grams. Men over fifty should get at least 30 grams, and women, at least 21 grams. If you can't get all your fiber from food, consider taking a fiber supplement.

Important Warning: If you switch from a low-fiber to a high-fiber diet, be very careful that you take your thyroid medicine at least an hour before eating in the morning, so your absorption is not impaired. High-fiber diets can change your dosage requirements, so six to eight weeks after starting a high-fiber diet, you may wish to have your thyroid function tested to make sure you don't need a dosage change.

Keep Track of What You Eat

Studies have shown that people who write down everything they eat lose weight, even if not formally dieting, simply because the act of writing it down makes you more aware and likelier to make better choices. There are special books and journals you can buy for this purpose. One particularly good diary is the *Fat Tracker Daily Diary,* from Karen Chisholm. See http://www.thefattracker.com for more information. You can also use your PDA, or a notepad, or your computer, or a calendar, or a looseleaf binder. It doesn't matter what form it takes, it's the action of sitting down and thinking about your goals, what you're going to eat, and assessing what you've eaten that makes the difference.

If you want a more formalized way to keep close track of your nutritional intake, and want a supportive community to help you follow your chosen approach, check out tools such as Ediets, Weight Watchers Online, or Physique Transformation Program's Personal Food Analyst, all of which have detailed food-tracking programs online, as well as online support communities and forums where you can share information and encouragement with others.

■ Do's and Don'ts

Things to eat and drink that may help with weight loss:

- Spicy foods and peppers, which stimulate metabolism
- Tea, especially oolong and ginseng tea, which may help stimulate metabolism

Cut back or eliminate:

- Alcohol—which is high calorie, puts stress on your liver, slows down your ability to burn fat, and interferes with your body's ability to convert T4 to T3.
- Caffeine—which can trigger production of adrenaline, which then stimulates insulin, resulting in food cravings and negative shifts in blood sugar.
- Sweeteners—in particular, try to eliminate sugar and aspartame (NutraSweet/Equal). There is a great deal of controversy over the safety of the various artificial sweeteners, but if you have to use one, you're better off using saccharin (Sweet'n Low) or sucralose (Splenda), which have safer health records, according to some holistic experts. Some natural health practitioners recommend stevia (pronounced Steve-ee-uh), a plant-derivative sweetener that has no calories and does not influence blood sugar.

■ Tips on How to Eat

Follow Some Basic Food-Combining Rules

- Try to eat protein with nonstarchy vegetables. That means you don't really want to have that baked potato with the steak. You're better off with a big salad and some sautéed mushrooms on the side.
- Avoid milk and meat at the same meal. Having milk with your meat slows down digestion.

- Eat one type of protein per meal. Don't have the beef and chicken fajita combo, or a surf-and-turf combo. Combining proteins makes them harder to digest. You can, however, add eggs to other proteins, like steak and eggs or ham quiche.
- Don't eat fruit with meat or heavy meals, as it becomes harder to digest and can raise blood sugar.

Eat a Big Breakfast

You should aim to eat a big breakfast, one that contains a substantial amount of protein. In fact, aim to eat 25 percent of your calories at breakfast. You should also eat at least 20 grams of protein at breakfast. A protein-heavy breakfast speeds up calorie burning and gets the metabolism moving. Some studies have shown that people eating a certain number of calories will lose weight if they eat more calories concentrated during breakfast, while others on the same number of calories will stay the same weight or even gain if they emphasize the calorie expenditure at lunch or dinner.

Try to Eat Three Meals Versus Multiple Mini-Meals

The controversial recommendation to eat three meals, rather than grazing, or eating five or six mini-meals, as is often suggested, comes from Byron Richards, a holistic nutritionist and author of the groundbreaking book *Mastering Leptin*. Says Richards:

> *. . . if 5–6 small meals a day are needed to maintain energy, the metabolic situation is not in good shape. Eating very small meals may cause some weight loss, but metabolism will likely slow down before the weight goal is achieved. Even a low calorie snack increases insulin release, thus fat-burning mode ceases or never begins. Only by increasing the amount of time between meals will proper weight loss take place.*

According to Richards, this advice to eat small, frequent meals comes from the bodybuilding and diabetic communities. Body-

builders, says Richards, can eat more times a day because they have shortened the time that their insulin levels cycle up and down by eating consistently at high-calorie levels and burning calories intensively through their muscle development. Diabetics, according to Richards, have a malfunctioning insulin and glucagon metabolism. They have to use calories like a drug, to strictly regulate insulin levels. But these examples are not necessarily applicable for those of us who are not bodybuilders or diabetic, because, according to Richards, we need to condition our livers into better responsiveness and fitness, by balancing our leptin. And working toward having just three meals a day, with five to six hours between those meals, is Richards's solution to optimizing leptin balance.

Eat a Lighter Dinner, and Nothing Else After

Of all the meals of the day, dinner should be the lightest, whenever possible. Keep in mind that at dinner, few of us require large portions—if any—of the starchy carbohydrates, like pasta, bread, potatoes, or rice. If you are going to eat starches, you're better off eating them earlier in the day when your body needs the fuel and is more likely to burn it off safely. Byron Richards also believes that we should finish eating dinner at least three hours before bed. One his key rules to balancing leptin is:

> *Never eat after dinner. Allow 11–12 hours between dinner and breakfast. Never go to bed on a full stomach.*

Many experts agree with Richards that we should go to bed slightly hungry. Not so hungry or starving that hunger pangs will keep you awake, but your stomach should feel nearly empty. Your body is looking for fuel to burn during the night, and if you go to bed with your stomach nearly empty, and insulin levels low, your body is much more likely to seek out your fat stores for that fuel.

Eat Slowly, Chew Thoroughly

Your mother always said to chew your food, and she was right! Chewing thoroughly and eating slowly are important. When you chew thoroughly, you're letting the digestive juices in your mouth and throat do their work to properly break down and begin digesting your food. At the same time, you're helping to extend the time you're actually eating, giving your brain time to receive the "I feel full" feeling that takes about ten minutes after you start eating to generate. (How many of us are embarrassed to admit that we can eat an entire meal in *less than* ten minutes?) When we eat too quickly, we're not giving our brain enough time to receive the hormonal message that we've eaten and we're full.

■ Exercise and Breathing

As a confirmed couch potato with no athletic ability whatsoever, I'm the last person to talk about exercise. But there's no doubt that exercise is as potent a medicine as you can get *and* appears to be one of the factors that are absolutely *essential* to healthy weight loss or weight maintenance with hypothyroidism.

When you have a thyroid dysfunction, even with optimal treatment, you may feel more fatigued than normal. This level of fatigue may mean that you exercise less, and move around less, which reduces the amount of energy and calories you expend.

Thyroid disease also commonly causes joint and muscle aches and pains, carpal tunnel syndrome, tarsal tunnel syndrome, and tendonitis, all which make exercise and movement harder, and may discourage you from exercising or moving. Again, less exercise means you expend fewer calories.

In both cases, the less you exercise and less physical activity you have, the more likely you are to burn fewer calories from overall activity, but also lose muscle mass. And reduced muscle mass also re-

duces metabolism, because muscle burns more calories than fat, even when your body is at rest.

Muscle-Building/Strength-Training Exercise

Ideally, your exercise program should include both aerobic activities and strength training. But if you have to choose just one, make sure you incorporate strength-training activities to build muscle, as it is essential to successful weight loss while hypothyroid.

Cynthia White, a certified aerobic instructor and personal trainer from Denton, Texas, herself has hypothyroidism. Cynthia highly recommends strength training, and she likes weight lifting:

Muscle is more metabolically active than fat. You don't even have to go to a gym to do this. Just buy a couple of sets of dumbbells, one set in five pounds and one in ten pounds, and do the routine at home. Setting up a "circuit type" routine will kill two birds with one stone. You will be working aerobically and lifting at the same time. One myth-buster: Unless you are genetically blessed with a mesomorph body type (one that has a tendency to add muscle easily, which is rare for women) you will not "bulk up"! Trust me, I have been lifting for years and haven't bulked up yet. There are many books that can set you up with a basic weight training program. The idea is to work the muscles like your legs, back, chest, arms, and shoulders.

Aerobic Exercise

Regular aerobic exercise is also important. First, it's a completely natural way to help the serotonin problem. Many experts recommend thirty minutes of some vigorous aerobic activity at least five times a week as a natural mood elevator and antidepressant.

Second, aerobic exercise burns calories.

Third, according to Jean-Pierre Despres, Ph.D., Professor of

Medicine and Physical Education and Director of the Lipid Research Center at Laval University Hospital, in Quebec:

Exercise is probably the best medication on the market to treat insulin resistance syndrome. . . . Our studies show that low-intensity, prolonged exercise—such as a daily brisk walk of forty-five minutes to an hour—will substantially reduce insulin levels.

Geri, a health writer and television producer in New York, says keeping her weight stable requires exercise:

Exercise makes a huge *difference. Even when I was at my most exhausted, I dragged my butt out of bed and did a little low-intensity exercise about five mornings a week. My schedule now is pretty crazy and I work long hours, so I don't have tons of time to exercise, but I do about twenty to thirty minutes of aerobics or light weight training about five days a week. Nothing major, but so far it seems to do the trick. When I slip off this habit a little, I find that I get more tired and slightly "hypo feeling"—sluggish, easily distracted, weak.*

Okay, it's clear that we all need to get moving!! That's not always very easy. Some people say, "But I'm hypothyroid, I'm exhausted all the time, and now you're telling me to exercise on top of it all?" The answer is: YES! But sometimes you have to start very slowly.

Cynthia White has some excellent advice regarding exercise and working activity into your life:

First of all, start small. Set goals that you can accomplish. It is much more motivating to continue on any new habit if you achieve small victories along the way.

So many people with hypothyroidism fight fatigue, which makes them less energetic and motivated to exercise. According to Cynthia, there are ways to offset this:

Figure out when your peak energy period is. For some people it is in the morning, other people get their energy at night. Pinpoint your peak and do something active at that time. You also have to mentally motivate yourself. What is more motivating? Your appearance or your health? If it is your appearance, go through fitness magazines and cut out pictures of people that motivate you. (I used to paste them up on my refrigerator!) If it's your health, list all the benefits of exercise. There are too many to list here, but a sampling includes a lower risk for breast cancer, improved cardiovascular system, increased energy, increased self-esteem, and the list could go on.

If you don't enjoy working out, the trick, according to Cynthia, is to find something you enjoy doing . . . walking, tennis, racquetball, or swimming. She suggests you find an activity that you and your spouse or friend could do together, like take a walk, and think of it as precious time to talk to each other.

Cynthia also emphasizes that there are a multitude of ways to incorporate activity into the everyday tasks of life:

Take the stairs, park farther out in the parking lot. Get up off the couch and turn the channel on the TV. Don't go through the drive-through; get out of your car and go into the store. If you work in an office, find reasons to get up out of your chair. When you are sitting, wiggle or tap your foot. It may be small, but it requires energy.

It seems that people with hypothyroidism *need* exercise about as much as we need our thyroid hormone pills. Even if you're not a health spa or gym sort of person, the health experts tout the basic benefits of walking. Even a few minutes of brisk walking every day would be more exercise than a majority of us ever get and a terrific goal to accomplish. So consider this a hypothyroidism prescription for a lifetime: Rx—take a walk and get moving!

Breathe Properly

It goes by a variety of names. In yoga, it's called pranayam, the art and science of breathing. In marketing language, it's Breathercise or Oxycise. Some of the diet centers are even incorporating it into their programs. Whatever you call it, a program of deep-breathing exercises, designed to take in more oxygen and release more carbon dioxide with each breath, seems to help many people with hypothyroidism to lose weight.

We know that hypothyroidism affects the strength of your respiratory muscles. Hypothyroidism is also known to increase reactivity of the bronchial passages, even if you don't have asthma. Even when treated, a substantial percentage of people with hypothyroidism report "shortness of breath," "feeling like they're not getting enough oxygen," or even "needing to yawn to get more air" as continuing symptoms.

For many of us, the ability to take in and process oxygen may be forever changed once hypothyroidism sets in. Even when fully treated, I suspect that most of us still don't take in and process oxygen fully. That is why specific attention to breathing seems to help some people with hypothyroidism.

If you're interested in trying out better breathing, you can start by learning how to do deep abdominal breathing. Here's a simple breathing exercise:

Lie on your back, body relaxed. Put your hand on your abdomen. Take a deep, slow breath through your nose, filling your belly, so your hand rises. Then exhale slowly, letting all the air out of your belly. Inhale again, filling the abdomen un-

til your hand rises. Again, exhale. Feel the breath energy rising from the abdomen to the throat, and back down again to the abdomen.

You can start practicing this deep abdominal breathing anywhere: sitting in the car, standing in line, in the shower. It's a first step toward incorporating deep breathing into your daily life. Several times a day, stop and just focus on your breathing. Take a few deep abdominal breaths. Every time you feel tired, try taking five deep abdominal breaths. See if these ventures in breathing practice help you feel even a bit more energetic or alert.

A specialized type of alternate-nostril breathing to help raise the metabolism is discussed in the book's section on yoga. This type of breathing also appears to help with energy, and can be particularly helpful for thyroid patients.

Pilates

In the past, I regularly did yoga, and I still do it occasionally. But I've found that I like Pilates even better. While it involves stretching, breathing, and some mind-body aspects like yoga, it also focuses on the core abdominal muscles and strength building. I do an hour of mat Pilates twice a week, and have done so for two years—the longest I've ever kept up with *any* exercise! I also joined my local Curves center a while back, and really enjoy their fast, thirty-minute combination aerobic/strength-training program. I'm in and out in forty-five minutes, and don't even have to break a sweat. In just three months of two visits to Curves per week, I lost about ten inches! I also try to do the alternate-nostril breathing and abdominal breathing, at least once a day for a few minutes.

■ Other Issues

Other issues that can interfere with your ability to lose weight are discussed in various places in this book as well as in greater depth in my book *The Thyroid Diet*. These include food allergies and sensitivities, candidiasis/yeast overgrowth, celiac disease/gluten (or wheat) sensitivity, parasites, the copper/zinc balance, adrenal imbalances, and estrogen and progesterone imbalances.

■ Supplements and Herbs for Weight Loss and Metabolism

To complement your diet and exercise program, there are hundreds of vitamins, herbs, minerals, enzymes, essential fatty acids, and combination formula supplements that promote themselves as helping in increasing metabolism or making it more effective, aiding in fat burning, slowing fat storage, balancing blood sugar, and reducing appetite.

Do they work? It's a good question, because many of the supplements have never been extensively studied. Some have undergone some studies and trials, and others have been in use for centuries as part of traditional Chinese medicine or Ayurvedic remedies. There are also some that are touted mainly on the basis of anecdotal evidence. And then there is the constant battery of hype, with never-ending infomercials, bus-stop photocopied advertisements, magazine and newspaper ads, and multilevel marketers spamming you, trying to sell you the latest miracle diet supplement, the one that will finally "melt the pounds off while you sleep," or allow you to "eat anything and still lose weight," or "rev up your metabolism and burn 50 percent more fat!"

Let me let you in on a big secret. That miracle diet supplement doesn't exist. I get a thousand e-mails a week from frustrated thyroid patients who are trying to lose weight, and I guarantee you, if

any of these miracle pills worked, I would be hearing from the legions of people who are thrilled with their miracle pills. So far, I haven't heard from any yet. And, yes, here and there I've fallen prey to the marketing claims, and I've tried a bottle or two of miracle pills, and they haven't solved the problem. No matter what, I'm always back to diet and exercise.

That said, there are some supplements and herbs that *may* help you in your weight-loss efforts. I emphasize *may*, because there are no guarantees, and some of the supplements will do nothing at all for you, some might actually do the opposite (and you'll be one of the few people who gains weight on something that is supposed to help with weight loss!). Some of the supplements, however, might actually be a great fit for you, and help you to lose weight.

I have reviewed these supplements in detail in *The Thyroid Diet*, where I've listed all of them and have provided my recommendation regarding whether or not they are worth trying. The most promising include alpha lipoic acid, acetyl-l-carnitine, calcium, capsaicin/cayenne pepper, chromium picolinate, conjugated linoleic acid (CLA), CraniYums, glucosol, glutamine/L-glutamine, hoodia gordonii, pantethine, pyruvate, taurine, vitamin C, and zinc.

Other supplements that are reviewed and discussed in the *Thyroid Diet* include 5-HTP, 7-KETO, caffeine, gotu kola, guaraná, green tea extract, chitosan, coenzyme Q-10, coleus, DHEA, garcinia cambogia/hydroxycitric acid (HCA), *gymnema sylvestre*, milk thistle, *phaseolus vulgaris*/starch blockers/Phase 2, and spirulina.

My Own Program

Some people ask what I take everyday, to aid with weight loss. In addition to a multivitamin, I take at least 1,200 mg of calcium, 3,500 mg or more of conjugated linoleic acid (CLA), approximately 800 mg of pure hoodia gordonii, and usually at least 1,000 mg of vitamin C.

I also particularly like a line of weight-loss supplements called "Lean for Less," from Health From the Sun/Arkopharma. When I

feel like my diet needs an extra kick start, I will take all four supplements simultaneously for a few weeks, and I feel it helps get me back on track.

- Lean for Less Thermogenic is meant to burn fat and raise metabolism. It includes green tea, coleus, and citrus aurantium, but no other stimulants such as ma huang, ephedra, or guaraná.
- Lean for Less Carbo Regulator is supposed to help reduce the conversion of carbohydrates into stored fat, and reduce appetite and craving for sweets. Ingredients include chromium picolinate, hydroxy citrate acid (Garcinia cambogia fruit extract), Gymnema sylvestre leaf, and holy basil leaf.
- Lean for Less Fat Regulator is a freeze-ground preparation of nopal cactus, also known as prickly pear. Nopal cactus is reported to have a high content of gums and mucilage, giving it the unique ability to bind to fats and sugars consumed during meals and reduce their digestion and absorption into the body.
- Lean for Less Water Regulator is a combination of vitamin C, iron, magnesium, Lespedeza capitata powder, couch grass, java tea, and dandelion that decreases water retention and bloating, and acts as a natural diuretic.

Note Regarding Ephedra

While Chinese medicine practitioners have been using ma huang, an herb that contains the stimulant ephedra, for centuries, the fatal abuse of ephedra-based diet pills in a few high-profile cases has ended up causing a complete FDA ban on use of ephedra in diet formulations. Some practitioners have sworn by these products, and there is evidence that in the short term, the stimulation afforded by these supplements provided a temporary increase in metabolism along with weight loss. But over time, people can become resistant to the effects, and will need to stay at the artificially high level in order to maintain weight loss. And long-term use, or use of higher doses, also raises the risk of serious side effects, including heart at-

tack and stroke—particularly in stimulant-sensitive thyroid patients. Ultimately, while the FDA ban was in my opinion uncalled for, these supplements don't really have a place in a safe, effective, lifelong weight-loss effort for thyroid patients.

■ Especially for People with Hypothyroidism . . .

No matter which plan you choose, when you are following a weight-loss program, there are some particular considerations you need to keep in mind that apply specifically to you as someone with hypothyroidism.

Don't expect to lose weight quickly. Celebrate your resounding *success* if you lose even a pound a week. Do *not* compare your results with anyone else. And *don't* diet with a friend, unless she or he is hypothyroid, too, because you're bound to feel frustrated if you compare your rate of loss to others.

You *have* to exercise. It's not optional. Weight-bearing/muscle-building exercise is critical to raising metabolism. And aerobic exercise helps burn calories. Even if you join a weight-loss center that says you can lose weight without exercise, it's not likely to be true for you.

If you add fiber to your diet, have your thyroid function retested about six to eight weeks after you stabilize at your new level of fiber intake. You may need a change in your dosage of thyroid hormone replacement.

If you lose more than 10 percent of your body weight, it's time to get retested to see if you need a dosage adjustment.

Many thyroid patients report that only when they dramatically cut down on starchy carbohydrates and sugars—eliminating things like bread, sugar, pasta, sodas, and desserts—and limiting carbs mainly to vegetables, with some fruit, are they able to lose weight. While there are thyroid patients who process carbs with no difficulty, and can lose weight on a more old-fashioned food pyramid diet that emphasizes cereals, grains, and bread, they seem to be the exception, rather than the rule.

Hopping on a scale to keep track of weight loss is important, but not as important as keeping track of measurements. Particularly for thyroid patients, who may have more early results in building muscle than in losing pounds, keeping track of your measurements can provide important feedback—and may even provide incentive on those other days or weeks when you don't see much movement on the scale.

■ What If Nothing Seems to Work?

Dana Laake, M.S., R.D.H., L.N., a well-respected preventive and therapeutic nutritionist, speaking at a women's health conference in 1998, was asked a question about the diets that were popular at the time. These included Sugar Busters, which is a low-glycemic diet, the ever-present Atkins diet, and Barry Sears's popular Zone diet. These diets have been criticized by conventional doctors as "radical," too "high-protein," not low-fat enough for weight loss or not balanced enough. Dana gave what I thought was excellent advice:

> *No one diet is necessarily right for you. But if you're not losing weight eating the way you're eating now, change the way you're eating. You can try one of these diets, and see if it has an effect. Then, starting there, you can work your way back toward a healthier, balanced version of that diet.*

This is excellent advice, recognizing that any one diet is not the answer for everyone. Conventional low-fat diets will help some hypothyroid people lose weight. High-fiber diets may be the key for

others. The point is to take a look at whatever way of eating you're following now, and if it isn't working, try something very different, perhaps even radical, and see if that has an effect.

In my case, I had to try 800 calories a day, and Atkins, Zone, low-glycemic, low-carb—you name it, I've tried it, until I figured out after years of trial and error that I lose weight and feel my best on a somewhat low-calorie, controlled-fat, sufficient-protein but definitely low-glycemic diet. I cannot lose weight on an all-you-can-eat Atkins-type diet. If I had to characterize my diet, I'd say it was more like a South Beach or Zone approach, except even more customized for a thyroid patient, as defined in my *Thyroid Diet* book. If I eat bread, rice, pasta, or other starchy/sugary foods, I don't lose weight. I have to eat at least five or more servings of fruits and vegetables a day, and I have to drink a great deal of water, or I don't lose weight. I can eat limited starches, but they have to be high-fiber and must be eaten with protein (such as a high-fiber, high-protein cereal, or a high-fiber bran muffin). My diet doesn't have to be particularly low-fat, but it has to be low in saturated (bad) fats, so that most of the fat, besides that found in fish and lean meat, comes from healthy fats like olive oil, olives, avocados, and low-fat dairy products. And weight loss stalls immediately if I'm not getting in at least three to four hours a week of some sort of exercise. In my case, I prefer strength training and resistance—I go to a local Curves workout place, and work with a mat Pilates trainer.

Your options include diets that are low-calorie, low-fat, low-carbohydrate, low-glycemic, vegetarian, or vegan; aerobic exercise or strength-training exercise; or, the most likely solution—a *combination* of some of the above.

Once you determine that you lose weight on a specific type of diet, such as cutting out all meats, fish, and eggs in a vegetarian diet, or cutting out almost all fat in a very low-fat diet, you have a clue that something about that way of eating works for you and your unique metabolism. Starting from there, you can experiment by

adding back in smaller amounts of the "banned" foods to find a healthy, more balanced version of that diet that works best for you, and by incorporating exercise to enhance your metabolism and weight-loss efforts.

■ ■ ■

A comprehensive approach to losing weight with hypothyroidism, including specialized diet plans, detailed food lists, and recipes, is featured in my book *The Thyroid Diet: Managing Your Metabolism for Lasting Weight Loss*. For more information about the book, see the Web site http://www.GoodMetabolism.com.