CAN ESTROGEN DOMINANCE AFFECT THYROID HORMONES?

Interestingly enough, women that are on estrogen supplements often experience no significant thyroid changes, however about 40 % of these women that were also taking thyroid medication, did experience a reduction in their T4 (thyroxin) levels and did begin to show signs of hypothyroidism.

Dr. Arafah has identified the fact that estrogen therapy has interfered with thyroid medication and can reduce the amount of Thyroxin in the blood stream.

The internet lists the following causes for estrogen dominance.

. Estrogen is high and progesterone is low.

, Estrogen is high and progesterone is normal

. Estrogen is normal and progesterone is low

The internet also lists the three thyroid imbalances caused by estrogen dominance.

1) Estrogen dominance can affect conversion from T4 to T3

2) Too much estrogen can block the availability and use of the thyroid hormones.

3) Estrogen can increase Thyroid Binding Globulin (TBG) and bind the thyroid hormones and cause a state of hypothyroidism.

4) Elevated estrogen is the key component for causing a suppressed immune system and causing autoimmunity to occur.

My clinical studies in canines, felines and humans, indicate that in postmenopausal state that has measures a low estradiol, but are still estrogen dominant, their estrogen dominance is coming from their inner layer adrenal cortex, which is rarely measured, but can be measured as total estrogen.

This elevation in adrenal estrogen comes from the development of a deficient, defective or bound cortisol that is being produced by the middle layer of the adrenal cortex, referred to as the Zona

of a deficient, defective or bound cortisol that is being produced by the middle layer of the adrenal cortex, referred to as the Zona Fasciculata.
Why progesterone therapy seems to help, is because it is converted into cortisol, which funds this negative feedback mechanism to the hypothalamic-pituitary axis.
What happens when the cortisol is imbalanced and cannot fund the negative feedback mechanism to the hypothalamic-pituitary axis?
The hypothalamus will continue to produce its hormone, referred to as CRF, which in turn will stimulate the pituitary gland to release its hormone referred to as ACTH.
Because the cortisol is imbalanced, and can no longer fund the negative feedback to the hypothalamic-pituitary axis, the inner layer adrenal cortex, referred to as the Zona Reticularis, responds in a direct feedback mechanism, producing excessive amounts of adrenal estrogen and androgen.
This is why postmenopausal women can have low amounts of ovarian estradiol and can still be estrogen dominant, because of an excess amount of estrogen that is being produced by rhe inner layer adrenal cortex.
In this instance, being prescribed an estrogen supplement only because of a deficient estradiol could be disastrous.
I have done over 100,000 cases of allergies, autoimmune diseases and cancer in male and female canines and felines after they had their ovaries and testicles surgically excised.
I have also been involved with MD's and their patients that were postmenopausal with low measurable amounts of ovarian estradiol, with huge amounts of adrenal estrogen.
If you Google, The Results of an International Conference of MD Oncologists with my name, you will see some of the results of applying my syndrome and treatments successfully, to three human patients. Two women had metastatic cancer lesions and one had Hashimoto's Syndrome.
Some human laboratories believe that their total estrogen tests, also includes the three ovarian estrogens.
My clinical findings do not support the fact that ovarian estrogen is included in my test results, based upon the fact that my patients have all had their ovaries removed.
It would be easy to determine if other types of estrogen were

patients have all had their ovaries removed.
It would be easy to determine if other types of estrogen were being included with adrenal estrogen in humans, merely by testing estradiol, estrone and estriole, and adding up their total values and comparing them to the results attained by measuring total estrogen.
I have also found that the endocrine system regulates the immune system.
My findings are as follows;
!) it takes a normal amount of cortisol to convert T4 into T3.
2) The elevated adrenal estrogen will cause the following problems;
. It binds the receptor sites for T3 and T4 and causes a state of hypothyroidism, even when the T3 and T4 levels are normal.
, Elevated adrenal estrogen will increase the amount of Thyroid Binding Globulin, which in turn will make T3 ad T4 levels unavailable for use in the patient.
. The elevated amounts of adrenal estrogen will cause inflammation of the endothelial cells that line all the arteries in the patient's body.
NOTE: There is a definite concern about inflammation of the cerebral arteries in patients that have Alzheimer's Syndrome.
. The elevated amounts of adrenal estrogen will cause deregulation of the immune system. When this happens the B-lymphocyte will not protect the body against bacterial infections and will reduce its production of immunoglobulins (antibodies). When this occurs and the mucous membrane antibody, referred to as IgA, is below 58mg/dL in canines and felines and is below 68 mg/ dL in humans, many types of oral medication will not be properly absorbed including prescribed, thyroid medications.
This will be one more reason why an animal or human can be taking recommended amounts of thyroid hormone and can still remain hypothyroid.
. The elevated amounts of adrenal estrogen will also deregulate the T- lymphocyte and reduce its functions to protect the patient against chronic viral, fungal and mold diseases.
. The elevated adrenal estrogen causes the immune system to Also lose recognition of self tissue and this is why

. The elevated adrenal estrogen causes the immune system to Also lose recognition of self tissue and this is why autoimmune diseases may occur.
. As far has cancer is concerned, it is interesting to note that when normal tissue is exposed to estrogen in a Petri dish, the normal tissue will grow in and uncontrolled state.

The time has come for the medical profession to begin testing total estrogen and immunoglobulins, along with whatever other tests they think are indicated.

My testing protocol for possible hypothyroid patients and estrogen dominant patients, involves the following serum tests;

. Total estrogen
. Cortisol
. TSH
. TBG
. Total T3
. Total T4
. Immunoglobulin A
. Immunoglobulin M
. Immunoglobulin G

Hopefully some of my thoughts make sense and will be considered.

Sincerely,

Dr. AL Plechner