



THE SOLINGER METHOD

by Root Health L.L.C.

Hypothyroidism

FUNCTIONAL WELLNESS SUPPORT PLAN

Adult Hypothyroidism

Root Health L.L.C, The Solinger Method

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What Is Hypothyroidism

Hypothyroidism is a state of **insufficient thyroid hormone action at the tissue level**, resulting in slowed metabolic processes throughout the body. This can occur due to reduced hormone production, impaired hormone conversion, poor receptor sensitivity, or inadequate transport of thyroid hormone into cells.

Importantly, hypothyroidism is **not synonymous with Hashimoto's**, although Hashimoto's is the most common cause. A patient can be hypothyroid without autoimmunity, and autoimmune activity can exist before hypothyroidism is measurable on standard labs.

Common symptoms include fatigue, cold intolerance, weight resistance, constipation, dry skin, hair thinning, depression, brain fog, menstrual irregularities, infertility, exercise intolerance, and bradycardia.

Hypothyroidism is fundamentally a **metabolic slowdown**, not just a lab abnormality.

Conventional Medicine Perspective

Conventional medicine typically defines hypothyroidism by elevated TSH and low free T4. Treatment focuses on thyroid hormone replacement, most commonly levothyroxine.

While hormone replacement is often necessary and appropriate, this approach frequently overlooks:

- Impaired T4 to T3 conversion
- Tissue level thyroid resistance
- Nutrient deficiencies affecting hormone action
- Gut and liver contributions to hormone activation
- Stress and cortisol interference
- Why symptoms persist despite “normal” labs

As a result, many patients remain symptomatic even while biochemically euthyroid.

Naturopathic Medicine Perspective

Naturopathic medicine views hypothyroidism as a **thyroid signaling and metabolic efficiency problem**, not simply hormone deficiency.

Key systems involved include:

- Thyroid hormone synthesis
- Peripheral conversion of T4 to T3
- Cellular receptor sensitivity
- Mitochondrial energy production
- Nutrient dependent enzymatic activity
- Gut and liver function
- Stress and adrenal signaling

The goal is to **optimizethyroidhormoneactionat the cellular level** , whether or not medication is required.

Core Pathophysiologic Mechanisms

Reduced Hormone Production



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May result from iodine deficiency, thyroid tissue damage, medication effects, or post inflammatory suppression.

Impaired T4 to T3 Conversion

Driven by inflammation, cortisol dysregulation, insulin resistance, iron deficiency, selenium deficiency, zinc deficiency, and calorie restriction.

Elevated Reverse T3

Occurs during stress, illness, inflammation, or under eating, blocking T3 receptor binding and reducing metabolic activity.

Thyroid Hormone Resistance

Occurs when receptors are downregulated due to inflammation, nutrient insufficiency, or mitochondrial dysfunction.

Gut and Liver Dysfunction

Thyroid hormone activation depends on healthy gut microbiota and hepatic conversion pathways.

Nutritional Strategy

Nutrition for hypothyroidism focuses on **fueling metabolism, supporting conversion, and reducing inflammatory suppression**, not extreme dieting.

Core Nutritional Priorities

- Adequate caloric intake
- Stable blood sugar
- Sufficient protein
- Micronutrient density
- Anti-inflammatory food choices
- Support for digestion and bile flow



Therapeutic Foods to Emphasize

Protein at each meal, targeting 25 to 35 grams per meal. Mechanism, thyroid hormone transport and receptor activity are protein dependent.

Seafood and shellfish. Mechanism, provide iodine, selenium, and zinc necessary for hormone synthesis and conversion.

Eggs. Mechanism, provide iodine, selenium, choline, and fat soluble vitamins that support thyroid and liver function.

Beef liver, used strategically. Mechanism, provides vitamin A, iron, B12, and copper required for thyroid hormone action.

Root vegetables and complex carbohydrates. Mechanism, prevent hypoglycemia driven cortisol spikes that suppress conversion.

Healthy fats. Mechanism, support cell membrane integrity and receptor signaling.

Reduce or Avoid

Chronic calorie restriction. Reduces T3 production and increases reverse T3.

Excess ultra processed foods. Increase inflammation and metabolic suppression.

Excess soy isolates. May interfere with thyroid hormone utilization in some individuals.

Targeted Supplement Support

Therapeutic Adult Dosing

Selenium (Selenomethionine)

Mechanism, required for deiodinase enzymes that convert T4 to active T3 and for antioxidant protection of thyroid tissue.

Dose: 200 mcg daily

Zinc (Glycinate or Picolinate)

Mechanism, supports TSH signaling, thyroid hormone receptor binding, and immune regulation.

Dose: 15 to 30 mg daily

Iron (When Ferritin Is Low)

Mechanism, required for thyroid peroxidase activity and T4 to T3 conversion.

Dose: individualized to labs



Iodine (When Deficient and Autoimmunity Excluded)

Mechanism, substrate for thyroid hormone synthesis.

Dose: individualized, food first when possible

Magnesium Glycinate

Mechanism, supports mitochondrial energy production and stress regulation that affects conversion.

Dose: 400 to 600 mg daily

Tyrosine

Mechanism, amino acid backbone of thyroid hormone synthesis and neurotransmitter support.

Dose: 500 to 1,500 mg daily, away from protein

Activated B Complex

Mechanism, supports energy metabolism, methylation, and hormone signaling.

Dose: one capsule daily

Targeted Herbal Support

Ashwagandha

Mechanism, supports thyroid hormone balance, improves stress resilience, and may improve T4 to T3 conversion.

Dose: 300 to 600 mg daily

Guggul

Mechanism, enhances thyroid hormone activity and peripheral conversion in hypothyroid patterns.

Dose: 500 to 1,000 mg daily

Schisandra

Mechanism, supports liver detoxification and hormone activation pathways.

Dose: 500 to 1,500 mg daily



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Celery Juice Support for Hypothyroidism

Celery juice may support hypothyroidism by improving hydration, mineral balance, digestive signaling, and bile flow, indirectly supporting hormone conversion and metabolic efficiency.

Suggested use is 8 oz fresh celery juice daily, taken in the morning or between meals, with response guiding continuation.

Supplement Access

A complete supplement protocol for Adult Hypothyroidism is available in Fullscript under Protocols, listed by the matching condition name. Individuals can create a free account to access the full recommended list of professional grade supplements and therapeutic adult dosing.

Lifestyle Support That Matters

Adequate sleep is critical for thyroid hormone conversion.

Strength training improves thyroid hormone sensitivity and metabolic rate.

Avoid excessive endurance exercise when hypothyroid.

Stress regulation matters, cortisol suppresses T3 conversion.

When to Dig Deeper

Further evaluation is warranted when symptoms persist:

- Free T3 and reverse T3
- Ferritin and iron studies
- Selenium and zinc status
- Fasting insulin and inflammatory markers
- Gut and liver function assessment

Hypothyroidism improves when **hormone availability, conversion, receptor sensitivity, and metabolic fuel are addressed together**, not when TSH is treated in isolation.

