

Escaping the enemy of our energy and enthusiasm

We are identical twins and we were both diagnosed with hypothyroidism during childhood, one after the other, and prescribed daily thyroxine, which enabled us to regain parallel growth and development. We've told this story in our article *Thwarting the thief of our 'identical twin identity'* at <http://www.thyroidbooks.co.uk/resources/Thwarting+the+thief+of+our+identical+twin+identity.pdf>.

In adulthood, we were both working and getting on with our lives. However, due to blood test results, National Health Service (NHS) doctors had concerns that our thyroxine dose (that we had been prescribed since childhood for our hypothyroidism) was too high.

Therefore, we were informed that our thyroxine treatment had to be decreased. Unfortunately, after a few days on a lowered thyroxine dose, we both began to experience various symptoms.

Despite our worsening symptoms, our thyroxine dose was further reduced in line with further thyroid stimulating hormone (TSH) results to $\frac{1}{2}$ of our original dose. We both suffered from a dry, thickened scalp, breathlessness, cold sensitivity, carpal tunnel syndrome, abnormal endless exhaustion, reduced appetite, headaches, chest pains, back pain, puffiness, tinnitus, nausea, retching and balance problems. Our deteriorating health had a negative impact upon every area of our lives.

Despite the parallel severe deterioration in our health, we were not permitted to have our thyroxine treatment increased because of our TSH blood test results.

It was only when our TSH levels rose well above the reference range indicating hypothyroidism that we were told to partially increase our thyroxine dose to $\frac{3}{4}$ of our original dose.

However, once our TSH levels lowered and re-appeared in the reference range, no further increase in our thyroxine dose was prescribed despite our ongoing symptoms.

On $\frac{3}{4}$ of our original dose, we continued to suffer from the severe symptoms already listed. We both continued to suffer from balance problems and frequent falls.

We also continued to experience weight gain despite a reduced appetite.

Despite this, our low TSH levels meant that our doctors were unwilling to increase our thyroxine dose.

Much time passed before we succeeded in finding a private doctor, to whom we remain thankful, who carried out thorough clinical assessments, studied our blood tests and confirmed that our symptoms were caused by under-treated hypothyroidism.

He prescribed an increase in our thyroxine and over time, our treatment was changed to thyroxine and tri-iodothyronine, then to tri-iodothyronine, then to natural desiccated thyroid (NDT) treatment.

Despite the amazing effects of thyroxine treatment on our health in childhood, thyroxine was no longer tolerable or adequate for our needs in adulthood.

In our case, the optimal thyroid treatment for our individual needs in adulthood was ongoing NDT treatment, which enabled us to recover from the symptoms of severe hypothyroidism thereby escaping the enemy of our energy and enthusiasm namely under-treated hypothyroidism.

We are also grateful to the NHS doctors and endocrinologists who have enabled us to obtain ongoing prescriptions for our NDT treatment via the NHS.

We hope that others with hypothyroidism get a prompt diagnosis from their doctor and are prescribed the thyroid treatment most suited to their individual needs.



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