

# A Thyroid Nightmare

It was the same damn dream.

Laura Marx didn't just *have* a bad dream. She had **the same bad dream**, on a loop, like *Netflix* autoplay, except the algorithm had a cruelty streak. Third night in a row, she bolted upright at **4:14 a.m.**, drenched in sweat, heart hammering at **120 beats per minute**, whispering the world's least comforting mantra: *This isn't real. This isn't real.*

Irv, her husband, rolled over, half-asleep and fully worried. "Same dream?" "Every detail," Laura said, staring at the clock like it had personally offended her.

In the dream, she was driving home from her fitness facility on Route 4 West in Fair Lawn, New Jersey, toward her home in Clifton. There were light snow flurries, nothing dramatic. Laura was a confident driver. Actually, proud of it. She had driven in this weather a hundred times. Then she tapped the brakes ... and her car sped up. "What the —"

She pressed harder. The 328ix BMW surged like it had joined a street race. **40... 50... 60 mph**. She tried pumping the brakes. Nothing. She reached down to yank the floor mat away from the accelerator like she'd seen in a viral video. Still nothing. She couldn't stop. She was weaving around cars, blowing through red lights, searching desperately for a snowbank to sacrifice herself.

"WHERE IS A SNOWBANK?!"

And then ... she woke up. Bad dream, sure. But it wasn't just the dream. The dream was the cherry on top of a two-year sundae of symptoms she couldn't explain and couldn't ignore. Laura wasn't "fragile." She was 36. A Cornell grad with a master's degree from Princeton. She was senior editor for a popular news magazine in New York City. She lived on deadlines, clarity and sharp thinking. And now? She'd read ten pages of a novel and realized she retained **nothing**. Zero. Her brain had turned into a whiteboard someone erased mid-sentence. "I'm not a stupid person," she muttered one morning. "I'm just ... malfunctioning."

She started mixing up her kids' names ... Jason, Jordan, Joshua, like she was hosting her own game show: *Who Am I Yelling At Today?*

"Jason, hurry up!"

"Mom, I'm Jordan."

"Joshua, take out the garbage."

"Mom ... I'm Jason."

At one point she looked at Irv and said, deadpan, "I'm investing in name tags."

Then she started to experience a lack of energy, worse than just "tired mom" tired. Worse than "busy executive" tired. This was the kind of tired where you wake up and feel like you just worked a double shift in a coal mine ... during your sleep. She gained weight. Got constipated. Felt bloated.

Irritable. Down. Shaky. Anxious. And now the nightmares ... always the same one ... always around the same time.

Eventually she did what most responsible adults do when their body starts acting like a haunted house: she booked a physical with her primary care doctor, Dr. Gold.

That day, she and Irv walked into the medical building and saw a sign: **ELEVATOR OUT OF ORDER**. Three flights of stairs. Laura had been a varsity swimmer at Cornell. Stairs should've been no big deal. Instead, by the third floor she nearly collapsed. She was feeling shaking, dizzy and almost felt like passing out.

After waiting for nearly an hour, Laura was ushered into an exam room. Shortly later a physician assistant, who did not introduce herself, appeared, took her vitals, listened to her heart, nodded thoughtfully at regular intervals and offered the kind of reassurance that sounds comforting but means absolutely nothing.

“Dr. Gold will be in shortly.” Laura had already learned that *shortly* was a flexible concept.

When Dr. Gold finally walked in, he smiled like he had all the time in the world, which was ironic, because he gave Laura approximately three minutes of it. Laura, however, always impeccably prepared, presented a comprehensive list of her symptoms. The list included:

- brain fog
- forgetfulness
- dizziness
- anxiety
- exhaustion (*especially in the morning*)
- irritability
- depression
- body aches
- constipation
- weight gain
- hair loss
- occasional rapid heartbeat
- poor exercise tolerance

Dr. Gold was almost dismissive. He explained that most of the test results wouldn't be available immediately. He ordered a standard blood chemistry panel, an EKG and a chest X-ray, carefully noting her symptoms before concluding the visit. Dr. Gold then prescribed a two-week supply of Effexor XR to calm Laura's frazzled nerves. “We'll review everything when you come back in about two weeks,” he said. Two weeks felt like a long time when your heart seemed to be auditioning for a drum solo.

In the meantime, Laura did what most intelligent, frightened people do when left alone with unanswered questions: she worried. She replayed the episode in her head, Googled symptoms at three in the morning and became increasingly fluent in worst-case scenarios. The symptoms were real. The explanations were not.

Two weeks later, she was back again. When she returned, this time the elevator worked, but the appointment still didn't. They waited. And waited. And waited. Almost two hours later Laura was escorted into Dr. Gold's office. Dr. Gold barely glanced up from the chart. "Laura, your tests are normal. Your heart is fine. You had an anxiety attack. I'm prescribing a three-month supply of Effexor XR and Strattera." Laura blinked. "But I've never had anxiety before." "Anxiety can occur unpredictably," he said ... medical language for *Welcome to the club. Nobody knows why.*

Laura looked at Irv as Dr. Gold walked out of the exam room. "Did we just speed-date a doctor?" When she later asked to speak with Dr. Gold about her lab results, the nurse's response was essentially: *Your labs are normal, therefore you're fine. Please enjoy your suffering.* Laura, who had been polite and patient for two years, finally snapped.

As she left the office, she turned to the packed waiting room and announced, "Just so you know, you'll wait two hours to see him and then get three minutes of him ignoring your questions. Good luck!" Then she stormed out.

At home, she looked up the medications. **Effexor XR:** nausea, dizziness, insomnia, constipation, weight gain, sexual side effects. **Strattera:** constipation, dizziness, insomnia, dry mouth, nausea, urinary problems. Laura stared at the screen. Then she stared at Irv. "So basically," she said, "he prescribed me a pharmaceutical scavenger hunt where every prize is a symptom I already have.

That day, because Laura was now living inside a dark comedy, she decided to treat herself to a "day of beauty" at a salon in Montclair. Facial. Massage. Nails. Hair. The whole reset. It cost **\$785**, which is a wildly expensive way to receive empathy, but there, in that chair, the esthetician mentioned something that landed like a flare in the fog.

"My sister had all of that," she said. "Doctors told her nothing was wrong. They gave her antidepressants. She got worse. Then she found out that it was her thyroid." Laura sat up. "Wait. *Thyroid?*"

By late afternoon, she'd found an endocrinologist who took her appointment ... and then took her seriously for about twelve seconds. He saw that her TSH was "normal" and basically told her the Internet was full of hogwash, and that she should stop listening to quacks and "manufactured diseases." Laura left furious and frustrated. She wasn't trying to manufacture anything. She was trying to manufacture a normal morning.

Over the next couple of weeks she bounced around the medical merry-go-round: "It's stress." "It's depression." "Bad genes." "You're fine." At one point, a doctor asked if she thought she had Addison's disease because she dared to mention the word "adrenal." She kept thinking: *So I have to be dying to be taken seriously?*

Then, at her health club, she mentioned her situation to her trainer, Heather. Heather paused and said, "Have you ever seen a naturopathic doctor?" "A ... what?" Heather explained that naturopathic doctors are trained to look for *patterns*, imbalances, root causes like detectives, not prescription dispensers. "I know someone," Heather said. "He helped a client of mine who was really struggling." She gave Laura my name. A few days later my office manager told me a new patient wanted to speak with me first, not just to book an appointment.

“Honestly,” Laura said when I got on the phone, “I don’t really understand naturopathy, but I’m desperate and I’ve heard you actually listen.” I told her, “That’s a solid starting point. Tell me what’s been happening.” Laura gave me the condensed version of two years of misery, topped with a recurring dream about a runaway BMW in a snow flurry.

When she finished, I said, “Okay. Here’s what I’m going to do. I’m going to treat this like a mystery, not a mood disorder.” I explained that my process is thorough: symptom patterns, lifestyle, food triggers, stress physiology, functional blood chemistry and how values relate to each other, not just whether they’re inside a lab’s “normal” range.

Then I asked her to do something deceptively simple: “Take your morning underarm temperature for several days. Same time each morning. Before you get out of bed in the morning. It’s not perfect, but it gives us a clue.”

When she arrived for her appointment, she looked like someone who hadn’t felt like herself in a long time. She had her forms completed, her temperature log, a notepad full of questions and a cautious expression that said: *Please don’t disappoint me like the others.* I brought her right in. No two-hour wait. No three-minute drive-by.

“She scanned my office the way a slightly traumatized patient scans a restaurant bathroom ... looking for signs of trouble. Her gaze landed on the wall: certificates everywhere, including programs from Harvard Medical School and Johns Hopkins. Then she looked at my bookshelves, medical physiology, endocrine texts, internal medicine, nutrition, botanical medicine, biochemistry and psychology. Her shoulders lowered like her body said, *okay ... we might be safe here.*”

“I’m hoping you have the magic bullet,” she admitted. “I’m exhausted, foggy, anxious and bloated. I’ve gained 30 pounds. Am I your worst case?” I smiled. “Laura, there is no single magic bullet and you’re not my worst case. You’re my **most common** case.” Then we got to the evidence.

Her morning temperatures were low ... **mid-94s to mid-96s** and that’s not where you want to live if you’re trying to feel human. Her labs showed a story too: blood sugar dysregulation, lipid patterns consistent with insulin resistance, borderline low markers suggesting anemia, a vitamin D level that was technically “within range” but functionally not where we want to aim, and ... most importantly ... signs that her thyroid *output* and *conversion* weren’t optimal. I walked her through it.

“Think of T4 like a can of soup,” I said. “It can travel between the factory to your supermarket without spilling. T3 is your bowl of soup.” If you have a defective can opener, you’re not going to be able to get enough soup into the bowl. She asked a great question: “If T3 is the active hormone, why doesn’t the thyroid just release T3 instead of T4?” I said, “For the same reason Campbell’s puts soup in cans instead of handing out steaming bowls on the highway, **it travels better and you open it when you need it.**” Laura laughed, and for the first time that morning her face looked like she remembered how.

We also talked stress physiology. I looked at her and said, “Let’s see. Stress risk factors ... executive job, commute to NYC, three kids, a household, high standards, competitive nature ... and you’re a woman. Other than that, you’ve got a totally relaxing life.” She snorted. “Right. Basically I’m a zen monk.”

Then I asked about food. “Food sensitivity?” she said, skeptical. “Not allergy,” I clarified. “Sensitivity. Delayed reactions. Sometimes what you eat quietly pokes your immune system for days.” We did in-office testing and her body lit up around gluten like it had a personal vendetta. I recommended we confirm it with a proper IgG food sensitivity panel, and, in the meantime, remove gluten and shift her diet to low-glycemic.

She asked the question every patient asks at some point: “How come no one told me that before?” I said, “Have you ever had an electrician come to your house?” “Sure.” “Before he left, did you ask him to check your toilet?” “Of course not.” “Right. That’s why you’re not getting nutritional detective work from a conventional doctor.” Laura raised an eyebrow. “Because he isn’t a plumber?” “Jokingly, I answered, now you’re getting it.”

Before she left, we built her plan: gluten-free guidelines, low-glycemic framework, targeted nutrients, adrenal support adaptogens, minerals based on what we suspected and what we’d confirm with testing. I ordered additional assessments and explained exactly why each piece mattered.

She walked out with an actual strategy, something she hadn’t been given in two years and she called Irv immediately. “Irv,” she said, breathless, “I just met a doctor who listens. Like ... for real. He spent nearly two hours with me.” Irv paused. “You just left?” “Yes and I’m dragging you grocery shopping. I have a prescription food list.”

Within a week, Laura felt a shift: clearer thinking, better mornings, less anxiety, weight dropping and her energy was returning. She wasn’t “fixed,” but she was moving in the right direction and after a long time of spiraling, that felt like a miracle.

At follow-up, she walked into my office with brighter eyes and a look that said, *I’m back on the map*. I asked, “How are you feeling?” Laura didn’t miss a beat. “I love you.” I laughed. “That’s kind, but let’s keep it medically appropriate.” She grinned. “My coworkers noticed. My friends noticed. I haven’t had the nightmare in over a week. I’m not 100% but I feel alive again. Is it the gluten? Or is it that custom voodoo herbal formula you made?” I said, “I did chant over the herbs. That part is non-negotiable.”

And then, more seriously: “It’s the pattern. The foods, the metabolism, the stress physiology, the nutrient deficits and the thyroid conversion. We’re getting your system out of survival mode.” Laura nodded slowly, like someone who’d been trying to explain the same pain for years and finally felt heard in a language that made sense. She had spent two years being told she was “fine.” Now she had evidence that she wasn’t crazy ... she was depleted, dysregulated and underpowered. And for the first time in a long time, she wasn’t chasing snowbanks. She was finally getting traction.