ASCETIC WOMEN

THYROID & METABOLISM / FIELD GUIDE 02

The Ascetic Women Thyroid & Nutrition Guide

Food, supplements, blood tests and the claims worth questioning—without turning symptoms into a self-diagnosis.

WHAT MATTERS, WHAT INTERACTS AND WHAT TO TAKE TO YOUR GP

FIRST EDITION · AUGUST 2026

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READ THIS FIRST

A useful guide needs clear boundaries.

This guide is general education for adults in the UK. It cannot diagnose a condition, interpret your personal blood results or replace a GP, pharmacist, dermatologist, endocrinologist or registered dietitian. Product names and examples are included only to help you ask better questions.

Get urgent help when needed
Call 999 for a life-threatening emergency. Use NHS 111 for urgent advice. Seek prompt clinical help for severe or rapidly worsening symptoms, difficulty breathing, chest pain, fainting, or a fast/irregular heartbeat.

What this guide does

- separates common patterns from medical diagnoses
- turns broad advice into a practical next-step checklist
- flags where supplements and online claims can create risk
- shows when self-care is reasonable and when to speak to a professional

01

MAP

Inside this guide

01 / START WITH THE RIGHT QUESTION

Symptoms can suggest a problem. They cannot prove one.

02 / BLOOD TESTS WITHOUT THE FOG

Know what the test is for—and what it cannot tell you alone.

03 / THE FOOD FOUNDATION

Eat to cover needs—not to chase a thyroid ‘hack’.

04 / IODINE & SELENIUM

Two thyroid nutrients with a narrow line between useful and unnecessary.

05 / MEDICINE TIMING

Consistency beats a complicated supplement schedule.

06 / SUPPLEMENT DECISION SCREEN

Five questions before you buy anything ‘for thyroid support’.

07 / 7-DAY NUTRITION AUDIT

Look for gaps before adding pills.

08 / GP REVIEW CHECKLIST

Turn ‘I feel off’ into a clear clinical conversation.

Use it actively
Mark the pages that match your situation, complete the trackers and take the final appointment checklist to your GP, pharmacist or relevant specialist.

02

START WITH THE RIGHT QUESTION

Symptoms can suggest a problem. They cannot prove one.

Fatigue, weight change, low mood, hair loss, constipation, anxiety and menstrual changes can occur with thyroid disease—but also with iron deficiency, sleep problems, medication effects, menopause, pregnancy-related changes, mental health conditions and many other causes.

Pattern	Commonly discussed symptoms	Next step
Possible underactivity	Fatigue, cold sensitivity, constipation, weight gain, dry skin/hair, heavy or irregular periods	Discuss the whole pattern with a GP; diagnosis needs blood tests
Possible overactivity	Heat sensitivity, sweating, tremor, anxiety, palpitations, weight loss, loose stools, disturbed sleep	Arrange clinical assessment; urgent help for severe symptoms
Neck change	Swelling, pressure, voice change or difficulty swallowing	Seek medical assessment rather than using supplements
Symptoms despite treatment	Persistent fatigue, weight or mood concerns	Review adherence, interactions, tests and alternative causes with a clinician

Do not diagnose from a symptom checklist
NICE guidance bases assessment on clinical context and thyroid function tests. Reference ranges vary by laboratory, age, pregnancy status and testing method.

03

BLOOD TESTS WITHOUT THE FOG

Know what the test is for—and what it cannot tell you alone.

Test	What it contributes	Important limit
TSH	A pituitary signal that helps guide thyroid assessment	Needs interpretation with symptoms, context and sometimes FT4/FT3
FT4	Measures unbound thyroxine available in blood	A single result should not be interpreted in isolation
FT3	May be useful particularly in suspected hyperthyroidism	Not routinely the only test for hypothyroidism
Thyroid antibodies	Can support an autoimmune cause in selected situations	A positive result does not replace thyroid function testing or clinical review

Before the blood draw

- Tell the clinician about pregnancy, trying to conceive or recent childbirth.
- List medicines and supplements—including biotin, iodine/kelp, iron and calcium.
- Ask whether any supplement should be paused before testing; do not stop prescribed medicine without advice.
- Use the same laboratory where possible when monitoring trends, because methods and ranges can differ.

Numbers need context
This guide deliberately does not give a ‘perfect TSH’. Your report’s range and your clinician’s interpretation are more useful than a screenshot from someone else’s results.

04

THE FOOD FOUNDATION

Eat to cover needs—not to chase a thyroid ‘hack’.

There is no single thyroid diet. A useful baseline is regular meals, enough energy, adequate protein, fibre-rich carbohydrates, a range of fruit and vegetables and reliable sources of key micronutrients. Restriction can create deficiencies and make fatigue, hair loss and menstrual disruption harder to interpret.

Need	Food-first examples	Practical note
Protein	Fish, eggs, dairy, lean meat, tofu, tempeh, beans and lentils	Distribute across meals; needs vary with body size and goals
Iodine	Fish, dairy and some fortified foods	Plant drinks vary—check the label; more is not automatically better
Selenium	Fish, meat, eggs, grains and some nuts	Brazil nuts vary greatly in selenium; do not use them as a precise dose
Iron	Meat, pulses, fortified cereals, tofu and leafy greens	Heavy periods and restrictive diets may increase risk; test before high-dose treatment
Vitamin B12	Animal foods and fortified plant products	People eating fully vegan may need a reliable supplement
Vitamin D	Sunlight, oily fish, egg yolk and fortified foods	UK guidance recommends considering a daily supplement in autumn/winter

Avoid crash diets
Rapid weight loss and low energy availability can affect mood, periods, training recovery and hair shedding. They also make it harder to know which symptoms come from thyroid disease and which come from under-fuelling.

05

IODINE & SELENIUM

Two thyroid nutrients with a narrow line between useful and unnecessary.

Iodine: enough matters; excess can also alter thyroid function

The thyroid uses iodine to make hormones. NHS guidance says most people should be able to obtain what they need from a varied, balanced diet and warns that high doses over long periods can change thyroid function. Kelp and seaweed products can have unpredictable iodine content.

Selenium: biological role does not equal automatic benefit

Selenium is involved in thyroid hormone metabolism, but that does not mean every person with symptoms should supplement it. Evidence for routine high-dose use is not strong enough to treat it as a default. Excess can be harmful.

Claim	Better interpretation
‘Iodine boosts a slow thyroid’	Only deficiency is corrected by iodine; excess may worsen or trigger thyroid dysfunction in susceptible people
‘Kelp is natural, so dosage does not matter’	Natural products can still deliver high or inconsistent iodine amounts
‘Selenium lowers antibodies, therefore it cures Hashimoto’s’	A biomarker change is not the same as symptom improvement or a cure
‘Stack iodine + selenium + tyrosine for metabolism’	This is not a substitute for diagnosis or prescribed treatment

If you already have thyroid disease
Discuss iodine or kelp supplements with your GP, endocrinology team or pharmacist before using them, especially during pregnancy or when taking thyroid medicine.

06

MEDICINE TIMING

Consistency beats a complicated supplement schedule.

Levothyroxine absorption can be affected by food, caffeine and several medicines or supplements. NHS advice is to take it consistently, usually 30–60 minutes before the first meal or caffeinated drink, and to separate it from calcium-rich foods and calcium/iron supplements as advised by your prescriber or leaflet.

Item	Why it matters	Action
Coffee / tea	May reduce absorption when taken too close	Follow NHS and product instructions; build a consistent gap
Calcium or iron supplements	Can bind or reduce absorption	Ask how many hours to separate; NHS guidance commonly uses a four-hour gap
Antacids and some stomach medicines	May affect absorption	Check with a pharmacist rather than guessing
Soya and high-fibre changes	May alter absorption in some people	Keep intake consistent and mention major diet changes at review
Biotin	Can interfere with some laboratory assays	Tell the clinician and laboratory before thyroid blood tests

Never adjust the dose from symptoms alone
Feeling tired after a poor week of sleep is not a reason to change thyroid medicine. Dose decisions should use symptoms, blood tests and clinical context.

07

SUPPLEMENT DECISION SCREEN

Five questions before you buy anything ‘for thyroid support’.

1. What problem am I solving?

A diagnosed deficiency, a clinician-identified risk, or a vague promise of ‘metabolic support’? Only the first two give you a clear way to judge value.

2. Could it interfere with medicine or tests?

Check iodine/kelp, calcium, iron, magnesium, biotin, stimulant ingredients and herbal blends with a pharmacist.

3. Is the dose transparent?

Avoid proprietary blends that hide quantities, and be cautious when one product duplicates nutrients already present in a multivitamin.

4. Does the seller promise treatment?

A food supplement should not claim to diagnose, prevent, treat or cure thyroid disease.

5. What is my stop rule?

Define when you will reassess, what outcome matters and which adverse effects mean you stop. An endless subscription is not a health plan.

High-risk wording
‘Replace your medication’, ‘reverse Hashimoto’s’, ‘heal your thyroid’, ‘melt fat by raising T3’ and ‘works without blood tests’ are reasons to leave the page.

08

7-DAY NUTRITION AUDIT

Look for gaps before adding pills.

Day	Protein at 2–3 meals	Fruit/veg variety	Iodine source	Iron/B12 source	Medication timing consistent
Mon	☐	☐	☐	☐	☐
Tue	☐	☐	☐	☐	☐
Wed	☐	☐	☐	☐	☐
Thu	☐	☐	☐	☐	☐
Fri	☐	☐	☐	☐	☐
Sat	☐	☐	☐	☐	☐
Sun	☐	☐	☐	☐	☐

At the end of the week

- Circle patterns, not isolated meals.
- Choose one food-based improvement for the next week.
- If a nutrient gap is likely because of vegan eating, heavy periods, pregnancy or a medical condition, ask for tailored advice.
- Do not use the audit to change prescribed medication.

A useful goal
Make the routine easier to repeat: one reliable breakfast, two balanced lunch options, two dinners, and a medication schedule that fits your real morning.

09

GP REVIEW CHECKLIST

Turn ‘I feel off’ into a clear clinical conversation.

Bring

- a symptom timeline, including periods, pregnancy/postpartum changes, sleep and weight trend
- all medicines and supplements with doses and timing
- previous thyroid results and the laboratory reference ranges
- family history of thyroid or autoimmune disease
- your usual levothyroxine routine, missed doses and food/supplement timing if treated

Ask

- Which thyroid tests are appropriate in my situation, and when should they be repeated?
- Could iron deficiency, B12, vitamin D, sleep, menopause, medication or another condition explain some symptoms?
- Is my medicine timing likely to affect absorption?
- Should I avoid or stop any iodine, kelp, biotin, calcium or iron product before testing?
- What symptoms should trigger urgent review?

Pregnancy changes the stakes
If you are pregnant, trying to conceive or recently postpartum and have thyroid disease or symptoms, contact your GP or maternity team promptly. Treatment targets and monitoring may differ.

10

REFERENCES

Primary UK sources used for this edition

Accessed August 2026. Guidance can change; use the live links for the latest version.

NICE NG145 — Thyroid disease: assessment and management
https://www.nice.org.uk/guidance/ng145

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