

Thyroid Summary Sheet

Hyperthyroid Symptoms:

Racing heart or increased heart rate, nervousness, tremor, dizziness, shortness of breath, chest discomfort, increased problems sleeping, excessive weight loss, excessive sweating, and elevated basal temperature over 98.2. **Dr. Broda Barnes said if the basal temperature went over 98.2 an immediate reduction in therapy is indicated.** In his case he reduced the desiccated porcine thyroid.

Hypothyroid Symptoms:

Fatigue, morning headaches that wear off during the day, increase in weight, sensitivity to cold (rule out anemia and atherosclerosis), dry brittle hair, hair that falls out easily, dry, scaly or itching skin, reduced initiative, mental confusion, poor memory, low axillary temperature (below 97.8), muscle cramps at rest, reduced immune function, edema especially facial (myxedema), constipation, loss of outside portion of eyebrows, breast, ovarian or uterine cysts/fibroids, increase in serum lipids, increase or decrease in blood pressure, tinnitus, impaired hearing, depression, premature grey hair, red hair, type 1 diabetes, B-12/folate anemia, and vitiligo.

Adrenal Function

Additional symptoms of adrenal deficiency include feeling hot all the time, palpitations, low blood pressure (systolic of 100 or less), very slender build, dizziness (especially on standing up quickly), severe allergies, anxiety and feelings of impending doom, hypoglycemia, arthritis, weakness and fatigue after exercise. There is an overlap between the symptoms resulting from hypothyroidism and adrenal insufficiency. Sometimes it is necessary to support the adrenal glands and thyroid simultaneously.

Fine Turning Laboratory Numbers

IF symptoms are present, (see above) use the TSH to help determine if the pituitary is under-stimulating the thyroid or if the thyroid is underperforming. If the pituitary is under-stimulating, use **Cytozyme-PT/HPT** 2 tid and **Thyrostim** 2 tid. If the Thyroid is under performing, use **GTA** if the TSH is under 10 at 1-3 at morning and noon. If the TSH is over 10, use and **GTA-Forte II**. Start with 1 in morning and 1 at noon. Increase monthly as testing and symptoms dictate. When supplementing with any form of thyroid supplementation or medication make sure adequate amounts of iodine are present to prevent breast and uterine problems. Enhancing thyroid functions will utilize bodily stores of iodine which are also needed for healthy breast and uterine function. Fluoride, chlorine, bromine which are abundant in our food supply will deplete natural levels of iodine in the body. Remember, when you increase the metabolic functions of the thyroid, more iodine will be needed; and we don't want to compromise the breast and uterine tissue by increasing metabolism.

IF... Free T4 is below the lab median or reference range, use Liquid Iodine Forte 60 drops or one tablet of **Iodizyme-HP Forte** to supply iodine and **L-Tyrosine 500** mg three times a day between meals.

IF... Free T4 is above the median line and Free T3 is below the lab median or reference range use this in case of under conversion of T4 to T3: use **Meda-Stim** 2 tid to help balance conversion from T4 to T3. Meda-Stim provides Krebs cycle nutrients, antioxidants and the historically used botanicals sage and pellitory-of-the-wall. Use 2 tid.

Dietary Suggestions:

Eliminate refined carbohydrates, dairy, gluten and processed foods. Reduce total daily carbohydrate intake if the patient is overweight to 60 gram or less. Eliminate food in the cabbage family, soy, red clover, the skin from poultry, fatty beef, cosmetics containing estrogen and millet. Use only pure water (no well or city water). Increase oil and quality protein. If an increase in dietary protein causes gas and/or bloating, add **Betaine Plus HP** at 1 capsule in the middle of the meal (increase every third day until the patient experiences a slight burning in their stomach and then reduce).

Additional Notes and Support Nutrients to Consider:

Selenium 200-400 mcg: **Se-Zyme Forte** provides 100 mcg of a food based selenium.

Iron - make sure ferritin is over 100 for men and 130 for women but under 200. **Fe-Zyme** provides 25 mg of iron as well as 8 mg of zinc and 2 mg of copper.

Iodine/ Iodide - **Iodizyme-HP** 1 tablet per day supplies 12.5 mg.

EFAs for cell membrane integrity. **Optimal EFAs** is a mixture of organic GLA, ALA and EPA/DHA from small fish. Use 3 capsules, twice a day

Magnesium 600-1000 mg - **Mg-Zyme** supplies 100 mg of aspartate, gluconate and glycinate, **Aqua Mag-CI** supplies 200 mg per tsp. (Due to a salty taste it must be mixed with juice to increase patient compliance.)

Porcine glandular: Biotics Research has the only porcine glandular on the market called **GTA**. **GTA by law has to have the thyroxine** removed; however, it has many of the co-factors necessary to feed the thyroid and enhance physiology. **GTA** has 5 mg of porcine thyroid with trace amounts of selenium, rubidium and SOD and catalase, **GTA-Forte II** has 20 mg of porcine thyroid with zinc, selenium, copper, rubidium, with SOD and catalase.

Dr. Broda Barnes used 1 grain or 60 mg and added ½ grain or 30 mg every month until the patient bloomed. Dr. Starr found out that sometimes the recommendation of desiccated porcine thyroid made patients worse. This may happen to patients with severe allergies, chemical sensitivities and chronic pain. These were the patients that needed the therapy the most and yet due to toxins and nutrient deficiencies patients would have an aggravation of symptoms. At these times therapy would have to be reduced and then a detox would be instigated. You see, environmental toxins interfere with thyroid as well as other hormonal functions. If the receptor sites of the cell are already full or blocked, then the body will signal a heightened or alarmed state. Therapeutically we need to explain the process and go back to the basics of clean food and some form of detoxification. The detox reaction will free receptor sites and enhance cellular function. With several patients I have seen low levels of free T3 as part of their clinical picture. These patients chose to start with a detox program and have been happy to see that free T3 levels returned not only to normal but to their optimal levels.

T4 to T3 Inhibitors

Nutrient Deficiencies

- Iodine
- Iron
- Selenium
- Zinc
- Vitamin A
- Vitamin B2
- Vitamin B3
- Vitamin B6
- Vitamin B12

Medications

- Amiodarone
- Beta Blockers
- Birth Control Pills
- Iodinated Contrast Agents
- Lithium
- Methimazole
- Phenytoin
- Propylthiouracil
- SSRI
- Theophylline

-
- | | |
|--------------------------|-----------------------------|
| ● Aging | ● Growth Hormone Deficiency |
| ● Alcohol | ● Hemochromatosis |
| ● Alpha-Lipoic Acid | ● Lead |
| ● BPA | ● Low Adrenal State |
| ● Chemotherapy | ● Mercury |
| ● Cigarette Smoking | ● Pesticides |
| ● Cruciferous Vegetables | ● Soy |
| ● Diabetes | ● Stress |
| ● Fasting | ● Surgery |
| ● Fluoride | ● Radiation |