

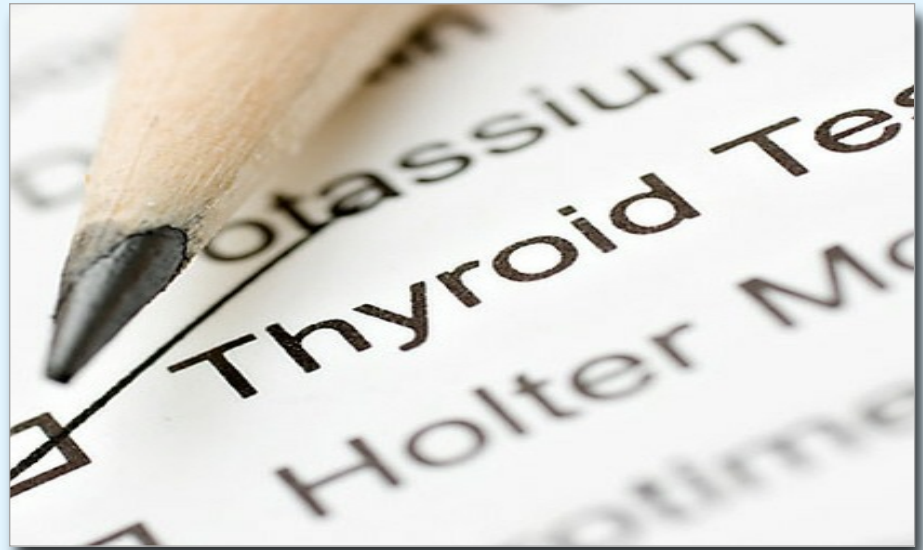
Therapeutic Evaluation Of The Thyroid

"I realize thyroid evaluation is controversial but I have seen dramatic results following this therapeutic line of thinking."

A related Tuesday Minute discusses the profound effect that the thyroid gland has upon metabolism and that lab tests are not always the best way to diagnose the problem. That doesn't mean that we can't use lab tests but we can't rely on them exclusively.

So how can we use the lab to our advantage? My thanks to Dr. Harry Eidenier for his insights and over 30 years experience on this subject. I realize thyroid evaluation is controversial. So right off the bat, I may be stepping on some sacred cows in this discussion. But I can tell you, I have seen dramatic results following this therapeutic line of thinking, both with my patients and the doctors I have shared these ideas with.

First, we look at the patient and see if they have the symptoms. If they don't have the symptoms, we are not going to get microscopic and try to manipulate lab



numbers by using nutrients. We won't discuss all the symptoms here, but fatigue, mental confusion, myxedema, inability to lose weight and feeling cold are probably the big ones. You can see below for an expanded list.

If people have three or more symptoms, the thyroid is probably involved. But here's the million dollar question, "What is causing the imbalance?" Is the thyroid underperforming? Is the pituitary giving the thyroid enough stimulation? Is there an adrenal piece to

the puzzle? Or "Is there a receptor site issue?" as outlined in Dr. Mark Starr's book Hypothyroidism Type 2. If the symptoms are present, the laboratory can be helpful to discern which aspect to focus on.

I always look at Free T4, Free T3 and TSH. Remember lab normals are created using sick people. So I want to be at the upper end of the lab range. For example; if the lab ranges for Free T3 is 2.0 - 4.0, the median is obviously 3.0. I want my levels to be above 3.0. So here's how I look at the

numbers. If the Free T4 is low, either below the lab range or below the median point, then provide the factors necessary to make T4, namely iodine and L-Tyrosine. Thyroxine or tetraiodothyronine needs 4 molecules of iodine and 1 molecule of tyrosine. Our society is so saturated with anti-iodine chemicals like chlorine, fluoride and bromine that it makes sense to provide iodine.

T4 is converted to T3 or triiodothyronine. Most of this conversion is done by the liver and kidney but T3 is what the cells utilize. A small amount of a substance called reverse T3 is also produced. Elevated levels of reverse T3 have been associated with elevated cortisol and / or the liver's inability to break it down. If the reverse T3 is elevated, cellular levels of T3 will be lower. This is the value of using the Free T3 to gain a clearer picture of what is available to the cells.

The ratio of T4 to T3 is roughly 20 parts T4 to one part T3. But T3 is at least 3-4 times more active. Selenium, iodine, B vitamins for Krebs cycle function and essential fatty acids for cell membrane function are important for the T4 to T3 conversion process.

As a side note, if the cell membranes are not healthy, it will be more difficult for the lipophilic thyroid hormones to enter the cells. I have used Meda-Stim as a foundation for the conversion of T4 to T3 and Optimal EFAs to support cell membrane health.

Now here is where we get controversial. Let's consider the TSH, thyroid stimulating hormone. Think about this before you answer. If the TSH is below 2.00 "in the presence of hypothyroid symptoms," that's the key phrase let me say that again... "in

the presence of hypothyroid symptoms," what does that tell you? Hypothyroid symptoms with a low TSH, is the body screaming for more metabolic juice but the pituitary is not responding.

In other words, it is not stimulating the thyroid to make more thyroxine. It's like the pituitary is sluggish. So we feed the pituitary the nutrients and co-factors it needs to work properly. I use Cytozyme-PT/HPT. Each tablet is 40 mg of an ovine pituitary/hypothalamus blend. I also use Thyrostim which provides broad spectrum support for healthy thyroid and pituitary function.

Now let's consider an elevated TSH. The American Association for Clinical Chemistry suggests that the upper range of TSH should be 3.00. The pituitary hormones are screaming to the thyroid "come on, come on, let's have some juice." But the thyroid is too tired or just plain burned out. So if the patient has hypothyroid symptoms and their TSH is 3.00 or greater, start supporting their thyroid with GTA which contains porcine thyroid tissue as well as rubidium and selenium.

I have prepared a summary with more specifics but I think you have the concept. Use optimal values for Free T4 and T3 and use the TSH as a means to determine if we are looking at a tired pituitary, less than 2.00; or sluggish thyroid, greater than 3.00.

This may seem a little complicated if these concepts are new, but believe me it is well worth your effort to understand this fine tuning.

Thanks for reading this week's edition. I'll see you next Tuesday.