THE TUESDAY MINUTE

IT'S TIME TO FEEL GOOD AGAIN

THIS WEEK'S TOPIC

Thyroid Treatment Clinical Pearls

"We can always add nuances to any therapeutic program; and I'm hopeful these clinical pearls help you fix the tougher thyroid function cases."

Dr. David Brownstein estimates over 40% of Americans have suboptimal thyroid function. We can always add nuances to any therapeutic program, so let's build on previous discussions about this subject. Hopefully these clinical pearls I learned from Dr. Harry Eidenier and Dr. David Brownstein will help you fix the tougher cases and understand the byproducts of restoring normal physiologic function.

For example, we've found clinically that when you place a patient on correct thyroid support, their basal metabolic rate increases and as a result of this, their utilization of minerals increases dramatically. In other words, they begin to utilize them correctly rather than storing them in soft tissue, arteries, the intercostal spaces, the aorta, etc.

Very often if the patient was calcium or magnesium insufficient when you began treatment for the thyroid, and aches and pains were present, they will exacerbate. Iron and copper (Fe/CU) free Multi Mins at 3-5 tablets twice a day will generally take care of the aches, pains and cramps in a week or so.

Here are two cases that you may not associate with hypothyroidism: sleep apnea and elevated homocysteine. The Southern Medical Journal connected sleep apnea and thyroid hypofunction many years ago. In this report once the thyroid hypofunction was resolved, the sleep apnea resolved. Not all cases of sleep apnea are thyroid related, but before you refer the patient, check out thyroid function.

Homocysteine, known as homocystinuria is an indication of B complex deficiency, mainly, folate, B-12, B-6, betaine and recent information indicates certain gene types need B-2 as well. There is a strong correlation between thyroid hypofunction and increased levels of homocysteine. Obviously when homocysteine is increased, dietary changes and supplementation with Bio-B Complex and Beta-TCP is certainly required.

By the way, the Beta-TCP is used for the betaine, also called trimethylglycine. Some companies use the term beta

and some use the term trimethylglycine, however both are betaine.

The betaine used by Biotics Research is concentrated from organic beets. Bottom line, when you find an increase in homocysteine always check for thyroid hypofunction and when you find thyroid hypofunction, always check for an increase in homocysteine.

The conversion from T-4 to the active molecule T-3 is dependent upon selenium, iodine, glutathione, zinc, copper and a host of other nutrients and this is why Biotics Research put Meda-Stim into their line. The product Meda-Stim is used to assist with the T-4 to T-3 conversion. Some doctors have called it "one of the best supplemental products available in the country."

Also, remember that excess cortisol and use of exogenous estrogen will to some degree, interfere with the conversion of T-4 to T-3, therefore any patient with adrenal cortical hyperfunction or any patient on exogenous estrogen should be checked to determine if they are making the T-4 to T-3 conversion. A common pattern seen with under-conversion is a free T-4 above the midline of the lab range with a free T-3 below the midline of the lab range. When this pattern is present, Meda-Stim is needed.

You can see an expanded list of the factors that block this conversion below in the thyroid summary sheet.

Here's a clinical pearl especially useful for resistant cases. Dr. George Goodheart years ago found that cellular resistance to T-3 can often be overcome with RNA using Nuclezyme-Forte at 2 capsules, three times a day or in some cases with riboflavin using Bio-GGG-B at 2 capsule, three times a day.

Another reason why patients may not respond to the appropriate treatment is thyroid hormone resistance. Their lab tests are normal but still have hypothyroid symptoms. In other words their Free T4 and Free T3 are above the lab median so the conversion from T4 to T3 has been made but somehow the receptor sites have been blocked. This could be caused by competitive binding of the receptor sites.

Here are some of the factors causing competitive binding and thus thyroid resistance: Bisphenol A, found in many plastics and reusable water containers (a study of 394 adults detected BPA in 95% of urine samples); perchlorate, found in ground water; triclosan, used as an anti-bacterial, antifungal agent in soaps, toothpaste, skin care products, and fabrics (detected in 75% of urine samples especially those with the highest income); PCBs, outlawed in 1979 due to their half life are still in the environment; PBDEs (polybrominated diphenyl ethers), not outlawed and are used as flame retardants in carpet, foam and building materials (detected in meat, fish, vegetables, dairy products, indoor air and household dust).

Have you ever had a patient that had all the hypothyroid symptoms and you put them on a detox knowing full well that after the detox you would address their thyroid? Surprisingly their symptoms and lab tests were normal after the detox. The detox process re-sensitized the receptor sites and their own thyroid hormones worked better. Never underestimate the value of clean food and water and an intentional avoidance of household toxins. I've even seen diabetes patients need less glucose support after a detox.

So if you're doing all the right things and patients are still not better, find a way to implement the 3-Step Detox from Biotics.

Lastly, feel free to add the summary sheet below to your files. For those tougher thyroid cases, the nuances we've discussed can be helpful.

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