

Hypothyroidism - The Underdiagnosed Epidemic By Ward Dean MD and Jeff Charles

Why physicians won't prescribe its safe inexpensive cure and the dilemma physicians face when prescribing natural thyroid hormone.

One of the most common (but often undiagnosed) causes of a variety of seemingly unrelated symptoms, is that of underactive thyroid function, or hypothyroidism. Dr. Broda Barnes, a brilliant, intuitive physician and scientist, estimated that 40% of the adult population suffered from this condition.

Hypothyroidism- the clinical picture

Some of the most common symptoms caused by hypothyroidism include poor concentration, mental confusion, memory disturbances, cold hands and feet, overweight, difficult weight loss, menstrual problems, dry skin, thin hair, and low energy levels.

Other symptoms include migraine headaches, hypertension, depression, hypoglycaemia, atherosclerosis, diabetes, infertility, and even acne. In his book, Hypothyroidism: The Unsuspected Illness, Dr. Barnes described over 47 symptoms that may be related to poor thyroid function.

Hypothyroidism- the diagnostic failures

Although many people exhibit symptoms of hypothyroidism, they usually don't receive treatment for this condition if they have normal blood test readings.

Their physicians often tell them that their symptoms are due to other causes or that their problem is "all in their head". I have known many patients who were referred to psychiatrists to treat their so-called "psychosomatic" problems. However, when they were later given thyroid replacement therapy, they improved dramatically.

Hypothyroidism- a better way

In the 1940s, Dr. Barnes realized that the blood tests were usually inaccurate.

Consequently, he developed a simple test to confirm suspected low thyroid function using an ordinary thermometer.

He found that normal underarm or oral temperatures immediately upon awakening in the morning (while still in bed) are in the range of 97.8 to 98.2 degrees Fahrenheit. He believed that a temperature below 97.8 indicated hypothyroidism; and one above 98.2, hyperthyroidism (overactive thyroid).

Dr. Barnes recommended that the underarm temperature taken immediately upon awakening be used to diagnose hypothyroidism.

Unfortunately, even today's highly sophisticated tests are no more accurate than the tests used in Dr. Barnes' era.

Therefore, I instruct my patients to take their temperature orally (as opposed to underarm) immediately upon awakening in the morning as a guide to diagnosis and treatment of hypothyroidism.

At the same time I have my patients check their resting pulse rate which should be between 65-75.

If a patient exhibits hypothyroidism symptoms and his temperature is below 97.8 Fahrenheit, I prescribe one grain (60 mg) of Armour Desiccated Thyroid daily.

If no improvement is noted in two or three weeks, I instruct him to increase the dose by another grain.

At each step, we monitor morning temperature and heart rate. If the suspected hypothyroid symptoms are still present and the temperature is still sub-normal, it is safe to continue to increase the dosage provided that the patient's heart rate goes no higher than the mid-70s, and no symptoms of hyperthyroidism are evident. (agitation, anxiety, poor sleep, tremor of hand, palpitations).

Occasionally, it is necessary to go to 5 grains daily (which is full replacement therapy!-- to obtain relief of symptoms.

It is not really necessary to perform periodic blood tests as I believe it is more important to treat the patient rather than treating the blood test. However, the blood tests are wise from a medical-legal perspective.

Treatment of subclinical hypothyroidism with thyroid hormone is very safe. There is little risk of excessive thyroid dosage if:

- (1) the patient feels well;
- (2) the temperature remains below 98.2;
- (3) the pulse is less than 75 beats per minute; and
- (4) the thyroid function tests remain normal. (Note that most hypothyroid patients feel best with sub-normal TSH levels).

Hypothyroidism- why Armour(tm) thyroid?

Synthroid(tm), the most commonly-prescribed hormone for hypothyroidism, contains only one fraction of thyroid hormone T4.

T4 is normally converted by the body into T3, the active form. I believe that many hypothyroid patients are unable to efficiently perform this conversion. Armour(tm) thyroid, on the other hand, is a desiccated preparation of porcine thyroid, containing all thyroid hormone factors T2, T3, and T4. I have found that it is very difficult to provide adequate thyroid supplementation with Synthroid(tm) without causing patients to become thyrotoxic.

On the other hand, most patients who switch from Synthroid(tm) to Armour(tm) thyroid, report that they feel much better with the Armour(tm) product. The dramatic improvements that many of my patients have achieved on thyroid therapy often appear miraculous. It is very gratifying to hear a patient who has suffered for decades express how their lives have been totally turned around by a few cents worth of thyroid.

Unfortunately, most physicians have been bamboozled by the manufacturers of synthetic thyroid hormone (Synthroid(tm)) into thinking that the Armour(tm) thyroid product is an inferior, non-standardized drug. Nothing could be farther from the truth. Most patients who switch from Synthroid(tm) to Armour(tm) thyroid find that they feel much better when taking the Armour(tm) product.

Physician's risk of Thyroid Therapy

Unfortunately, many physicians are reluctant to prescribe thyroid for patients with normal blood tests because of the bias of the medical establishment against treating hypothyroidism using Dr. Barnes' protocol.

In fact, a number of physicians have been censured by their medical boards, and some have even lost their licenses!

For anyone who has any of the hypothyroid-related symptoms listed above, I strongly recommend the books by Dr. Barnes or Dr. Stephen Langer (listed below) for a more comprehensive discussion of this subject.

If you find that you are "reading about yourself," the chances are good that you may be hypothyroid, and would probably benefit by supplementation with Armour(tm) Dessicated Thyroid.

Hypothyroidism- Books

Barnes, B., Galton, L. Hypothyroidism: the Unsuspected Illness. New York: Thorross Y. Crowell Co., 1976.

Langer, S., Scheer, J. Solved: The Riddle of Illness. New Canaan, CT: Keats, 1984.

Signs and Symptoms of Thyroid Deficiency

Hypothyroidism- IAS comments

IAS is currently offering Armour (as described by Dr. Dean) and a desiccated thyroid supplement manufactured by VitOrgan of Germany called Thyrium(tm). VitOrgan was founded in the 1950's by Dr. H. Dyckerdorf; he was the "founding father" of glandular and RNA therapies, and in fact is generally considered to be responsible for the discovery of freeze-drying (so you can think of him every time you drink a cup of instant coffee!) As such, VitOrgan are considered to be the "king" of glandular supplements, having both extensive experience and an extensive range of glandular products. The VitOrgan Thyrium(tm) is a bovine extracted desiccated thyroid supplement in a D6 base. Whilst each tablet is 280mg in size, we estimated that its equivalency to the Armour(tm) thyroid mentioned here by Dr. Dean is "half-a-grain" per Thyrium(tm) tablet. It is interesting to note that the Thyrium(tm) regime suggested by VitOrgan is 1-3 tablets three times a day (after meals and dissolved in the mouth) to treat asthma, migraine, gout and fat loss. VitOrgan suggest that Thyrium(tm) can be used prophylactically every 2-3 weeks for several days at a time. Use for hypothyroidism is probably not suggested, because (like many other countries) the Germans have approved synthetic T3 and T4 thyroid hormones for hypothyroidism, but as VitOrgan state in their Thyrium(tm) insert "the bio-molecular agents regenerate damaged organs and tissue and inspire the body's self healing processes and normalise cell functions.

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Last Updated: Tuesday, August 20, 2002|

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