Thyroid: This is one area where there is some controversy in how traditional medicine does its job. It is also an area where you can get life-changing results with some simple nutrition.

*The British Medical Journal* [BMJ 2000;320: 1332-1334 (13 May)] published research examining how hypothyroidism is diagnosed. The authors concluded that there are indeed flaws with the way that we diagnose hypothyroidism. First of all, the research is lacking that shows us the relative importance of lab tests and symptomatology in diagnosing the thyroid. TSH production is affected by the level of thyroid hormone, but it is also affected by other things. We don’t fully understand how various illnesses affect TSH and the thyroid hormones. There is also a need to consider the possibilities of false positive and false negative results when looking at lab tests related to the thyroid.

Dr. Broda Barnes was a proponent of using basal body temperature to diagnose hypothyroidism. In his book, *Hypothyroidism, the Unsuspected Illness* (Harper Collins Publishers Inc, 1976), he states that hidden hypothyroidism is responsible for many chronic health problems including heart disease, immune system problems and chronic fatigue. He also felt that laboratory tests miss many cases of hypothyroidism.

Barnes developed a way to screen for hypothyroidism using a basal body temperature. It is taken the very first thing in the morning, before there is any movement or activity. The thyroid is the body’s thermostat, controlling metabolism. Body temperature is a reflection of that metabolic activity, and people with underfunctioning thyroids tend to have low basal body temperatures. You can have the patient record his or her basal body temperature for 30 days.

Combining the basal body temperature and information in a health history can give valuable information about how well the thyroid is functioning. The following symptoms are evidence of poor thyroid function. The more symptoms present, the more likely that there is a thyroid problem.

**Possible signs and symptoms**

Below are some of the symptoms of hypothyroidism. All of the symptoms need not be present for the patient to have hypothyroidism. Also, an underfunctioning thyroid can lead to high cholesterol, heart disease and immune system problems.

- Low body temperature. Patient feels cold even when others do not.
- Fatigue
- Lack of motivation
• Poor memory
• Loss of interest in sex
• Dry, itchy or scaly skin
• High cholesterol
• Muscle cramps at rest
• Constipation
• Cysts and fibroids
• Sadness or crying for no reason. This can include women who have this symptom or experience mood swings at certain times during their menstrual cycle.
• Inability to lose weight
• Puffiness under the eyes
• Ankle swelling
• Depression
• Frequent colds

Barnes used the basal body temperature test to determine a possible problem with the thyroid. Patients take their axillary temperature the very first thing in the morning before they get out of bed or even move around. They should even shake down the thermometer the night before (make sure that they use a mercury thermometer, not a digital one).

If the thyroid is functioning properly, the axillary temperature should be between 97.8°F and 98.2°F. Basal body temperature is a useful tool. Patients taking thyroid medication can be screened to see if their temperature is too high from taking too much hormone. You can have a woman take her basal body temperature throughout her cycle and get an idea of estrogen and progesterone levels. If she has excess estrogen, her temperature will be normal at midcycle, but begin to drop as she approaches her period and stays low until a few days after her period stops. If she has low progesterone, the temperature will be higher as she approaches her period and will decrease during her period, approaching normal as the period ends.

The problem with using body temperature as a diagnostic tool is the fact that other things besides the thyroid can be responsible for a low temperature. The good news is that nutrition is a low-risk, high-gain therapy. You have a very good chance of doing the patient some good—even if your diagnosis is not a slam dunk. When you improve someone’s thyroid function, you change his or her life. Even if you are wrong, it is unlikely that you will do any harm.
Using the patients’ symptoms, basal body temperature and looking at their blood tests with new eyes can enable you to effectively treat patients with hidden thyroid problems.

**Lab**

If the patient has a low basal body temperature and many of the symptoms listed above, the lab can help you to get an idea of the source of the problem and to plan a nutritional strategy. If you go to [www.professionalco-op.com](http://www.professionalco-op.com), you can get very good prices on blood chemistries with nationwide drawing stations available. This information and the supplement suggestions have been obtained from the writing of Dr. Harry Eidenier.

- **TSH** If the TSH (thyroid stimulating hormone) levels are lower than 2.0 (in the presence of symptoms and low basal body temperature), it may indicate that the thyroid problem is secondary to hypofunction of the anterior pituitary. This is secondary hypothyroidism. In the absence of symptoms, this is not the case.

- **TSH** If the TSH is greater than 2.0 (in the presence of symptoms), the problem is with the thyroid itself. The higher the value, the more likely that this is the case. When TSH values are 3.0 or more, it is very common for the patient to have symptoms and come into the office saying, “The doctor said my thyroid is fine.” Most doctors won't diagnose the patient as being “borderline” hypothyroid until the TSH gets to be above 7.0.

- **T4** If the T4 is less than the middle of the lab range (in the presence of symptoms and low temperature), there is a good chance that the patient needs iodine and tyrosine.

- **T3** If the T3 (free, total or uptake) is below the middle of the reference range and the T4 is above the middle of the reference range, it is a conversion problem. T4 is converted by the body to the more active form, T3. In the presence of symptoms, this needs to be addressed. The cause can be from too much stress (cortisol), too much estrogen or a lack of nutrients needed for the conversion. Another test, RT3, can show the presence of reverse-T3, which is an isomer of the active form of thyroid hormone. Reverse T3 is not active, and can make the thyroid panel look normal in a patient that has the symptoms of hypothyroidism.

**Supplementation**

1. **TSH>2.0, but <10.0.** Give the patient (adult, 180 lbs) two to three capsules of GTA® at breakfast and lunch (make sure that you are regularly monitoring the thyroid with blood tests if you use GTA®). GTA® is porcine thyroid glandular with the T4 removed (but not the T3). It will change serum values, so watch them. Also give two to three capsules of Optimal EFAs™ with each meal. Give one to two capsules Nuclyzme Forte™ three times each day. Give 20 drops of Liquid Iodine Forte in water (pure water—without chlorine or fluorine) two times each day. This is primary thyroid hypofunction.
2. **T4 is above the midline and/or T3 is below the midline.** This is a problem with conversion. Give the patient (adult) two to four capsules of **Meda-Stim™** with breakfast and lunch (along with the above regimen).

3. **T4 is below the midline of the range.** Give one to two capsules of **L-Tyrosine** twice each day (in addition to the supplementation given in #1).

4. **TSH < 2.0 (with symptoms and low temperature).** This is thyroid hypofunction secondary to anterior pituitary hypofunction. Give one to two tablets of **Thyrostim** three times each day. Give two to three capsules of **Optimal EFAs™** three times each day. If T4 is below the midline on this panel, add 20 drops of **Liquid Iodine Forte** in water (pure water—without chlorine or fluorine) two times each day and one to two capsules of **L-Tyrosine** twice each day.

5. **TSH < 2.0 (with symptoms and low temperature) and T3 is below the midline of the lab range, or low in relation to T4.** Give one to two tablets of **Thyrostim** three times each day. Give two to three capsules of **Optimal EFAs™** three times each day and two to four capsules of **Meda-Stim™** at breakfast and lunch.

One interesting side note is for patients who have been on Synthroid and are still having symptoms; they are usually having trouble converting T4 to T3. The doctor monitoring the levels will usually say that everything is fine. If you give this patient **Meda-Stim™**, they will feel infinitely better because **Meda-Stim™** helps with the conversion from T4 to T3 (the more active form of the hormone).

Of course there is much more to treating thyroid than what is here. There are autoimmune problems and hyperthyroidism. The latter is much more common, and you can get great results with a number of complaints including the following:

- Obesity and trouble losing weight
- Fatigue
- Depression
- High cholesterol
- PMS
- Ovarian cysts
- Uterine fibroids
- Dry skin
- Some headaches (usually one that starts in the morning and fades as the day goes on)

You can also prevent heart disease, miscarriages and improve the IQ of the newborn.