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VIRTUAL LAF CONFERENCE

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SUBJECT: Subclinical Hypothyroidism & LAF

When I posted on the BB about my latest problem, a dysfunction of the thyroid system, I invited further discussion and Hans suggested I post this topic here in the CR.

This examination is not about my particular form of dysfunction, since it is uncommon, but rather, will focus on the very common, subclinical aspect of hypothyroidism (HT) and that fact that many people are walking around undiagnosed.

The reason why this topic is relevant to afibbers is the fact that both diagnosed and subclinical HT can cause atrial fibrillation. (Subclinical means not diagnosed by laboratory tests.) Hypothyroidism can result in reduced heart rate due to the slowing of metabolism…and this could set the AF stage for many people. When the SN rate drops below that of the ectopically firing cells, the ectopics become the drivers--that's how it works for some.

There are at least 50 symptoms that can be indicators of HT. When I compiled the list, I was shocked to see how many of the complaints were similar to complaints BB posters frequently mention. Everyone needs to evaluate the symptom list and compare with their personal profile.

The standard laboratory guidelines for diagnosing HT were revised last year. It is now estimated with these new guidelines for diagnosing HT, upwards of 27 million people fall in this category and about half are undiagnosed. Joseph Mercola, DO, observes that these figures would make thyroid disease more common in North America than diabetes. (1)

The focus of this examination is not necessarily diagnosis by lab numbers, but more importantly, recognizing signs of HT based on physical symptoms, basal body temperature , and even that old, often forgotten physical test, the Achilles Reflex Time. These were the former and reliable methods of evaluating HT before laboratory guidelines took over and patients were diagnosed by numbers. The problem lies where the numbers are in the fringe areas… borderline.

Rather than further assess by physical symptoms and basal body temperature, patients with “normal” thyroid tests are frequently prescribed Prozac for depression, amitriptyline for fibromyalgia, anti-inflammatories for musculoskeletal pain; oral contraceptives for irregular menses; low levels of antibiotics for acne, Viagra for loss of libido; Ritalin for ADD, allopurinol for gout and/or Lipitor for high cholesterol…says
Dr. Daniel W. Hough (2)

Michael T. Murray, N. D. says,“There is much controversy over the diagnosis of HT. Before the use of the blood measurements, it was common to diagnose HT based on basal body temperature (the temperature of the body at rest) and Achilles reflex time (reflexes are slowed in HT).

With the advent of sophisticated laboratory measurement of thyroid hormones in the blood, these ' functional' tests of thyroid activity fell by the wayside. However, it is now known that the blood tests are not sensitive enough to diagnose milder forms of HT. As mild hypothyroidism is the most common form of HT, the majority of the people with HT are going undiagnosed. The basal body temperature is perhaps the most sensitive functional test of thyroid function. The rate of HT increases steadily with advancing age.(3) end quote.

BACK TO BASICS
I view the original works of Broda Barnes, MD, PhD, Alan Gaby, MD, who refined Barnes' work and brought it forward into the current field of alternative medicine, to be the foundation for alternative concepts and HT assessment.

BACKGROUND - DIAGNOSING HYPOTHYROID BY BASAL TEMPERATURE
Broda O. Barnes, M.D. PhD, was a physician-scientist who dedicated more than 50 years of his life to researching, teaching and treating thyroid and related endocrine dysfunctions. He received a PhD on thyroid research in 1933. In his book entitled, Hypothyroidism The Unsuspected Illness, Dr. Barnes described over 47 symptoms that may be related to poor thyroid function. During his many years of research and practice, Dr. Barnes condemned conventional doctors who ignored obvious clinical manifestations of thyroid deficiency.

According to Dr. Barnes: "The development and use of thyroid function blood tests left many patients with clinical symptoms of hypothyroidism undiagnosed and untreated."

In lieu of blood tests, Dr. Barnes advocated that patients measure their temperature upon awakening. If the temperature is consistently below normal ranges, this is indicative of a thyroid deficiency.

Dr. Barnes believed that 40% of the adult population suffers from thyroid deficiency. Based on the percentages of adults now taking prescription drugs to treat depression, elevated cholesterol, high blood pressure and other conditions, Dr Barnes' observations about the epidemic of thyroid deficiency may now be validated. (4)

Alan R. Gaby, MD. has successfully treated thousands of his HT patients by the Barnes' method and assesses them by physical symptoms and basal body temperature, with a slight range modification. We will cover his hormone dosing recommendations in a later section if it is of interest.

Dr. Gaby writes in an editorial for the Townsend Letter for Doctors and Patients, titled "Hypothyroid Heart" that… "heart disease is a well-known complication of clinical hypothyroidism, and there is growing evidence that even subtle thyroid deficiency can promote the development of heart disease. Broda Barnes, MD reported that treatment with thyroid hormone was associated with a dramatic reduction in the incidence of coronary heart disease (CHD). Among 1,569 patients that he followed for 8,824 patient-years, only 4 new cases of CHD were observed, a 94% reduction in the expected incidence of the disease ."(5)

Hans writes in his book on page 62 that "It is well established that both diagnosed and subclinical HYPERthyroidism can cause atrial fibrillation and there is some evidence that both diagnosed and subclinical HYPOthyroidism can, as well." (6) (be sure you go to that section in the book and review the function of thyroid hormones.)

Be aware that if you take this information to your doctor, your findings may fall on deaf ears. You need to be persistent and find a doctor who recognizes that diagnosis is not done by lab numbers alone.

GETTING STARTED
1st – scan the list of symptoms and compare with your own health status.
2nd – if you find several matches, do a basal temperature survey. Instructions follow.
3rd – read some or all of the many reference articles I've provided so you are conversant on the relevance of borderline hypothyroid results.
4th – if you haven't had a thyroid profile recently, while; request one – note specific tests needed –
5th – have your doctor check your Achilles Reflex Time.

HYPOTHYROID SYMPTOMS CHECKLIST
(From a list of close to 50 hypothyroid symptoms, here are a few (2) (7) (8) (9)

· fatigue (most common)
· muscle weakness, excessive sleepiness
· depression
·musculoskeletal pain; fibromyalgia, muscle cramps, vague aches & pains
·low basal temperature
·cold intolerance as being chilly in rooms of normal temperature; internal chilliness
·nervousness, emotional instability, panic attacks
·skin can become dry, cold, rough, coarse and scaly
·difficult to perspire; decreased perspiration or even absent even during heavy exercise and hot weather
·puffy eyelids, edema of face
·constipation
·difficulty in losing weight even when adhering to low-grain diet; weight gain, yet some hypo patients can be quite thin
·palpitations, heart enlargement, poor heart sounds, pain over the heart
·high cholesterol
·slow speech, slow movements
·hair becomes coarse, brittle, grows slowly, falls out
·loss of the lateral third of the eyebrows,
·weak, brittle fingernails
·loss of libido in men, irregular menses in women
·infertility
·recurrent infections
·headaches
·impaired cognition, brain fog, impaired memory, decreased concentration ability
·swelling of the legs (edema)
·vision changes, deafness
·hoarseness

If any of these symptoms ring true for you, it's time to use the most important tool, the basal temperature measurement. Instructions toward the end of this post.

[Remember…. the reason we are looking at this is because SCHT can trigger atrial fibrillation and we are always looking for the cause or etiology of this condition.]

CONTRIBUTING FACTORS OF RELEVANCE IN HYPOTHYROIDISM – a few of many….

·Aging influences the decline of hormone production. This can begin as early as 40 but is more frequently observed after 50.

·Chronic or acute stress including exhaustion imposed by pre-existing, undue stress. Sources may be emotional, physical, head or body injury, chronic allergies or infections, anxiety, poor diet and lack of sleep. (7)

·Trauma as in cervical flexion/extension injuries (whiplash) can damage the thyroid and is thought to be fundamental in the onset of fibromyalgia and chronic fatigue syndrome. (10)

·Nutritional deficiencies – including calorie restriction
·Chemicals – fluoride and chlorine compete for absorption of iodine (critical to thyroid function)
·Alcohol consumption
·Prescription drug interference
·Heavy metals, xenobiotics and ionizing radiation from medical and dental xrays
·Foods (goitrogens) that block thyroid function

Special alert….especially damaging is the contrast dye used in CAT scans – of particular interest to those of us having had ablation. The dye is a heavy iodine content.

(Most of this is covered in The Thyroid Gland: Cures, Fallacies and Fixes, article…. Reference 7 Author Yurkovsky, S)

CHARTING YOUR BASAL TEMPERATURE

1. Keep a log for at least 4 – 5 days – two weeks is ideal
2. Follow the instructions
3. Some doctors think oral temps are just as good as the purist form – axillary (armpit) temp.
4. My doctor says oral is okay and to record it 3 times during the day and early evening. Others say to do it 3 times and also do the basal first thing in the morning.
5. Compare your results to these parameters set by Drs. Broda Barnes and Alan Gaby

Barnes Range - 97.8 (Life Extension uses this as the lowest number)
Gaby Range 97.4

If a temperature is below 97.4 – Gaby considers this hypothyroid.

THYROID SELF TESTING
INSTRUCTIONS FOR BASAL BODY TEMPERATURE
(From Life Extension Magazine – November 2002 and Dr. Gaby's article on Thyroid Hormone in Nutrition and Healing, February 1997.)

A subnormal body temperature is indicative of slow metabolism, which is usually (though not always) caused by hypothyroidism.

Basal temperature represents the lowest temperature of the day, taken in the morning (with a mercury thermometer) before getting out of bed or moving around.

Shake down the thermometer the night before and place nearby. Do not move around any more than necessary. Upon awakening before you get out of bed, put a thermometer under your arm with no clothing between the bulb and your armpit. Lie quietly and leave it there for 10 minutes (use snooze alarm if you wake up to an alarm clock). Just drowse for that time lying still.

If the armpit method is too inconvenient, you can put the thermometer in your mouth for three minutes.
After the appropriate number of minutes take the thermometer out and read it, writing down the result right away.

This is known as your Early a.m. Basal Temperature, and the "normal" should be between 97.8 and 98.2. The reading taken by armpit is somewhat lower and somewhat more accurate than by mouth. If you have a low-grade infection your temperature may read higher than your "normal."

If it is within the range mentioned above, you should repeat the procedure every other day for two weeks. If you are a menstruating female, do it on the 2nd and 3rd day of your period.

If your average temperature over a two-week period is lower than 97.8 to 98.2, you are probably hypothyroid. If it is higher, then you are probably hyperthyroid (or you have an infection somewhere).

(Aside - note that my basal temps have been as low as 96.0 and 96.6….and on some days when the reading was 97.0 it remained stuck at that number all throughout the day regardless of what type of activity I was doing. Jackie)

These are the lab tests my functional medicine MD orders:
TSH high sensitivity
free T3
freeT4
reverse T3
Total T3 and T4
My diagnosis came about from the elevated reverse T3 number.

REVISED GUIDELINES
TSH levels are typically the criteria on which doctors diagnose thyroid dysfunction.

The old guideline range was 0.5 and 5.0
The new, is 0.3 and 3.04

Some doctors have already been using their own range…. Mercola lowered his to 3.0. Dr. Mercola does not rely heavily on basal temperature which is disappointing, since this is a critical and accurate diagnostic tool. He feels that a TSH above 1.5 indicates a strong chance the thyroid gland is not working properly and prescribes thyroid hormones…. always the natural form, Armour Thyroid.

Dr. Gaby prefers to treat by basal temperature and physical symptoms and also prefers to use Armour Thyroid.

Many alternative practitioners prefer to treat hypothyroidism with thyroid supportive nutrients rather than start on hormones right away. Typically if one takes hormones for several years, the gland may cease to function and becomes totally dependent on prescription hormones. Some feel it is better to try to heal with support.

Other interesting findings:

·Fibromyalgia is thought to be a definitely symptom of hypothyroidism.

·Dr. Barnes concluded that the cardiovascular complications of diabetes are due to low thyroid function, not insulin.

·Mary Shoman reports –

·In a survey of a survey of nearly 1,000 thyroid patients that I recently conducted -- the first large-scale quality-of-life survey ever conducted among thyroid patients -- found that more than 50% of respondents reported that they are not satisfied with their thyroid treatment.
.
2. A Thyroid Foundation of America survey found that more than two-thirds of Graves' disease patients continued to suffer debilitating symptoms after treatment and while "euthyroid."

·3. Results of the groundbreaking Colorado Thyroid Prevalence Study Reported on in the February 2000 issue of the Archives of Internal Medicine, found that among patients taking thyroid medication, only 60% were within the normal range of TSH (and again, that was according to the .1 to 5.0-6.0 TSH range). The fact that forty percent of patients, a number that translates to millions of Americans, are already taking thyroid hormone and being treated by a doctor but are still not in TSH range indicates that proper treatment is not…(easy.)

·4. The inadequacy of treatment's ability to relieve symptoms was also addressed in February of 1999 when the February 11, 1999 New England Journal of Medicine published a landmark T3 thyroid drug study that found that the majority of patients studied felt better on a combination of two drugs, including levothyroxine (T4) and T3, and NOT solely levothyroxine/T4 (i.e., Synthroid, Unithroid, or Levoxyl) alone.

Yet levothyroxine alone has been, and continues to be, the "standard-of-care" treatment offered by endocrinologists, and is the AACE's standard treatment for hypothyroidism in their guidelines. The point here is that hypothyroid is difficult to diagnose and can also be difficult to treat, especially when doctors ignore the basic symptoms.(12)

·The authors of The Lancet study stated that, “the emerging epidemiological data begin to suggest that TSH concentrations above 2.0 (mU/L) may be associated with adverse effects.”

The authors prepared a chart based on previously published studies that provide guidance when interpreting the results from TSH blood tests. Here are three highlights from their chart that may be useful in determining what your TSH values really mean: (4)

TSH greater than 2.0
Increased 20-year risk of hypothyroidism and increased risk of thyroid autoimmunity

TSH greater than 4.0
Greater risk of heart disease

TSH between 2.0 and 4.0
Cholesterol levels decline in response to thyroxine (T4) therapy

The end of Part I.

Okay - do your homework and let's compare notes and symptoms that may link some of the AF problems to SCHT. Part II can review thoughts on dosing and supportive nutrients.

Jackie

Biography:
Alan R. Gaby, M.D., an expert in nutritional therapies and the current endowed professor of nutrition at Bastyr University in Seattle, Washington, is past president of the American Holistic Medical Association and Medical Editor of The Townsend Letter for Doctors. He served on the Ad Hoc Advisory Panel of the National Institutes of Health Office of Alternative Medicine.

He is the author of Preventing and Reversing Osteoporosis, Guide to Vitamin B6; and is Co-author of Complete Home Reference to Natural Medicine and, The Patient's Book of Natural Healing Dr. Gaby received his B.A. from Yale University, his M.S. in biochemistry from Emory University, and his M.D. from the University of Maryland.

Along with Jonathan Wright, M.D., he has compiled the Wright/Gaby Research Files, a collection of more than 24,000 scientific papers related to the field of nutritional medicine. He lives in Seattle, Washington.

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Cherie Calbom, MS, http://www.mercola.com/2003/nov/8/thyroid health.htm

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Jackie,

A BIG thanks to all of your ongoing efforts. In the absence of hearing to the contrary, I'm assuming and hoping that you've remained AF-free except for that one rogue episode a while back.

Another interesting topic to which I can personally relate. Just for information/comparative purposes, my own basal temp is always around 96/97-ish, and my TSH last tested at 2.2. So this could well be an issue worthy of redress for me. It's strange..... or perhaps not so strange.... that many of us here have hypothyroid, hypoglycemic tendencies, GERD, stress/adrenal exhaustion etc..... Likely they all - even in a really subclinical sense - conspire to set the stage for AF after enough time has elapsed.

Mike F.

Hi Mike - Thanks for asking - I'm fine in the AF department. I did have a second glitch - a run of AF that lasted for 20 minutes. Have no idea what that was all about.

But I'm still "on probation" with the CCF since the cardioversion... they have me on the suspect list for a second ablation if more events occur.

I'm at a loss to explain or even understand how a malfunctioning thyroid system could override an ablation and create AF. Yet, that is what I think happened. As I shore up the pituitary/hypothalamus/thyroid system with the glandulars, my hope is that AF will fade off into the sunset never to be heard of again. It's a mystery to me.

On the depletion subject..... your observation is very astute. If all afibbers were to have the same tests for thyroid, adrenal, blood glucose and insulin.... I'm sure that we would see a common pattern that has to do with the effects of stress.

Shortly, I'm going to add to this thread, some excerpts from an article on adrenal exhaustion which you will find interesting. And I'm going to review some of the protocols for supplementing thyroid hormone and nutritional support.

Definitely - begin addressing your hypothyroid status.... from the tons of articles I've read...it looks to be the core issue in many of our problems.

Be well.

Jackie

Jackie,

What a wonderful timely post for me. I was diagnosed with afib after asyncope episode in January - one week after visiting my GP with many of the symptoms on your list, including a basal body temperature around 96.4, fatigue, depression, and always being cold when everyone around me is fine. Based upon this information, I am going to followup with more tests. My GP is very sceptical of the basal temp info. Is there a type of specialist that would be best to see to have a further evaluation done?

Thanks,
Linda

Thank you Jackie for taking the time to post all this information. I have always suspected I was a bit HypoT as I have many of the symptoms that you listed. My AF has all but disappeared thanks to a pacemaker (it is no longer bothers me although it still occurs occasionally at night) so I haven't followed it up. I did mention it to my GP who did a TSH test which came back at 1.9 so there was no follow up. I'm still having a lot of musculo-skeletal pain which has now been put down to osteo-arthritis of the spine but I'm not so sure. I keep it under control by taking a muscle relaxant Doxylamine Succinate every night. I can no longer work (as a dentist) more than 90 minutes a day.

Your article has persuaded me to re-investigate this possible cause of my problems. Thank you.

Hope you continue to prosper.

Rod **(from Tasmania)**

Jackie:

I agree that the thyroid is crucial in maintaining heart health---too little hormone can cause CHF, afib, all that you have listed. Most people mistakenly think that being Hyper (too much thyroid hormone) is the problem not hypo in heart health.

I have been both, hyper and hypo and my temperature has always been about the same, usually around 97.6, so I don't put a lot of credence in temperature readings. TSH does not tell the whole story either, one needs to have a thyroid panel run, as you suggest, to determine ones' thyroid hormone status.

Glandulars contain only negligible amounts of thyroid as that is all the FDA will allow, I don't know how much they will

help.

I also have a comment about Armour--most people that post on the about.com Thyroid Board taking armour find that they test low in free T4 and high in free T3, which does not lead to optimum health. They usually decrease their armour and add some T4 only meds (like synthroid or levoxyl) to feel better, so armour alone doesn't do it. Usually people can convert a T4 only med. to T3, but there are some that do not, so some T3 is needed, one could add a small amount of cytomel (T3).

The problem with thyroid meds is that they have a very narrow therapeutic window and just a slight change in mcgs. affects the levels---for me, just an increase of 13 mcgs. made me hyper, I don't think Docs. realize how sensitive we can be.

I can attest to the fact that afib reared its' ugly head when after a slight increase in meds led me to have a high free T4 (even though my TSH was in range), my thyroid started me down the afib path.

I have a link that is good reading on "Thyroid Hormone and Cardiovascular Disease", I hope the link is still good.
http://www.medscape.com/mosby/AmHeartJ/1998/v135.n02/ahj1352.02.gomb/ahj1352.02.gomb.html

Thanks Jackie.

Liz

Sorry about the link, I can't pull it up.

Liz

Jackie,

Thank you again for an invaluable post. You are really keeping me on my toes. I looked all over for my mercury thermometer, and could not locate it, so I have to go purchase another. You have peaked my curiosity. I know that I'm the only one in the house that feels cold, but it's mostly in the evenings. We'll see what my temperature readings are, and then I'll post. I do know that tyrosine, iodine, selenium, manganese, and zinc are important for thyroid function, and I think we would all be served by at least using ConcenTrace mineral drops, so we would be assured of getting the necessary trace minerals. And it has the benefit of an extra 250mg of Mg, as well.

Best wishes,
Richard

To everyone who has responded thus far.....

My experience with conventional medicine is that thyroid adjustment is something they don't like to tinker with. And...tinker, we must. As Liz points out...only a tiny bit extra in the right person will tip the scale to hyper and for us, bring on an event. However, there are supportive supplements that can be used if hormones are simply too touchy.

I'm experiencing a reduction of symptoms with just the glandulars... even though they can only contain a small amount of hormone (by law)...if I need more, I'm sure I'll get a Rx to tweak it a bit more.

To find a doctor who will "tinker" with you, one must seek out either a Naturopath, a functional medicine MD, a DO who is holistically oriented, or a true holistic MD. These are hard to find.

The basal temp idea goes back to basics and conventional medicine has moved on...thinking labs are all they need. I view the basal temp is a critical starting point - coupled with history and current symptoms.

Shortly, I'm going to post some of the supportive supplements one can take to help boost thyroid function.

Stay tuned.

Liz - thanks for you input...I know you are a veteran "tinkerer" and any of your dosing experiences you care to share will be helpful to anyone who is wanting that type of information.

My personal history is that after many years on Synthroid, I developed goiteroid tissue in my neck...once off Synthroid and onto Armour, the tissue shrunk to normal. Other people may have not responded this way.

I'll explain later my latest dysfunction...just so you know there are many faces of hypothyroidism....in case your doctor doesn't recognize them.

Rod - that coldness in the evening is exactly what tipped me off that things were not normal.

Thanks everyone.
Jackie

Rod - I also meant to say - hello - and it's nice to hear from you again. Glad you are doing so well.

One thing I noticed immediately with even the small amount of thyroid hormone production I'm getting from the glandular is that my hip joint pain is completely gone.

I had thought as you had, arthritis was setting in. Most of my muscle aches are also gone. It's certainly a relief and a welcome change.

My internal chilliness or coldness at night is ongoing, but ever so slightly improved. Undoubtedly that is going to take more time as the hormone effect begins to build up.

Broda Barnes certainly names his book correctly.... *Hypothyroidism....The Unsuspected Illness*.

More to follow on this topic. Stay tuned.

Be well.

Jackie

Before we can get into a discussion of how to treat SCHT, it is paramount to assess adrenal function. (Jackie)

Several of the noted holistic doctors say that the thyroid can't be treated until the adrenals function properly. Dr. Mercola says his experience has been that the bulk of individuals who have thyroid impairment with the new TSH criteria above 1.5, have adrenal insufficiency. (11)

He defines secondary and tertiary hypothyroidism when TSH is below 2.5 and Free T3 a(and possibly Free T4 as well) is below normal and are not directly due to the thyroid gland failing. Traditional view points classify this as pituitary or hypothalamus dysfunction. But he feels one of the most common reasons primarily are related to the adrenal gland, considers it to be secondary HT.

He recommends evaluating levels of DHEA and testosterone before considering DHEA supplementation. In his own case of intolerance to cold, and when his TSH was below 1.5. After DHEA and testosterone testing, he supplemented with sublingual DHEA and pregnelolone and found his aversion was not due to cold, but diminished sunlight during Chicago winters.

The primary cause of adrenal insufficiency is stress. Hypoglycemia creates depleted or exhausted adrenals

Excerpted from the Steve Rochlitz article (1)…
…. “Signs of adrenal exhaustion can include craving for salt (sodium) and sweets, caffeine, and tobacco. In severe adrenal exhaustion weight loss may be prevalent and rapid. A lesser state of adrenal (and/or thyroid) fatigue may be associated with weight gain. The iris of the eye may not respond optimally to light. The person may have very dilated pupils much of the time, or they may fluctuate (expanding and contracting noticeably.) Or the irises may not be able to hold their contraction after 30 seconds when light is shined on them.

Weak adrenals can cause low blood pressure and/or orthostatic hypotension. Test, or have tested, your blood pressure, first while seated and then quickly after standing up. Blood pressure should rise upon standing, yet some people have a significant drop—orthostatic hypotension. Often this correlates with an inability to hold sodium, which may be due to low levels of cortisone or of another adrenal hormone, aldosterone, that also helps regulate water, potassium, magnesium and chloride.” end excerpts.

[Here is that phenomena frequently related to weak adrenals and occasionally mentioned by men who experience lightheadedness when urinating….orthostatic hypotension – specifically called micturition syncope…although syncope means fainting, some of the milder symptoms are just dizziness or lightheaded ness. I’ve included some info on this at the end of this post – it’s a bit off this topic, but in actuality, not really. Read through the various reasons for this and the relationship to the vagus nerve .]jb

VISUAL SIGNS - SELF TEST

Iodine Deficiency:
Dr. Mercola says paint a patch of tincture of iodine on your skin the size of a half dollar. (other sources say a 3inch by 3inch patch). The iodine brown coloration should remain on the skin at least 24 hours. The faster it is absorbed, the greater the body’s iodine deficiency. Another source recommends painting on a patch alternating thighs daily until the patch does not disappear. This would then indicate sufficient iodine stores in the body if there is no further uptake through the skin.

The best thyroid support, he thinks, is some form of organically bound iodine….as in non-commercially harvested seaweeds. Since this is not only high in MSG but difficult to locate; other sources can be considered…such as organic kelp (or my Metagenics source which utilizes bladderwrack)… but this doesn’t eliminate the risk of MSG. Iodine from iodized salt is not the answer.

Dr. Rochlitz says, the skin fold test can also be a sign of weak adrenals (and/or dehydration). Pinch, and pull up, some skin, say on the back of your hand. If it doesn’t immediately fall back down, weak adrenals may be present. Finally, a complete inability to sweat may indicate end-stage adrenal exhaustion. [also low human growth hormone. jb]

How do we test the adrenals? The quickest check is via energy testing or Applied Kinesiology. The sartorius muscle test is used by the kinesiologist for this purpose. This muscle attaches at one end to the knee and may account for weak or painful knees in some people. Blood and/or urine testing for cortisone and other adrenal hormones can be of some value. Sometimes physicians will first inject the pituitary hormone, ACTH (or an analogue of it) to try to boost adrenal output. If the adrenals cannot respond adequately to this injection, adrenal fatigue or exhaustion exists.

There are also 24-hour urine tests for adrenal hormones. The newer saliva cortisol test is said to be the most accurate as it supposedly measures more accurately what is happening at the cellular level. Saliva is usually taken 3 or 4 times a day and separately tested for cortisol levels. The adrenal-fatigued person often has, ,“alteration of sleep cycle.” This is being tired in the morning ad perking up late at night. The person would prefer to go to sleep at 3 A.M. or so and get up at noon.

Frequent emotional stress, will deplete the adrenals too, as will lack of sleep. Over-working may lead to adrenal exhaustion. Lack of exercise is also bad for the adrenals. The initial building-up phase of exercise is taxing of the adrenals and should be done very gradually, especially if poor health, age, or other factors are present. But in the long run, regular exercise will strengthen the adrenals. So too will some form of daily relaxation, meditation, self-hypnosis, etc.

Being “stressed-out” or fatigued usually indicates poorly functioning adrenals, but I have always emphasized that the external stressor(s) alone are not the key. How is it that one person can run a large company or a country and another finds it too stressful to step out the door? Clearly the external stress is much greater in the former case than in the latter. So the key is the body’s ability to handle the external stressors. Weak adrenals are one major reason for the inability to tolerate any stress. In the short run, external stressors need to be eliminated for adrenal recovery. But all the factors described in this article that led to adrenal exhaustion need to be eliminated for long-term adrenal, and general, health.

I cannot emphasize enough how a hidden hiatal hernia also can deplete the adrenals, and cause poor stress tolerance, anxiety or depression. This could be present from the trauma of birth! The person will not be breathing right; the vagus nerve will be over-reacting.

In fact, recent research indicates that it is the vagus nerve that is the body’s master stress interface. The state of the vagus nerve determines your “vulnerability to stress,” and your “reactivity to stress.” But the Vagus nerve is pinched from a hiatal hernia, which one expert says 85% of the population has. Over 90% of my clients have a hiatal hernia! The vagus nerve connects or interacts with many other organs and nerves—the whole body is out of synch. The heart may be pressed against and will not beat optimally.

An over-reactive vagus nerve, I have found, is a major causative factor in food, chemical and electromagnetic allergies!. Everyone need to learn how to test and correct this hiatal hernia/hyperexcited vagus nerve syndrome, or else the adrenals will continue to weaken.

There is a strong interplay between the thyroid and the adrenals. One is usually weak first and then weakens the other. Despite low thyroid blood levels some people are very intolerant of any thyroid medications. A leading reason for this is that the adrenals are depleted. And the thyroid drug tries to force the body to a higher metabolic rate when there is insufficient cortisol. This can have serious consequences if the adrenals are not first supported if they are the primary factor! And all too often, orthodox and holistic practitioners test only the thyroid and never the adrenals.”

Despite low thyroid blood levels, some people are very intolerant of any thyroid medications. A leading reason for this is that the adrenals are depleted, and the thyroid drug tries to force the body to a high metabolic rate when there is insufficient cortisol. This can have serious consequences if the adrenals are not first supported if they are the primary factor. All too often the adrenals are never assessed.”

end excerpts from Rochlitz -see reference (1)

If anyone reading this post identifies with weak or burned out adrenals, I highly recommend the book by Edward Conley, DO, *American Exhausted*.

It deals with stress and the results of stress which lead to exhaustion states found in Chronic Fatigue and Fibromyalgia. Stress is still stress whether we are looking at it from a thyroid/adrenal connection or the eventual manifestation of stress overload such as CFS or FM. It’s a thin book, easy to read and straight to the point about stress – what causes it; what to do about it. I’ve heard Dr. Conley speak on Health Talk Radio several times. He makes a convincing case for why our lifestyles over the last 50 years have lead to increased stress and adrenal exhaustion. (jb)

Dr. Conley observes, “Everyone with hypoglycemia has adrenal fatigue. A person simply cannot lose control of their blood sugars without the adrenals having been worn down. It is very important to treat the adrenal fatigue along with prescribing the hypoglycemia diet.”

Dr. Conley devotes two full chapters to Adrenal Fatigue and the treatment of Fatigue. “Because of the constant call for cortisol (adrenaline) release during stress (and hypoglycemia is a stressor), the adrenals quit working after being on alert for too long a time – usually years but often sooner. He says Adrenaline is a very potent oxidizing agent and oxidation is the destructive process of nature. Our own adrenaline may be one of the most powerful destructive chemicals in nature. Adrenaline was meant to be used short-term. Today, many of us are in constant stress all the time.”

Here’s what he says about long-term stress and what happens to the adrenals:

“1. Instead of short bursts of adrenaline, you get prolonged release of adrenaline. This causes chronic elevation in your heart rate and increased muscle tension, which utilizes energy at a rapid rate. This constant muscle tension, which utilizes energy without producing work, may eventually lead to fluctuations in your blood sugar. The reason for this is that your muscles are using sugar constantly, which causes blood sugar to go down.

2. You get decreased blood flow to your organs leading to long-term mild ischemia. This may lead to spasms of the colon, bladder or bronchial tubes and of course spasms cause pain and deceased function. Decreased blood flow to the liver and kidneys reduce the ability to detoxify on a daily basis. Decreased blood flow may be contributing factor to irritable bowel syndrome, interstitial cystitis, asthma and many other disease processes.

3. Stress of the adrenals also increases our production of the chemical, aldosterone, which causes increased retention of sodium, water and calcium. this can cause chronic elevation in blood pressure. That, along with adrenaline which causes increased blood pressure by constriction of the arteries contributes to the epidemic of hypertension in the US.

4. With the retention of sodium, water and calcium, we get depletion in magnesium, potassium and iodine. Magnesium is important in 375 reactions of the body, especially in the Krebs cycle, the process we use to produce energy. Decreased magnesium also causes vasospasm and bronchospasm, which contributes to hypertension and asthma. Low magnesium contributes to heart irregularities by causing spasms in the coronary arteries. Depletion of iodine can eventually lead to low thyroid.”

In assessing and treating hypothyroidism and adrenal fatigue, Dr. Conley says paying attention to patient symptoms is the key. He states, “The basic truth is that American doctors pay too much attention to blood work and not enough attention to the patient’s clinical signs and symptoms!”

Part III will cover some of the recommendations for treating hypothyroidism and hypoadrenalism

Additional information

MICTURATION SYNCOPE/ ORTHOSTATIC HYPOTENSION/ VAGUS NERVE/HYPOGLYCEMIA

A decrease in venous return is implicated in cough and micturition syncope and syncope occurring with a Valsalva maneuver; the increase in intrathoracic pressure limits venous return, decreasing cardiac output and systemic arterial pressure.
http://www.merck.com/mrkshared/mmanual/section16/chapter200/200b.jsp

Fainting may occur if the vagus nerve, which supplies the neck, chest, and intestine, is stimulated. When stimulated, the vagus nerve slows the heart. Such stimulation also causes nausea and cool, clammy skin. This type of fainting is called vasovagal (vasomotor) syncope. The vagus nerve is stimulated by pain (such as intestinal cramps), fear, other distress (such as that due to the sight of blood), vomiting, a large bowel movement, and urination.

Fainting during or immediately after urination is called micturition syncope. Rarely, vigorous swallowing causes fainting due to stimulation of the vagus nerve.

Fainting may also occur if straining reduces the amount of blood flowing back to the heart. Fainting due to coughing (cough syncope) usually results from such straining. Fainting after urination (micturition syncope) or after a bowel movement is partly due to straining (in addition to stimulation of the vagus nerve).

Older men who must strain to empty their bladder because of a large prostate gland are particularly susceptible. Fainting when lifting weights (weight lifter's syncope) results from the strain of trying to lift or push heavy weights without breathing adequately during the exercise.
www.merck.com/mrkshared/mmanual_home2/sec03/ch023/ch023b.jsp

Reactive hypoglycemia occurs through a complex series of neural and hormonal interactions which are not yet fully understood. Researchers have discovered that people with orthostatic hypotension (low standing blood pressure) often get a drop in blood pressure after eating carbohydrate rich foods. This may be caused by a direct vasodilation effect

(increase in internal size of blood vessels) of suddenly higher blood glucose levels.

The traditional definition of hypoglycemia is an abnormal lowering of blood sugar levels after the body overreacts to carbohydrates with excessive insulin production. Researchers now believe that this lowering of blood sugar levels is not the only cause of symptoms.

Recent studies suggest glucose aggravated aberrations of the production levels of adrenaline, norepinephrine, serotonin, dopamine, and lactic acid may be associated with reactive hypoglycemia.

Postural Orthostatic Tachycardia Syndrome (POTS) is clinically defined as a heart rate increase of 30 bpm or more from the supine (laying down) to the standing position within ten minutes or less. Patients with florid POTS develop tachycardia over 120 bpm within 5 minutes or less. Some patients experience supine tachycardia, which is usually transient in nature and often accompanied by sleep disturbances. Studies show that about 75% of POTS patients are women and that a genetic tendency to develop POTS is usually transferred from mother to daughter.
http://home.att.net/~potsweb/POTS.html

Reference:
(12) Mercola from previous reference page in Part I

(1)Rochlitz, S. “Breakthroughs for Adrenal and Thyroid Glands, and their Relationship to Allergies and Fatigue. http://www.wellatlast.com

(2)Conley, EJ, *American Exhausted*, 1997, Vitality Press, Flint, Michigan

Biography:
Edward Conley, D.O. is an Assistant Clinical Professor of Medicine at Michigan State University. As director of the Preventative Medicine Center and later the Fatigue and Fibromyalgia Clinic of Michigan, he worked with over 50,000 people to reduce cancer risk, improve immunity, and restore energy. Dr. Conley has helped millions of people through his best selling books, national PBS pledge special and numerous TV and radio appearances.

Dr. Conley is board certified in Family Practice (ACOFP) and has had extensive training in Sports Medicine, Preventive Medicine, and Anti-Aging medicine. He obtained his medical degree from Michigan State University in 1982 graduating Sigma Sigma Phi. He received his Bachelor of Science from the University of Michigan, Ann Arbor in 1977.

In 1987, Dr. Conley served as a physician for the U.S. Olympic Training Camp, Lake Placid. He is an affiliate physician at The Cleveland Clinic and Genesys Regional Medical Center. Dr. Conley has taught physicians throughout the world, lecturing in over 30 countries and is a world recognized researcher, teacher, and clinician specializing in the prevention of disease and the restoration of optimal health.

Dr. Conley splits his time between the US, Europe, and the Caribbean, traveling extensively to advise celebrities, elite athletes, and leaders of industry.

Jackie

Wow, Jackie,

That was quite interesting, esp. about the part on hiatal hernias. I'm going to run a copy and re-read. Thank you for taking so much of your time to post all this very important information. I have always felt that adrenal exhaustion somehow was what my underlying problem was, but I would have never connected it to a hiatal hernia, as being the possible cause. I guess when I think about it, anything not functioning properly in the body is a stress to the body, whether it be a headache, indigestion, or just plain old stress itself. MSG is probably a stressor to the body, as well, due to the unnatural detachment of protein chains.

So elimination of stress isn't merely staying calm in a stressful situation, doing things in moderation, or trying to avoid confrontation. Stressors come in many forms. The wrong kinds of foods, chemical additives, pollution, pesticides,

indigestion, lack of, or too much exercise, not supplying the correct nutrients, drinking too much alcohol, taking drugs, and the list goes on. Balance is what we seek, and to supply the body with the fuel and nutrients it needs to operate sufficiently. No wonder sickness is epidemic.

Thank you again, Jackie,
Richard

I found this to be an interesting take on adrenal exhaustion.

"In other words, the conscious mind usually fails to impact the operation of the adrenals since they work in accordance with their own wisdom."

http://www.kitchendoctor.com/healthconditions/adrenal_exhaustion.html

Adrian

Hi , Jackie

Here are my Thyroid "scores" from Dec. 10, 03 Blood Tests:

TSH 4.72
T4 9.2
T Uptake 31.4 Ck' D L (Flagged "LOW")
FTI 7.2

All except the T Uptake were referenced within the acceptable range.

What do you make of these levels?

Yes, I certainly do get very cold at night. My nose and feet are like ice when I go to bed. I tend to feel cold when others feel fine. I always get terrible left neck and head pain along with an afib attack, but no other aches. I experience unexplained, heightened nervousness during an afib attack. I don't perspire easily even when working out at the gym. Hoarseness is a definite problem.

What foods, supplements can one eat to help with hypothyroidism?

Carol A.

Carol A.

Well, first... as you know, I'm not a doctor. Second, I'm not sure that there is a uniform lab report for thyroid testing, but they generally seem to fall within some guidelines. Based on what Dr. Mercola said and what I quoted in the original post.... your TSH indicates you are very definitely hypothyroid... and not even subclinical.

Also as I said in my post - you need to know the free T3 and free T4 values. If they are not free, they are virtually meaningless.

Free is what hormone is circulating in the blood and not bound to protein.
Makes sense...if it is "free" it can do it's job; if it is bound, it is not active.

It's obvious that your physical symptoms are definitely in the hypo realm...cold at night, hoarseness, and the perspiration issue. The coldness and the lack of perspiration are biggies with me. Even on a blistering hot day - I just build up heat inside until I'm red as a beet and look as if I'm going to explode. This is obviously not good.

Now lastly, about the pain on your left side - neck. I don't know why that happens in some people. I would want, though, to have my carotids scanned to r/o blockages... they can do it with ultrasound.

Here's why - originally when I began AF years back, I always had alot of uncomfortableness - not really a pain - along my left jaw. When I described this to the MD, he said often because of the limited blood that is being pumped out.... one could experience this pain and I was directed to be sure the carotid arteries were not blocked. They weren't.

However, it wasn't until I really began taking the "blood thinning" natural products to make my blood thinner and more slippery, did I notice the jaw sensitivity was not there. I think maybe my blood was thick, like honey consistency rather than thinner, more like milk as it should be to flow freely.

Just some thoughts. I'd also suggest you go to Mary Shoman's web site that I mentioned and follow all those threads about lab tests and what they mean so you can hold your own when you present your case to your doctor.

Supplements may help, but with your TSH that high, I believe you are going to need a hormone - Armour Thyroid is the one you must insist upon because it will supply both the T4 and the T3. Again...read in Mary Shoman.Reference #12. Don't be fooled into taking Synthroid.

My functional medicine MD had me taking Thyrosol - you can go to www.metagenics.com and look up that product for the ingredients. I got along with it just fine with my AF, but Fran points out that the source of iodine (bladderwrack) in this case, is also a source of MSG...so you may not want to risk trying that.

Iodine supports the thyroid gland, but it has to be food based - synthetic or chemical iodine will shut down the gland even more if too much is taken.

It's tricky. If you aren't confident your MD can prescribe and monitor the Armour, then perhaps you'll have to go to an endocrinologist, but again, they seem to always rely on Synthroid which doesn't work most of the time.

Do read all about it in Mary Shoman....it's a wealth of knowledge and you definitely need to know what's good and why and what isn't.

This could be the source of your AF, Carol. But, you have to be careful with dosing....start small - like 1/4 grains and ratchet up gradually... to half a grain...and start monitoring your temperature. If you can't do the armpit, then just do your oral temp - keep a log and do it first thing in the morning.- noon - 4 pm. and at bed when your are cold. As the hormone starts to work, you should note an increase and alleviation of the cold.
Once it gets around 98.0 you should stabilize your dose and not go much high - you don't want to rev up your heart by becoming HYPER thyroid.

Good luck. You are going to need to do alot of homework on this one so you can help the doctor manage your case.

Jackie

Carol:

If my TSH was as high as yours, I would feel terrible, it is also difficult to lose weight at that level. Most people feel their best when their TSH is between 1 and 2, and their free T3 and free T4 are midway on the lab values. The recent lab value for TSH is 0.3-3.0, so you are hypo.

I hope you take Jackie's advice and take a peek at the About. com Thyroid Board, there is a lot of information there. Jackie advised you to take Armour thyroid-- that contains both T3 and T4--be aware that armour is from pig's thyroid and pigs have a higher T3 than humans do. A lot of people swear by armour, but some have said they had problems with it. Usually most people on armour have to take a small amount of T4 meds along with their armour, otherwise, their T3 goes up to the high end and their T4 is too low and they do not feel well with that equation either.

A lot of docs do not like to prescribe armour as it is more difficult to monitor, most Holistic and more cutting-edge docs will prescribe it. On the site (About.com) they have a list of Broda Barnes docs that will prescribe amour.

Good Luck
Liz

Hi All,
I am sure that it comes as no surprise to you all to find that I am about to post information relating diabetes and thyroid problems to pesticides. Well, Mike asked why the link and here is a possible cause. Please note that I "acquired" hypothyroidism after my pesticide exposure (and afib too of course). Porter is at U of Wisconsin, a very good University and he is a very nice person.

Note that the EPA tests all pesticides in isolation whereas they are found in combinations in our lives a fact which motivated Porter's work. In fact the so-called "inerts" are not really inert and pesticides are not tested with the inerts either. Alas, we cannot count on the EPA to protect us from harmful chemicals.

Toxicol Ind Health. 1999 Jan-Mar;15(1-2):133-50. Related Articles, Links

Endocrine, immune, and behavioral effects of aldicarb (carbamate), atrazine (triazine) and nitrate (fertilizer) mixtures at groundwater concentrations.

Porter WP, Jaeger JW, Carlson IH.

Department of Zoology, University of Wisconsin, Madison, USA. wporter@macc.wisc.edu (or) porter@nceas.ucsb.edu

This paper describes the results of 5 years of research on interactive effects of mixtures of aldicarb, atrazine, and nitrate on endocrine, immune, and nervous system function. The concentrations of chemicals used were the same order of magnitude as current maximum contaminant levels (MCLs) for all three compounds. Such levels occur in groundwater across the United States. Dosing was through voluntary consumption of drinking water. We used fractional and full factorial designs with center replicates to determine multifactor effects. We used chronic doses in experiments that varied in duration from 22 to 103 days. We tested for changes in thyroid hormone levels, ability to make antibodies to foreign proteins, and aggression in wild deer mice, Peromyscus maniculatus, and white outbred Swiss Webster mice, Mus musculus, ND4 strain. Endocrine, immune, and behavior changes occurred due to doses of mixtures, but rarely due to single compounds at the same concentrations. Immune assay data suggest the possibility of seasonal effects at low doses. We present a multiple-level model to help interpret the data in the context of human health and biological conservation concerns. We discuss six testing deficiencies of currently registered pesticides, and suggest areas of human health concerns if present trends in pesticide use continue.

Lynn

Thanks, Jackie and Liz

Yes, I do feel pretty lousy a good deal of the time.

Jackie, I am really concerned about the effect of HRT on what appears to be a hypothyroid problem. It is almost impossible for me to get off it and if that is what they tell me to do, I'm not sure if I can handle it.

Incidentally, over the years, at least four different doctors brushed aside my suggestion that based on the blood tests, there was a possibility of a thyroid problem! !!!!!

I am going to have one heck of a time finding a doctor who will fine-tune treating hypothyroidism out here in central Massachusetts. They treat everything routinely and by old treatment yardsticks.

Carol A.

Carol:

Go to http://www.thyroid-info.com/topdrs/massachusetts.htm

These are some top docs that some of the people on the thyroid board have recommended as having helped them, it is worth a look, perhaps there is a doc that is close to where you live.

Also, about hormones---I would recommend the book by Suzanne Somers about the hormone connection "The Sexy Years". Not only your thyroid but all the hormones need to be balanced. Suzanne S. uses bioidentical HRT, she uses natural form of estradiol every day and uses progesterone for 14 days only, this is supposed to mimic our own systems. This however causes one to have a period (no matter your age), she says she feels great and looks great. Men too need hormones, their muscles get smaller as they age due to lack of testosterone.

Liz

Thank you so much, Liz. You are a great help.

I feel a little apprehensive about all this, if it is true that hypothyroidism is my problem. I should probably be encouraged by the prospect that the cause of my arrhythmia may have been found.

I am munching on little Japanese crackers that are wrapped in kelp for the iodine.

Do you know if iodized salt is good or bad for this condition?

I would like to think that I could reverse the situation by natural - non-drug -means, but perhaps not.

Carol A.

Carol - First - print out the Mercola newsletter that discusses the Guideline changes. This is official stuff. You haven't made it up and it isn't just from holistic doctors...it is a total revision of the measurement of TSH.

If you don't know which one I mean, email me and I'll direct you to it.

Do spend some time with Mary Shoman. You will become confident about your position on the topic once you are armed with her input.

Hormones.... If you aren't taking the antagonist to your estrogen replacement, you should be. This takes the risk out of too much estrogen interfering with thyroid function.

Again, email me separately and I'll tell you what my female, functional medicine MD says about bioidentical hormones and why we need them.

I take them and feel fine..... before the ablation, my thyroid functioned with the hormones...although I do think I was probably a bit low on the T3.

Iodized salt does not help. My post quotes Dr. Murray as saying iodine from organic, naturally harvested sources are best...but read it again... I also mentioned that Fran warns about kelp and MSG. And too much iodine will make it worse, not better. Kelp on the crackers may help some. You can buy bulk kelp to sprinkle on food - but again, you risk the MSG if you are sensitive to it.

If you want to try the Metagenics natural non-hormone product, Thyrosol, you can get it from Willner Chemists, and it won't hurt you to take it, but be aware that with your levels so much out of the norm, you may need to take the

hormone - Armour Thyroid. I saw what Liz says, but truly, most people do get along with the Armour because it gives both T4 and T3.... but you need to know your free T3 and 4 to know if you are converting to T3 or not.

Thyroid dysfunction is a pretty difficult thing to fix on your own without a baseline of good and meaningful labs. Even doctors have difficulty regulating it. Having had hypothyroidism issues for over 15 years and probably longer but not diagnosed, I know how difficult it can be. It was only until I located some holistic physicians that I received any results. It was frustrating.

There is another natural product that you can buy from Willner made by Standard Process called Thyrotropin PMG. It supports thyroid but doesn't contain any thyroid hormone. I take that along with my other glandulars for my particular deficiency.

I'm willing to try to nudge you in the right direction, but honestly, Carol, I do believe you need a competent MD. How about some neighboring cities that are larger and maybe more sophisticated?

Let me know what else I can do for you.

Jackie

Thank you ,Jackie

It looks like I have not one, but two new medical concerns - in addition to afib: hypothyroid and HRT.

I feel overwhelmed, especially when I am not feeling very well and getting hit with afib and extra beats frequently. Strangely, I went for 9 days recently without a symptom and then all of a sudden it started in again last Sunday night at 3 am. The stress of having to be your own doctor doesn't help matters. You certainly are a great help.

Tomorrow I have an appointment to discuss the HRT issue with a gynaecologist (Harvard Med. School associated) in Boston. I hope that he is
receptive to the idea of bioidentical HRT. I located a compounding pharmacist in Worcester, the nearest city to me, and he makes up a hormone compound that has Estradiol, which he says is important. I am allergic to silicone patches, so he says that he has a salve that you rub on.

Will continue by email later on.

Again, thanks for your help.

Carol

Carol - I've used the cream-form of the bioidentical hormones very successfully as well. I changed to the patch for economy. I found the compounding pharmacy locally was very expensive.

I do use Women's International Pharmacy which compounds the bioidentical hormones - both estrogens and progesterone - is more economical. But, the drawback is the mail-order thing, although their service is good.

Good luck. I think you will feel better once you resolve the HRT issue. That always calms everything down.

Let me know how the appointment goes.

Jackie

I thought you might find this product of interest, from Biotecs Research. It's interesting to note that lack of rubidium, of which I was extremely low in, according to hair analysis, can cause elevation of K in the kidneys. I was just as low in rubidium, in hair, as I was in molybdenum, which was all the way to the bottom of the scale. Turned out that I was also extremely low in Mo intracellularly, as well, so the hair analysis was a true representation. High blood levels of estrogen and adrogens decrease TSH production, and thus decrease thyroid function, as well. Also, take note, that Glutatione is important.

http://www.bioticsresearch.com/PDF/Meda-Stim.pdf

Richard

Jackie,

Do you know much about potassium iodide? My wife purchased K iodide drops from Tahoma Clinic, and began taking them. She started getting hot flashes again, but thought this was good. It's like her metabolic burner turned on again. Prior to taking K iodide drops, she said she would awake and feel what seemed to be a motor running in her body. It would stop and start, stop and start. It was a vibrational feeling. I can't relate to this, but wondered if you or anyone else here has had this feeling. She thinks it has to do with her thyroid. I noticed that www.nutrivene.com, which is a company that makes specialized nutrients for Down's syndrome people, contains potassium iodide. You can also read about it at www.tahomaclinic.com, by doing a search at the top right area.

Another thing I wondered about, in reading about K iodide, is that it is suppose to protect the thyroid against radioactive iodine fallout. Would this apply to the iodine that was used in your scan? Kelp has MSG, but not K iodide that I know of. You can enter this in your search engine, and come up with all kinds of info.

Anyway, I thoroughly enjoyed reading your letter in the Afibbers report. I admire your tenacity and perseverance on your journey of what life has dealt you. Thank you, Jackie, for sharing your story.

Thank you, Hans, for another great health and afibber report. I always look forward to reading it.

Best wishes,
Richard

Richard - What I know about potassium iodide is that taking it for prevention in case of a nuclear accident is protective to the thyroid gland so that one doesn't get cancer of the thyroid.

It is also used successfully, short term, to dissolve sialoliths.... I did this at one time.

But, the most important thing to know is that one should not take it routinely as a nutrient. It will destroy thyroid functioning.

Somewhere, I have a clip on KI and I'll find it and send it to you by email.

I think if you want to get iodine, you have to risk taking the natural or organic form.... I realize full well about the MSG issue.

I mentioned previously that I took the Metagenics product, Thyrosol, successfully for several years with proper thyroid functioning and the iodine content came from bladderwrack....and Fran responded that contains MSG. However, I never found it to bother me one way or the other.

I'll find the KI info soon. It was published in one of Allen Gaby's newsletters a few years back.

Jackie

Years ago I used potassium Iodide for cystic breasts it worked very well and it also lowered my Blood pressure to normal.

I get that feeling of vibration in my body when I lay down at night, mostly in my spine and hips it actually feels like there is a motor in my mattress, driving me crazy at times because I don't know where it comes from.

I will check the link you gave as I have been thinking about getting K iodide again my blood pressure is way up there hoping it will help lower it again.

Thank you.

Ella

Hi Richard:

Last May I went to a Holistic doc and amongst his testing, thyroid peroxidase AB was included---I tested out of range (which I have since getting Graves disease in 1993), this test indicates that I still have thyroid antibodies. I had understood that because of the Graves I would always have these antibodies---17.2 (my test) with lab values of anything more then <2 IU/ML is high.

This doc prescribed "Iodoral" a high potency Iodine/Potassium Iodide supplement, total iodine/iodide =12.5 mg. (iodine 5 mg., iodide, as pot. salt 7.5 mg.). He said that by taking this supplement my antibodies would drop.
Now I have to say that I was reluctant to take this supplement as everything I have read says that being hypo-thyroid, one should not take iodine as it will make you more hypo, so I never took it.

I find it interesting that this doctor would prescribe Iodoral for thyroid anti-bodies, he has written a book on "Overcoming Thyroid Disorders", his name is Dr. David Brownstein, M.D., he also quotes Dr. Jonathan V. Wright, M.D. who is associated with Tahoma.

I have been so sensitive to supplements, drugs etc. that I just hesitate to try anything anymore. This doc may be correct and I should try Iodoral as the mgs. are low.

I tried a so-called health drink a few weeks ago containing dulse, kelp and green barley, I drank a glass and in about 1/2 hour my heart-rate went up, I got many palps and had anxiety and nervous, it was awful, it lasted about an hour, I almost went to ER as my heart was beating out of my throat, so if those ingredients did that to me I am very leery about taking any iodine supplements.

Liz

Liz and Ella,

I wanted to mention that my wife was sleepy a lot, but since taking one drop of KI daily, she no longer feels this tiredness, but more time is needed to really know how she feels. There must be something to this.

Richard
