



Dr. David Brownstein's

NATURAL WAY TO HEALTH

Achieving & Maintaining Your Optimal Health

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Millions Suffer From Undiagnosed Thyroid Disorders — Do You?

Over the last 20 years, I have pointed out repeatedly that our country is suffering from a growing epidemic of thyroid illnesses. I have written extensively about this topic, both in a book, *Overcoming Thyroid Disorders*, and in numerous issues of *Natural Way to Health*.

I have also delivered lectures across the country about this growing problem. When I do, I get accused by my conventional colleagues of exaggerating the extent of the thyroid epidemic. They say: "It is not as bad as you think it is."

Well, a new study in the *Journal of Clinical Endocrinology and Metabolism* has once again verified my claim. In fact, recent studies contain downright frightening numbers on the incidence of thyroid disease.

In this issue of *Natural Way to Health*, I will tell you about the history of thyroid testing, the right way to be tested, and why it is particularly important that pregnant women get enough thyroid and iodine for their developing babies.

The History of Laboratory Testing

Over the last 100 years, numerous medical tests have been touted as the best way to measure thyroid health.

Many years ago, doctors relied on the basal metabolic test to ascertain thyroid function. Next there was a protein-bound iodine test, followed by the radioactive iodine uptake test.

But all of these tests had faults, and none provided an accurate measure of thyroid function. That all changed in the 1970s when the thyroid

stimulating hormone (TSH) test was developed.

TSH is secreted from the pituitary gland in the brain. Its job is to travel to the thyroid gland and trigger the manufacture and release of thyroid hormone. When the body is sensing a need for thyroid hormone, the pituitary gland should increase production of TSH.

Before the advent of the TSH test, doctors primarily diagnosed a thyroid problem by making a clinical diagnosis. If a doctor's physical exam and history pointed toward a thyroid problem, he would often initiate a therapeutic trial of thyroid hormone.

The most common symptoms associated with thyroid dysfunction include:

- Brain fog and poor brain function
- Constipation
- Depression
- Dry skin, weight gain
- Fatigue
- Hair falling out

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Hormone Conversion Blockage Is Widespread

I have seen many patients who have what is called a "T4 conversion blockage." In this case, the thyroid gland is producing enough of the hormone called T4 (thyroxine) but it is not being converted into the more active form of the hormone, T3.

Many pharmaceutical drugs — including beta-blockers, birth control pills, and antidepressant medications

— can disrupt this conversion.

Nutritional deficiencies can also cause T4 conversion problems. This can occur with a lack of:

- Iodine
- Magnesium
- Vitamin A
- Vitamin B1, B6, and B12
- Zinc

I can assure you that after 20 years of testing, nutritional deficiencies are occurring in a large part of the population. One reason is that our food supply has become more polluted and is lacking in basic nutrients. In fact, our soil has been depleted of basic nutrients due to poor farming techniques and the overuse of pesticides and fertilizers.

- Headaches
- Menstrual disorders
- Poor eyebrow growth
- Sense of coldness, including hands and feet

A history of cardiovascular disease, psoriasis, infertility, high cholesterol, high blood pressure or low blood pressure, as well as a history of anemia can all be related to inadequate thyroid function.

No Test Tells the Whole Story

Once stimulated, the thyroid gland releases a particular type of thyroid hormone known as T4 (thyroxine), which is taken up by every cell in the body and converted to the more active thyroid hormone, T3. This hormone binds within the cell to increase metabolism.

We can measure both T4 and T3 with blood testing. However, the blood testing does not tell us what the concentration of thyroid hormone is *inside* the cells. It is the intracellular (inside the cell) binding of T3 that is necessary to provide the fuel the cell needs to function.

Unfortunately, we do not have a way to measure intracellular thyroid function. The blood tests are all indirect measurements of thyroid function.

In fact, there are conditions where the blood levels of thyroid hormones are adequate, yet a patient still suffers from many of the symptoms of hypothyroidism (thyroid deficiency).

Over the years, I have treated many patients who had normal thyroid blood tests, but responded positively when treated with small amounts of thyroid hormone.

During pregnancy, most doctors check a woman's TSH and T4 levels. If these levels fall in the normal range, the patient is told that there is no thyroid problem.

But remember that no thyroid test can tell the whole story because thyroid hormone exerts its effects intracellularly. In addition, not checking a T3 level is absurd. You cannot diagnose a thyroid condition without a full thyroid panel, which includes testing for T3 levels.

The TSH range generally runs from about 0.5 to 5 mIU/L. After 20 years of examining tens of thousands of patients' TSH tests, I can assure you that this range is much too wide.

The reference range for a laboratory test is calculated after hundreds of lab tests are drawn. Then the lab scientists perform a statistical analysis

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Trauma of Childbirth Causes Autoimmune Disorder

In each issue, I will share with you the story of one of my patients and how sometimes simple alternative approaches can solve major health problems. Names and some details have been changed for privacy's sake, but the problems and their resolutions are real.

— Dr. David Brownstein

When I first saw Ellen in 2004, she complained of having extremely dry eyes and mouth. At age 47, Ellen was also suffering from a lot of joint and muscle pains. Worse yet, her condition was affecting her job.

"I can't work a full day anymore," she said. "I used to work 60 hours per week and I wasn't even tired. Now, I feel like I am living in an old, sick body."

Ellen had been diagnosed with Sjogren's syndrome 18 months prior to coming to my office. Sjogren's syndrome is an autoimmune disorder characterized most often by dry eyes and dry mouth. It can progress to joint pain and swelling, as well as fatigue and skin rashes.

It is often associated with other autoimmune disorders, including rheumatoid arthritis and lupus.

I asked Ellen when she last felt well. She replied, "I don't think I've felt truly well since my daughter was born 15 years ago. I felt like something changed after I gave birth to her."

Infection Is the Key

Ellen's story is not unique. Frequently, women will experience a change in their health after a stressful event such as childbirth. Many women are diagnosed with an autoimmune disorder after childbirth.

It is not known exactly what happens during the birthing process that can cause a woman to develop an autoimmune disorder. However, at the time of birth, a woman's body is subjected to great trauma, including torn tissues and release of bacteria and/or viruses.

I have seen numerous female patients who felt a downward spiral in their health immediately after delivery. Many of these patients were found to have long-term infections.

The majority of Sjogren's syndrome patients have an underlying infectious process. Bacteria, viruses, and parasites associated with the development of autoimmune illness include mycoplasma, chlamydia, Lyme's disease, human herpes virus 6, and cytomegalovirus.

A thorough search for an underlying infectious cause of autoimmune disorders is absolutely necessary.

Making Steady Progress

Ellen's initial testing revealed that she had low adrenal gland function. Furthermore, she was found to be infected with two bacteria: *Chlamydia pneumoniae* and *Mycoplasma hominis*.

I told Ellen that many patients with autoimmune disorders can overcome their illness with an approach that focuses on treating the underlying infection and supplying the body with the correct nutrients.

I gave Ellen two antibiotics: Zithromax on Tuesdays and Thursdays, and Minocin on Monday, Wednesday, and Friday each week. I also asked Ellen to take probiotics to prevent the antibiotics from destroying her own innate bacteria.

I also placed Ellen on an adrenal gland support regimen. This included taking DHEA, pregnenolone, an adrenal gland supplement (Cytozyme AD from Biotics Research), and one teaspoon of Celtic Brand Sea Salt. I also instructed Ellen to take 3,000 mg of vitamin C each day. (The adrenal glands have the largest concentration of vitamin C in the body and require adequate amounts to function optimally.)

Over the next four months, Ellen made steady progress. When I saw her for a follow-up visit, she reported feeling 40 percent better, and she felt like she was on the right track.

"At least I can work again," she said.

'99 Percent Better'

Ellen asked me to contact a doctor who specialized in chlamydia research. This doctor suggested treating her with the antibiotic Flagyl and the nutrient N-acetyl Cysteine (NAC).

When I placed Ellen on Flagyl and NAC she made a dramatic improvement — within two months, all her symptoms began to go away.

"I was 99 percent better at the end of those two months," she claimed.

Ellen was treated with this antibiotic regimen for three years. Now, six years later, she is still free of all Sjogren's syndrome symptoms.

A diagnosis of an autoimmune disorder is not a sentence for feeling bad for the rest of your life. A thorough search for a cause of the illness should be undertaken. It quite likely could be an infection.

Remember, if you don't treat the underlying cause of an illness, how can you expect to overcome the illness? □

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to when the mother suffers from hypothyroidism and is not supplying the fetus with an adequate amount of the hormone. This can occur due to autoimmune thyroid disease, damage to the thyroid gland or lack of iodine in the mother's diet.

The incidence of gestational hypothyroidism has been reported to be between 0.2 and 2.5 percent of all pregnancies^{2,3}. However, my clinical experience indicates that those numbers are much too low.

The increasing incidence of childhood neurological problems such as attention deficit hyperactivity disorder (ADHD) and depression are directly related to the rapid rise in gestational hypothyroidism.

In one study⁴ researchers evaluated 502,036 pregnant women in the United States. Of these, 117,892 were tested for hypothyroidism, and 16 percent (18,291 out of 117,892) had gestational hypothyroidism. Potential consequences of a baby not receiving adequate thyroid hormone while in the womb include:

- Endocrine abnormalities
- Mental retardation
- Neurological problems
- Poor immune function

All of these conditions are preventable simply by ensuring adequate thyroid hormone for the developing fetus.

Iodine Deficiency Is Also Rampant

I have written many times about the problems that are associated with iodine deficiency. Here, I want to continue to focus on pregnant women and the importance of iodine for their health. The fetus is dependent on the maternal stores of iodine. If the mother is deficient, the fetus will be affected.

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This month's password is: undiagnosed
(Please remember to use lowercase letters.)

- The World Health Organization (WHO) states that iodine deficiency is the world's greatest single cause of preventable mental retardation.
- The WHO estimates that there are 300 million school-age children worldwide who are iodine deficient. That equals about 36 percent of all school-age children.
- Presently, 72 percent of the world's population is affected by iodine deficiency.

The thyroid gland forms during the first and second trimesters of pregnancy. During this time, the fetus is dependent on the mother for adequate iodine and thyroid hormone.

Unfortunately, most American women of childbearing age are iodine-deficient. The most recent data from the National Health and Nutrition Examination Survey (NHANES) found that nearly 60 percent of women of childbearing age were suffering from iodine deficiency⁵.

More specifically, almost 40 percent had mild to moderate deficiency while 11 percent had moderate to severe deficiency and more than 5 percent had severely low levels of iodine.

Keep in mind that the ranges used by the NHANES group were much too low. That means that the iodine deficiency epidemic is even worse than indicated by this study.

My partners and I have examined more than 6,000 patients and found that over 95 percent are iodine deficient. In particular, the number of young women of childbearing age who are iodine deficient is a recipe for disaster.

Study Links Iodine to IQ

How does iodine deficiency in the mother translate into health problems for her children? For one thing, iodine deficiency in utero can cause mental retardation. It has also been shown to cause a decline in IQ.

One study compared three groups of pregnant women who received 200 mcg per day of potassium iodide⁶. The first group started taking iodine at the beginning of the first trimester. The second group took the same amount of iodine after the first trimester, and the third group took iodine after

In the News: Reading Between the Medical Headlines

Hormones Effect Cholesterol Levels

An article in the June 22, 2012, issue of the *Journal of Clinical Endocrinology & Metabolism* reported on a study of 3,664 subjects who were given blood tests to determine if there was a relationship between thyroid stimulating hormone (TSH) levels and lipid levels.

The authors found a significant association between increasing TSH levels — within the normal reference range — and elevated triglyceride and total cholesterol levels. Compared with subjects in the lower part of the reference range (TSH 0.27 to 0.61 mIU/L), those within the higher TSH reference range (4.6 to 5.5 mIU/L) had a 320 percent increase in cholesterol levels.

The authors concluded, “Our study suggests the importance of controlling TSH in hypothyroid (thyroid deficient) subjects.”

Most conventional doctors and nearly all endocrinologists order a TSH test to diagnose a thyroid problem. If the TSH test comes back within the reference range, the patient is told there is no thyroid issue.

This TSH reference range is much too large, and even small variations in the reference range have been shown to be correlated with hypothyroidism, autoimmune thyroid disorders and elevated lipid levels. Conventional doctors are too quick to put patients on lipid-lowering medications and not search for an underlying cause of high lipids.

The relationship between thyroid disorders and elevated lipid levels has been known for nearly 100 years. If you have high cholesterol, a thorough investigation of the thyroid gland should be undertaken.

More Information on the Dangers of Trans Fats

A July 11, 2012, article in the *Journal of the American Medical Association (JAMA)* described the risks of trans fats and the benefits of removing them from the diet.

Trans fats come from foods such as dairy and meat products. The most trans fats come from ingestion of margarines, baked goods, snack foods, vegetable shortenings and other foods made with or fried in partially hydrogenated polyunsaturated oils such as corn, canola, and soy oil.

Trans fats have been linked to a

host of inflammatory problems, including insulin resistance and endothelial (blood vessel) dysfunction. In 2006, the FDA required that total trans-fatty acids (TFAs) be listed on food labels. Since then, U.S. consumption of TFAs has declined from 4.6 grams per person per day to 1.3 grams per day. However, it is estimated that 10 percent of the population still consumes more than 2.6 grams per day.

What struck me most about this article was the amount of TFAs in microwave popcorn (7 grams per serving). I like popcorn. However, I become ill when I eat microwave popcorn.

In fact, besides TSAs there are

even more dangerous substances in microwave popcorn, including known cancer-causing agents.

Here’s the healthy way to eat popcorn. Get the old-fashioned kernels and cook them in a sauce pan with coconut oil. Season with unrefined salt. Above all, avoid microwave popcorn and other sources of TFAs.

The Importance of Shielding X-rays

In 2005, the American Thyroid Association (ATA) wrongly stated, “Routine exposure (e.g., dental X-rays, chest X-rays, mammograms) does not cause thyroid cancer.” But this past June, the ATA released new guidelines about how to minimize the risk from medical and dental radiological testing.

This new policy states that the risk of thyroid cancer arising from radiation exposure is strongly dependant on the age when the exposure occurs. The risk is greatest in children, increasing dramatically as the child’s age at exposure decreases.

The ATA now “recommends the necessity of all diagnostic X-rays be evaluated before they are performed.” Furthermore, it is recommended to use thyroid shields to protect the gland during CT scans and other diagnostic radiographies.

Thyroid cancer is increasing at a faster rate than any other type of cancer. In 2012, more than 56,000 patients will be diagnosed.

Iodine deficiency is occurring in the vast majority of Americans. It can disrupt the architecture of the thyroid gland and set the stage for cysts, nodules, hyperplasia and cancer. Radiation can damage the cells of the thyroid (and the rest of the body) and cause or accelerate thyroid cancer. □

‘Trans fats are linked to a host of problems, including insulin resistance.’

A Complete Thyroid Panel Is Necessary

At lectures and conferences, I have asked other holistic doctors to estimate what percentage of our population is suffering from an autoimmune thyroid disorder. Their numbers are similar to my estimates — about 20 to 30 percent of people are suffering from an autoimmune thyroid disorder.

When I evaluate new patients for thyroid problems, my initial testing includes a full thyroid panel — TSH, Free T4, Free T3, and reverse T3 — along with thyroid antibody testing (for TPO and TG antibodies).

Most doctors do not do this complete panel. If they do not check for thyroid antibodies, they will miss many of the patients who are suffering from autoimmune thyroid disease.

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pregnancy. The researchers measured IQ results in the children at 18 months, and the results were astounding.

The children's IQ in group one was normal: 102. The IQ of the children in group two, who started taking iodine at week 12 of pregnancy, was reduced to 92. Group 3, which only took iodine after pregnancy, had an average IQ of 87.5.

What does this tell us? This study (along with many others) points out that it is important to correct iodine deficiency *before* pregnancy. Remember, the thyroid and neurological pathways of the fetus depend on normal thyroid and iodine levels to optimally develop. Even a slight delay in iodine supplementation can have disastrous consequences. In addition to lower IQ, Italian researchers found that ADHD occurs at a much higher rate in iodine deficient mothers⁷.

Autoimmune Thyroid Disorders Are Underestimated

The powers-that-be in the medical establishment claim that the incidence of autoimmune thyroid disease occurs in approximately 1 to 3 percent of the population.

They are vastly underestimating the occurrence of these conditions, including Hashimoto's disease and Graves' disease.

The study that showed 16 percent of pregnant women were suffering from gestational hypothyroidism (see page 5) also reported that 15 percent of the women had autoimmune thyroid disorders.

What's more, of the women who tested positive for gestational hypothyroidism, 65 percent were positive for autoimmune thyroid disorders.

The source of autoimmune thyroid disease is unknown in conventional medicine. However, my review of the literature coupled with years of clinical experience has led me to conclude that autoimmune thyroid disease is due to two factors: low iodine levels and exposure to goitrogens (goiter-causing agents) such as bromine, fluoride, and chlorines.

Animal studies of autoimmune thyroid disorders are clear — researchers can only induce autoimmune thyroid disease in animals by making them iodine deficient and exposing them to goitrogens.

The treatment for autoimmune thyroid disorder requires the correction of iodine deficiency, eliminating exposure to goitrogens, and correcting nutritional and hormonal imbalances.

Hypothyroidism and iodine deficiency need to be recognized and treated at the earliest possible time. In young women, it is even more important to ensure adequate thyroid hormone and iodine levels before pregnancy. But even if you are not a woman of child-bearing age, it's important to treat hypothyroidism and/or iodine deficiency. And it is never too late to act. The human body has a remarkable ability to heal itself.

For instance, I have seen ADHD symptoms in children go away when iodine deficiency is rectified.

It is best to work with a healthcare provider who is knowledgeable about iodine and thyroid illnesses. If your doctor is not willing to run a full panel and check your iodine, it's time to find a new one. □

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