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Treating hypothyroidism naturally

by Sunny Willmington, Howard Hagglund, Mary Shomon

Natural vs Synthetic

Natural thyroid treatment has been used since the 1800’s and synthetic hormones have been used since 1959. Since, the introduction of synthetic thyroid hormones; we have been bombarded with information from its manufacturers and representatives. We have been told that the production of synthetic hormones is controlled in a laboratory and so we can rely on its dosage and therefore, effectiveness. Natural thyroid hormones, they have told us, are impossible to regulate into consistent doses.

However, the recent successful lawsuit brought against Synthroid for misleading marketing, alongside such statements from the FDA as “no currently marketed orally administered levothyroxine sodium product has been shown to demonstrate consistent potency and stability and, thus, no currently marketed orally administered levothyroxine sodium product is generally recognized as safe and effective.” (1) have finally allowed for the resurfacing of natural thyroid hormone as a safe, effective and consistent treatment for thyroid disease.

Natural thyroid hormone comes from a porcine source. It is derived from pigs as a by-product – they are not killed solely for thyroid hormone. Desiccated porcine thyroid contains T1, T2, T3 and T4, which is very comprehensive support for an ailing thyroid gland. T3, being the active and therefore most important hormone, can immediately go to work, leaving an ample supply of T4 to attempt conversion into T3. Synthetic hormones only contain T4 (as Levothyroxine Sodium) – the inactive thyroid hormone, which needs to be converted to T3 to be of any use.

Western Research Labs has been making natural thyroid medication since the 1930’s and unlike the synthetic counterparts, Natural Thyroid has never been recalled for dosage inconsistencies or any other reason. Prescription Westhroid[TM] and Prescription NatureThroid[TM] are made from freshly excised and promptly frozen porcine glands. They are chemically assayed in many ways (not just US?). Levels of T3 and T4 must always be within a very narrow margin – if they are not then the batch will be discarded. FDA regulations require consistent content of thyroid hormone. Western Research has always maintained a policy of strict compliance with FDA regulations, which means that the quality of Westhroid[TM] and NatureThroid[TM] are assured.

As a final point on content, there is only one difference between Westhroid[TM] and Nature-Throid[TM] and that is their binding ingredients. Hormonally they are identical, however Nature-Throid[TM] is bound with microcrystalline cellulose making it hypoallergenic and suitable for patients with food allergies. Westhroid[TM] on the other hand is bound more traditionally, with cornstarch.

Howard Hagglund, MD – co-author and respected authority on thyroid disease – has many years of experience treating hypothyroid patients. As well as a Practitioner, Dr. Hagglund is an author and broadcaster who works to educate Physicians and patients about thyroid disease diagnosis and treatment. Dr. Hagglund will now shed some light on synthetic versus natural thyroid controversy.

Natural Thyroid in Practice

(Howard Hagglund, MD)

I have used natural thyroid because of a very dear mentor and friend Dr. Eva Wallem. She and most of my colleagues in the alternative medical field insist on natural thyroid. At first it would appear that we are just being a bunch of tree hugging sentimentalists. But the truth is the natural thyroid contains T1, T2, T3 and T4 and they are not going to be turned away by the immune system of the body. They are ready to be used and adequately survive any barriers of digestion and immune rejection.

For those of you who will look, The University of North Carolina did a large research project comparing natural and synthetic thyroid. They gave concentration and personality tests to all of those who participated in this study. Those patients that were on natural thyroid showed objective improvement in concentration, mood and well-being. They further reported that they preferred this thyroid to the ones they had taken before. This article appeared in the New England Journal of Medicine, February 1999 (2) (for those scholars who need further proof). I find the natural thyroid gives an even, smooth ride to the equilibration of the thyroid patient. I find that it is very forgiving, and will often stand 2 or 3 days of forgetting to take the dose.

For those of you who would like my favorite recipe in dosing thyroid patients, I strongly suggest a 1-grain tablet in the morning and another again at noon. This is an extremely helpful way to present thyroid to the body for two reasons. One, the T3 will not last longer than 4 hours and there is no reason to be taking all of your daily T3 in the morning – spread it around. Take the noon dose for all of the above reasons and it will carry the patient through the 3 o’clock let down of the cortisone level in the blood. This will mean a reduction in thyroid activity and the patient is well armed to withstand this.

I further want to thank an unknown homeopathic doctor who has given me a good way to monitor this dose of thyroid. Have your patient count their pulse every day at rest and if their pulse goes over 90 it’s a good idea to remove the morning dose and notify you. Besides this advantage I find my patients will change their dose during the year and according to how their thyroid is performing. I strongly advise that the blood test is frequently in error and of little value when monitoring thyroid dosing.

If you review the standard handbooks on endocrinology, you can find over 46 symptoms of low thyroid. I am frequently surprised at the number of problems that clear up from evaluating and giving proper dose of thyroid and nutrients. Here are some of my major helpers in making the diagnosis of hypothyroidism: Thinning hair, cold hands and feet, missing outer third of eyebrow, insomnia, swollen ankles that do not pit, obesity but never be misled — thin beautiful women with great figures are often low thyroid. I seldom rely on ankle reflexes and depend more on the shape of the torso as another indicator of low thyroid. Most of my low thyroid patients carry their weight in the mid section and their thighs.

If you would like some sneaky little diagnostic tips check and you’ll find the little finger is shorter and does not extend out through the middle of the DIP joint. These people also have a history of many maladies and will be in trouble with insomnia, depression and elevated cholesterol. My most significant helper in diagnosing low thyroid is the physical exam. After that I rely on a saliva test. In fact I recently participated in a large study showing very low concordance between blood tests and hypothyroidism. We have found that there is a very high concordance between the saliva test and the physical findings of hypothyroidism. Be patient, our statistician is still working on that paper and it is not published. Never be fooled by a normal thyroid blood test — it never was any good and never will be.

On occasion I have used Synthroid but have always been displeased by its ineffectiveness. Check your physiology books and find that T4 must be converted to T3 in order to be effective. This is capricious at best and you will note that the patients’ poor nutritional status is the main cause. Synthroid and all other T4s cannot be converted to active useful thyroid if we do not have enough selenium, magnesium, vitamin A, cortisol, vitamin B2 and Essential Fatty Acids. Be further advised that stress produces large amounts of Anti-T3. This blocks T4 thyroids from being converted to the useful T3. Do you know ANYONE who is not under stress 7 days a week, 365 days a year?

The Patient Experience

Mary Shomon is a highly regarded patient advocate within the hypothyroid patient community. Mary talked with us about her perspective on natural thyroid medication.

“The best possible thyroid medication is the one on which patients safely feel best,” says Mary Shomon, author of Living Well With Hypothyroidism: What Your Doctor Doesn’t Tell You…That You Need to Know, and founder of the popular www.thyroid-info.com website. “The problem, however, is that many patients simply do not feel well on levothyroxine — the typical drug prescribed by most conventional practitioners,” says Shomon, who receives as many as 2000 emails a week from frustrated thyroid patients. “But the vast majority of doctors don’t really understand that hypothyroidism is not always ‘easy to treat with one little pill,’ as they seem to think.”

If Shomon’s advocacy and research efforts are any gauge, more than half of all thyroid patients who are taking conventional drugs simply do not feel well, and she believes many could potentially benefit from natural thyroid preparations.

“I receive so many emails from people who don’t feel well. They’ve been taking Synthroid for years, and are struggling to even get through the day, much less have any extra energy for exercise,” says Shomon. According to Shomon, these thyroid patients get sick with flus, colds and infections more often. They’re depressed, exhausted, and overweight. And the most unfortunate part of the situation, says Shomon, is that “they are told by their doctors that they are receiving adequate thyroid treatment. It’s a travesty.”

These patients clearly need more than standard therapy — and that’s where natural thyroid can play an important role for many of them. Beyond the need for the T3 found in the natural thyroid, Shomon believes that there are other factors that play a role in making natural thyroid more effective for some patients. Says Shomon, “I’ve heard from people who tried every possible brand of levothyroxine, even added Cytomel or time-released T3, and still had every hypothyroid symptom in the book. But they switched to natural thyroid, and finally, the symptoms began to clear up — sometimes after years, even decades of chronic illness!”

Some practitioners have suggested to Shomon that there may be nutritional components of natural thyroid that play an as yet unknown role in helping the body absorb or process thyroid hormone more effectively.

“Whatever the mechanism,” says Shomon, “the reality is that for some patients, the switch to natural thyroid means they simply feel better, their high cholesterol drops, weight normalizes, and depression and brain fog lifts.” And, according to Shomon, with those improvements also come reduced risk of future health problems, and vastly improved quality of life.

Thyroid patients need to be aware of all their options. Despite conventional medicine’s bias toward levothyroxine and lack of knowledge of natural thyroid drugs, these natural products deserve greater awareness among both practitioners and patients, as they may offer hope to the millions of thyroid patients who are still suffering with inadequate treatment.

References

(1.) “Food and Drug Administration Notice of Requirement for New Drug Applications for Manufacturers of Levothyroxine Sodium,” http://www.access.gpo.gev/sudocs/aces/aaces002.html, volume 62 (1997)

(2.) “Effects of Thyroxine as Compared with Thyroxine plus Triidothyronine in Patients with Hypothyroidism” The New England Journal of Medicine, February 11, 1999 volume 340 424-429

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