

# THE BETTER HEALTH NEWS

## IODINE: IMPORTANT FOR THE THYROID AND OTHER THINGS

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Iodine is necessary to produce thyroid hormones. A review article appearing in the *Lancet* (March 28, 1998;351:923-924) pointed out that 1.5 billion people were at risk for brain damage due to lack of iodine. An article in the *Journal of Clinical Endocrinology and Metabolism* (1993;77(3):587-591) summarized the health problems brought on by iodine deficiency. These include cretinism, goiter, intellectual disability, growth retardation, neonatal hypothyroidism, increased miscarriage, increased perinatal mortality and increased infant mortality. However, excess iodine can create hyperthyroidism. There may be a connection between low birth weight and iodine deficiency, according to research appearing in *Pediatrics* (October, 1996;98(4):730-734). Research appearing in *the American Journal of Clinical Nutrition* (2009; 90 (5): 1264-71) looked at iodine status and its relationship to brain development. The subjects were 184 children (between the ages of 10 and 13) with mild iodine deficiency. In this randomized, placebo-controlled study, the subjects were given either 150 mcg of iodine or a placebo each day for a period of 28 weeks. Those given the iodine had improved iodine status and improvement on two of four cognitive tests. Research appearing in *the American Journal of Clinical Nutrition* (May, 1996;63(5):782-786)

found a connection between low iodine levels in children and slow learning.

Iodine supplementation may also be useful in the treatment of fibrocystic breast disease. The *Canadian Journal of Surgery* (October 1993;36:453-460) found that women supplemented with iodine had greater improvement in their symptoms when compared to controls. Earlier animal research appearing in the *Archives of Pathology and Laboratory Medicine* (November, 1979;103:631-634) looked at rats who were given sodium perchlorate. Sodium perchlorate blocks iodine thus mimicking iodine deficiency in the rats—which in turn created fibrocystic breast disease in these rats.

Iodine is an important nutrient. It is especially important to pregnant women and children. Iodine is classified chemically with the halogens; it is similar to fluorine, bromine and chlorine. These other halogens can displace iodine; so drinking water with fluorine and chlorine may increase the need for iodine. Bromine is used in preservatives, like borminated vegetable oil (BVO), and should be avoided. Iodine requirements are 150 mcg per day for adults and 1000 mcg per day for pregnant and lactating women. Some physicians believe that these numbers are too low.

## HYPOTHYROIDISM: A COMMONLY MISSED DIAGNOSIS

There are many patients who are tired, depressed or cannot seem to lose weight. This trio of symptoms may be caused by hypothyroidism, a commonly missed medical condition. In hypothyroidism, metabolism slows down, resulting in symptoms that include fatigue, depression, an inability to lose weight, constipation, and swelling of the ankles. Patients who have hypothyroidism tend to be cold and also tend to cry easily. Low thyroid function can even cause more serious symptoms like high cholesterol and delayed development in children. It is a problem that is commonly missed by doctors. According to research appearing in the *Archives of Internal Medicine* (2000;160:526-534.), 13 million Americans may have thyroid disease and not know it.

TSH is a pituitary hormone that stimulates the thyroid gland—levels are used to screen for thyroid problems. The *British Medical Journal* [BMJ 2000;320:1332-1334 (13 May)] published research examining the flaws in diagnosing hypothyroidism. The authors concluded that there are indeed flaws with the way that we diagnose hypothyroidism. First of all, the research is lacking that shows us the relative importance of lab tests and symptoms in diagnosing the thyroid. TSH production is affected by the level of thyroid hormone, but it is also affected by other things. We don't fully understand how various illnesses affect TSH and the thyroid

hormones. There is also a need to consider the possibilities of false positive and false negative results when looking at lab tests related to the thyroid.

The basal body temperature, commonly used to screen for hypothyroidism, should be between 97.8 and 98.2 degrees (take it the ***very first thing*** in the AM). If a patient has a low basal body temperature and hypothyroid symptoms, that is justification to treat the thyroid. However many things can cause a low temperature, thus using only basal body temperature and symptoms to make this diagnosis is unsatisfactory.

Many health problems are linked to hypothyroidism. Many people on antidepressants should be getting thyroid support. Research appearing in the *American Journal of Psychiatry* (March 1993;150:3:508-510) suggests that the thyroid may be involved with some cases of depression. This small study looked at 16 patients with subclinical hypothyroidism and 15 with normal thyroid function. The frequency of depression over the course of a lifetime was higher in the group with subclinical hypothyroidism.

Hypothyroidism can cause high cholesterol and heart disease. Research appearing in the *Annals of Internal Medicine* (2000; 132(4):270-8) showed that subclinical hypothyroidism and thyroid autoimmunity can also increase

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the risk of heart disease. Could it be that your patient who is on cholesterol lowering medication should actually be getting thyroid support? Hypothyroidism can be responsible for miscarriages. If an expectant mother has hypothyroidism and doesn't miscarry, her baby will have a lower IQ than if her thyroid was normal [According to a study published in the *New England Journal of Medicine* (1999;341:549-555, 601-602),]. Problems losing weight, dry skin and immune system problems may have the thyroid problems at their root.

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## LAB: READ BETWEEN THE LINES

Unfortunately, many cases of hypothyroidism are missed because lab analysis is often inadequate. Lab interpretation and the supplement suggestions indicated below have been obtained from the writing of Dr. Harry Eidenier, an expert in blood chemistry analysis.

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

**TSH** If the TSH is greater than 2.0 (in the presence of symptoms), the problem is with the thyroid itself. The higher the value, the more likely that this is the case. When TSH values are 3.0 or more, it is very common for the patient to have symptoms and come into the office saying, "The doctor said my thyroid is fine." Most doctors won't diagnose the patient as being "borderline" hypothyroid until the TSH gets to be above 7.0. Support for primary thyroid hypofunction is needed. There are a number of nutrients that could help. We will mention a few here, but the decision should be made by a trained professional. Iodine, tyrosine, and even thyroid glandular tissue has been used to help these patients.

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

**T3** If the T3 (free, total or uptake) is below the middle of the reference range and the T4 is above the middle of the reference range, it is a conversion problem. T4 is converted by the body to the more active form, T3. In the presence of symptoms, this needs to be addressed. High stress, nutrition and other issues may prevent the conversion from taking place. A health professional trained in nutrition may recommend adrenal support, trace minerals (especially selenium), vitamin B<sub>12</sub> or other nutrients. The cause can be from too much stress (cortisol), too much estrogen or a lack of nutrients needed for the conversion. Another test, RT3, can show the presence of reverse-T3, which is an isomer of the active form of thyroid hormone. Reverse T3 is not active, and can make the thyroid panel look normal in a patient that has symptoms of hypothyroidism.

**I don't deserve  
this award, but  
I have arthritis  
and I don't  
deserve that  
either.**

*Jack Benny*

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## **HYPOTHYROIDISM DURING PREGNANCY**

According to an article published in the November 22, 2000 issue of *Medical Screening* (a specialty publication of the *British Medical Journal*), a pregnant woman with hypothyroidism is four times more likely to miscarry in the second trimester than a woman with normal thyroid function. The study involved over 9,000 women. In slightly over 2% of the women the TSH levels were 6 or greater.

In the group with TSH levels more than 6 (hypothyroid), miscarriages occurred in 3.8% of the pregnancies. In the normal thyroid group miscarriages occurred in only 0.9% of the pregnancies. Also, as the TSH levels went up, so did the instance of miscarriages. Women who had TSH levels higher than 10, had a miscarriage rate of 8.1%.

The researchers state that routine thyroid screening should be part of every prenatal exam. According to the study, six of every 10 miscarriages can be attributed to hypothyroidism.

Other studies among pregnant women with hypothyroidism have suggest a possible connection between placental abruption, premature birth, miscarriage, low birth weight, and hypertension during pregnancy. These other studies were limited to women attending high-risk or specialty clinics and might not have reflected the findings in the general population—more research is needed to be conclusive.

About one woman in 50 is thyroid deficient during pregnancy. Nearly 30 million Americans have a thyroid disorder (not all of them pregnant), and half of them are undiagnosed. Hypothyroidism becomes even more prevalent with age; by the age of 60, 1 in 5 women will suffer from a thyroid deficiency. This can cause fatigue, depression, loss of sex drive, and, in general, a poor quality of life. If left untreated, thyroid disease can lead to serious long-term complications such as high cholesterol, heart disease, infertility, impaired IQ in offspring, and potentially, late miscarriage.