

## THYROID

The BARNES BASAL TEMPERATURE TEST (BBTT) is simple and accurate. Before going to bed in the evening, shake down an oral thermometer and place it by your bedside where it will be safe from accidental breakage. Immediately upon awakening and at bedtime, take your temperature. Record the temperature and repeat several days in a row. A temperature below 97.6° F indicates probable hypothyroidism. The test is not accurate if you are ill (with a fever), nor during menstruation. A temperature above 98.2° indicates possible hyperthyroidism, or fever from an infection. If the test is positive, these other tests may be done by your physician to confirm the diagnosis: thyroid function tests (T3, T4, TSH), and cholesterol levels. However, these tests are chemical tests and are more subject to error than is the BBTT which has been proven in studies involving several thousand patients. The emphasis is on clinical symptoms and the BBTT. Of the blood tests, the TSH is the most reliable. The diagnosis is confirmed when body temperature normalizes and/or symptoms cease upon treatment.

### SYMPTOMS OF THYROID DEFICIENCY INCLUDE:

Lack of energy (Mg)	Frequent headaches (Mg)
Muscle cramps (Mg)	Dry skin, hair, and eyes (Vit A)
Constipation (Mg)	Numbness and loss of nerve function
Loss of memory (Mg)	Cold hands or feet or cold intolerance
Depression (Mg)	Loss of color vision
Menstrual problems	Hypoglycemia
Frequent infections, especially upper respiratory, sinusitis, and of the eyes (all mucous membranes) (Vit A)	All cardio-vascular diseases, including mitral valve prolapse (Mg, Q-10)
Macular degeneration	Slow or weak pulse
Hypotension	Low tension glaucoma
Elevated cholesterol	Diabetic retinopathy

A deficiency of the nutrient in parentheses may cause the same symptom. Persons with 2 or more of these symptoms, especially those with a low BBTT, deserve a clinical trial of thyroid hormone.

Three eye diseases thought to be associated with hypothyroidism: macular degeneration, diabetic retinopathy, and low pressure glaucoma. Virtually everyone with any of these diseases is hypothyroid. Prevention and reversal are possible with a combination of nutritional supplements and thyroid hormones. Laser therapy or laser surgery remains a suitable option for most patients.

The recommended initial treatment is thyroid tablets as prescribed by your doctor. Continue at that dosage level and monitor your BBTT every few weeks. Also have your pulse and blood pressure checked regularly until your maintenance dose is reached. An excessive amount of thyroid hormone will cause your pulse to race, and your blood pressure to elevate. Generally, if your resting pulse is greater than 85, then you should take thyroid only very cautiously and then only with the close supervision of your physician.

Occasionally the temperature may plateau and remain at a lower level for several months before continuing to rise.

Persons who have had a recent heart attack or who have cardiac arrhythmias should not use thyroid except under the direct supervision of their family physician or cardiologist. Elevated pulse rates and cardiac arrhythmias are frequently due to a magnesium deficiency. Magnesium-potassium aspartate is suggested.

Obviously, patients who are hyperthyroid (as indicated by the BBTT or laboratory testing) should not take supplemental thyroid.

However, work by Broda Barnes, M.D. and others have confirmed that thyroid deficiency is a major cause of atherosclerosis and heart disease. As stated by one researcher, the person with heart disease is better off with a small dose of thyroid hormone than with none. The problem is that in severe heart disease the body can barely tolerate the increased metabolism produced by administering thyroid hormone, even though it is needed. For example, moderate exercise is beneficial for the heart patient; but if the patient has allowed his condition to deteriorate to the point of not being able to walk, what do you do next? The same problem occurs in the end stages of diseases caused by insufficient thyroid hormone. As with exercise, it is frequently possible to restore health slowly by gradually increasing doses of thyroid hormone. Persons who have cardio-vascular diseases and also have symptoms of thyroid deficiency and low BBTT need to be on thyroid hormone, but at a lower initial dose, and then adjust upwards cautiously at one to three month intervals. Persons with heart disease are almost universally deficient in thyroid hormone, Coenzyme Q-10, and magnesium.

Symptoms of thyroid toxicity include a rapid pulse, nervousness, tremors, and excessive sweating. If these develop while the BBTT is still low, then you most probably have deficiencies of copper, magnesium, or Coenzyme Q-10. Reduce your dose of thyroid until these are corrected by your doctor.

Copper is necessary for the proper utilization of thyroid hormone. A copper deficiency can result in symptoms of hypothyroidism, even when serum levels of thyroid are entirely normal. So can a deficiency in Coenzyme Q-10 or magnesium, and their use should be seriously considered.

Persons who are low thyroid will have a Vitamin A deficiency and will have moderate to severe mineral deficiencies. Clinical signs of Vitamin A deficiency include night blindness, dryness of the eyes, frequent eye infections including chalazions and blepharitis, dry itchy skin, especially with a coarse texture, and a loss of color vision and even a loss of visual acuity. The major food sources are liver, eggs, broccoli, dark leafy vegetables, and yellow fruit and vegetables.

It is suggested that both you and your physician read *The Riddle of Illness* by Stephen E. Langer, MD, *Solved: The Riddle of Heart Attacks* by Broda O. Barnes, MD and *Nutrition, Health, & Disease* by Gary Price Todd, MD, or visit [www.wilsonssyndrome.com](http://www.wilsonssyndrome.com).