

Thyroid Myths

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Revised July 15, 2009
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Definitions:

- T4 (Synthroid) is the inactive form of the thyroid hormone.
- T3 (Cytomel) is the active form of the thyroid hormone.
- Thyroid glandulars (Atrium, Armour, etc.) contain protein precursors to T4 and T3, which are digested to produce the active units of T4 and T3.

In order to be healthy, T4 must be converted into T3 in the liver. This is highly dependent on a diet that supports good thyroid function and avoids anti-thyroid foods and substances. Pro-thyroid foods include: organic animal protein three times daily, white sea salt to taste, fruits and fruit juices three times daily and healthy fats (coconut oil - the prothyroid oil, butter and extra virgin olive oil). Major thyroid inhibitors or toxins include: soy products except soy sauce (soymilk, soy beans, tempeh, tofu, soy protein powder, edamame); polyunsaturated oils (PUFA or omega-3 and -6 oils) which include seed and nut oils, fish oils, and soybean, canola, safflower, Evening Primrose, flaxseed, borage, etc. oils.; RAW cruciferous vegetables (broccoli, cabbage, cauliflower, brussels sprouts, kale, collard greens, Chinese broccoli, kohlrabi, bok choy, turnip root and greens and rutabaga); pesticides and other toxic substances in commercial foods; fluoride (in toothpastes, water and commercial foods); mercury (in silver-amalgam fillings and as an environmental toxins); excess inorganic iron and other metals and even some isolated nutritional supplements, including beta-carotene (in carrot juice and in vitamin supplements) and PABA (para amino benzoic acid).

The following are thyroid myths that have been reported to me from hundreds of clients worldwide over the past 25 years.

Myth #1: Blood tests for thyroid function are valid and determine thyroid function accurately.

The truth: The numbers in the thyroid blood panel may be accurate but *they do not tell you what the body is doing with the thyroid hormone so they are a waste of money.* This was proven over 60 years ago by the late Dr. Broda Barnes, M.D., who wrote *Hypothyroidism, the Unsuspected Illness*. The only way to determine thyroid function is by the oral temperature in the morning *after* arising and again at noon or during daylight hours plus the daytime resting pulse, which should be 98.0 degrees F, 98.6-99 degrees F and 85 beats per minute, respectively. Fertile women should do this during menses to avoid the rise in temperature during ovulation. There are some exceptions to this that can be observed in blood tests but most hypothyroid people have what's considered a "normal" thyroid panel. Many are misdiagnosed as being hyperthyroid because they are thin and have a low TSH (<1.0), when in fact, they are hypopituitary. Thyroid nutrition reverses both a sluggish thyroid and a sluggish pituitary gland.

Myth #2: Synthroid (synthetic thyroid or T4) works and is more effective than thyroid glandular.

The truth: Synthroid is cardiotoxic, shrinks the thyroid gland, suppresses cellular respiration, suppresses the pituitary and rarely improves symptoms, except in very healthy people who can convert the T4 to T3. Women have more difficulty converting T4 to T3 than men because low thyroid women are estrogen

dominant and estrogen inhibits the conversion of T4 to T3. A healthy man has less difficulty converting T4 to T3.

Myth #3: Synthroid is better than thyroid glandular because the dosage is scientifically determined.

The truth: The glandular works because it contains a balanced ratio of T4 and T3 colloidal protein precursors. Both are necessary. In addition, many people need additional T3 (Cytomel) because they have thyroid resistance – difficulty converting T4 to T3.

Myth #4: Supplemental iodine is good for thyroid function.

The truth: “Some claim that an iodine deficiency can be shown by the quick disappearance of a spot of iodine painted on the skin. Iodine is converted to colorless iodide by reductants, including vitamin C, glutathione, and thiosulphate. I have a newsletter that has some references describing the effect of even moderate iodine excess (even below a milligram per day) on the thyroid. An iodine deficiency can cause hypothyroidism, but so can an excess. A dosage of 150 mcg is a safe amount of iodine.” (Peat) But people take much higher, thyroid-toxic doses of iodine. It is true that there are some areas in the world where there is thyroid deficiency but this is not true in the United States.

See *To Your Health* - July 2008: <http://www.litalee.com/shopexd.asp?id=393>

Myth #4: Don't take thyroid glandular. It causes bone loss.

The truth: Synthroid (synthetic T4) *causes* bone loss. Thyroid glandular *prevents* bone loss because it promotes *both* new bone formation and the dissolution (resorption) of old bones. *Both* are required for healthy bones. Thyroid converts LDL cholesterol into pregnenolone, progesterone and DHEA. Progesterone promotes new bone formation and stimulates the release of thyroid hormone from the thyroid gland. Dr. Ray Peat told me that he wonders why doctors say that taking thyroid glandular or being hyperthyroid causes bone loss when they can't explain why animals given huge amounts of Armour USP thyroid have bigger bones than normal.

Myth #5: I can't take thyroid glandular because I am underweight.

The truth: Thyroid glandular will reverse *both* being underweight or overweight.

Myth #6: I don't take thyroid glandular because it will make my thyroid gland lazy.

The truth: Studies in which the thyroid gland was totally suppressed with an overdose of thyroid glandular showed the natural return of thyroid activity when the glandular was withdrawn. This took only a couple of days.

Myth #7: Taking thyroid glandular causes a dependency.

The truth: The need for thyroid glandular varies and in fact, increases with darkness (winter), stress and illness or any kind of stress (physical, emotional or mental). Keeping track of your oral temperature and resting pulse will determine your correct dosage and the need to increase or decrease.

Myth #8: I'm afraid to take thyroid glandular because I was told it causes heart problems.

The truth: Thyroid *prevents* heart disease. In fact T3, the active form of the thyroid hormone can help reverse heart disease if taken in very small amounts. Synthroid (T4) is cardiotoxic. Don't confuse the cardiotoxic effects of Synthroid with the cardioprotective effects of thyroid glandular and T3.

Myth #9: Taking excess thyroid glandular has dangerous side effects (e.g. hyperthyroidism).

The truth: The *only* side effect of being slightly, say 25% hyperthyroid is *longevity*. The longest-lived peoples on earth are about 25% hypermetabolic. These people live on prothyroid foods (organic animal protein, adequate sea salt, fruits, fruit juices and coconut products) and had *none* of the common diseases observed in people who eat a poor or anti-thyroid diet (cancer, heart disease, gallbladder disease, bone disease, senility, etc.).

Myth #10: All thyroid glandulars are alike.

The truth: Not true. Very few natural thyroid glandulars are available. Many so-called thyroid glandulars are bogus products containing iodinated casein (milk protein) plus amphetamine (speed) - hardly of help to the low thyroid person. Others contain unhealthy ingredients including iodine, herbs that have no effect on thyroid function and toxic excipients.

Some symptoms of hypothyroidism: chronic fatigue; insomnia; fibromyalgia; goiter; high or low blood pressure; underweight or overweight; dry skin, hair loss, facial hair in women, hoarse voice, depression; diagnosed with mental illness; attention deficit hyperactivity disorder (ADHD); allergies; immune system problems (frequent colds and flu, asthma, bronchitis, etc.); all female problems (PMS, cyclic migraines, cyclic seizures (at ovulation and menses), mood swings, fibrocystic breasts, ovarian cysts, uterine fibroids, endometriosis, infertility, miscarriage around the 10th week, excessive, scanty or irregular menses, etc.); colon problems; skin problems; hypoglycemia and all conditions related to aging (heart problems, gallbladder disease, cancer and tumors, diabetes, senility, etc.).

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