

## HYPOTHYROIDISM: A MISSED DIAGNOSIS

Stephen E. Langer, M.D., said his life as a doctor changed in a major way when he began exploring the work of Broda O. Barnes, M.D., Ph.D., who for fifty years has treated patients successfully for thyroid disorders. Ten years' worth of his own compelling experiences in a similar vein led to Langer's first book, **SOLVED: THE RIDDLE OF ILLNESS** (with James F. Scheer, Keats Publishing, 1984).

Barnes pioneered the use of morning temperatures of patients as a guide to treatment, finding it correlated more closely with low thyroid symptoms than the basal metabolism test in use at the time. Today, physicians rely on tests that measure blood levels of thyroid and thyroid-related hormones. Barnes, Langer, and other physicians say these tests fail to pick up low thyroid in a great many individuals and have led to a rise in bodily disorders that could have been avoided with appropriate thyroid hormone dosage. They prefer using the Barnes Basal Temperature Test initially, then going on to blood tests, thyroid antibody tests, etc., based on the readings. The test is simple: For two mornings in a row, individuals take their underarm (axillary) temperature for ten minutes upon awakening and while still lying in bed. The normal early-morning range is described as 97.8 to 98.2 degrees F, with readings below the lower temperature serving as a clue to possible hypothyroidism.

### Thyroid: The Body's Carburetor

Various researchers have estimated that 25% of the U.S. population may have low thyroid, most of it going undetected. Langer finds it in more than 40% of his patients. Thyroid hormones affect how clearly and swiftly we think, how much energy we have, how strong our muscles are, whether we make enough red and white blood cells, how efficiently we digest and assimilate food, etc. Low thyroid persons, for example, may not

be able to convert beta carotene (pro-vitamin A) adequately into the form of vitamin A the body uses. Langer tells about patients who, after years of a listless libido, regained normal interest in sex when their low thyroid function was discovered and treated. "Heart trouble," i.e., high cholesterol and atherosclerosis, is another seldom talked-about result of low thyroid. His case studies are fascinating because they deal also with a number of ailments that are commonly swept under the rug and labeled "functional" or treated with tranquilizers or antidepressants.



He has a lot of satisfying success stories. That's why he wrote the book! I interviewed him in his office in Berkeley. In his middle forties, tall and slender, his manner is thoughtful and low-keyed.

CF: I'd like to know how different ailments respond to your regimen and which results have been the most exciting to you as a clinician.

Dr L: [laughs] Do you have about 16 hours? I have no "regimen." We're talking specifically about the results I've seen administering thyroid to persons with low thyroid function.

Three things every cell in the body needs: nutrients, oxygen, and thyroid hormone. Deprivation of any of these things would be incompatible with life, so certainly any disorder in the body can have thyroid either as a causative factor or as an important auxiliary one.

So everyone I see in my practice I check for thyroid dysfunction. Incidentally, there's no way that I would put a patient on thyroid without talking to them about their nutrition. Every person I see is put on the essential fatty acids--Omega-3 and Omega-6--as well as vitamins and minerals.

CHRONIC FATIGUE is one of the hallmarks of low thyroid---people who go to sleep tired and wake up tired no matter how much sleep they've had.

CHRONIC RECURRENT INFECTIONS are another symptom---people who have infections all the time, even little kids who are always getting sore throats, ear infections, and so on, and who are constantly on and off antibiotics. Low thyroid creates immune system imbalances.

GASTROINTESTINAL PROBLEMS disorders are not what you'd call a sexy kind of symptom from a medical standpoint; they don't involve high technology or recombinant DNA! But the second largest cause of medical complaints that bring people into the doctor's office, after backaches, are GI complaints. Irritable bowel syndrome, constipation---think of the billions spent for purgatives and laxatives and enemas! Constipation is a very common symptom of an underactive thyroid. With thyroiditis, where thyroid hormone goes from low to high, it goes from constipation to diarrhea. So these people are erroneously diagnosed as having irritable bowel syndrome, or colitis, or in some cases, because of enzyme changes that produce changes in blood chemistries, there can be an erroneous diagnosis of gall bladder disease. Unfortunately, this has led to unnecessary gall bladder surgery.

Similarly, women have unneeded hysterectomies done. One of the symptoms in hypothyroid is flooding at menstrual periods. The doctor takes out the uterus and says afterwards, well, from a pathological standpoint he couldn't find anything wrong—but the woman has given up her uterus!

Another major symptom is HIGH BLOOD CHOLESTEROL. People with high cholesterol are put on drugs which may work but which also produce side effects and are expensive and unpleasant to take. I see a decrease of as much as 15% to 25% in a person's blood cholesterol without any major dietary changes, just by putting them on thyroid. And that works just as well for high triglyceride levels.

I'm not going to mention nutrition each time, but in each of these conditions nutrition is of major importance. If they're missing their essential fatty acids, their vitamins and minerals, thyroid supplements alone won't do it. But assuming that all things else are equal, adding thyroid will make a great difference.

We talked about chronic fatigue as a hallmark of low thyroid. There's very good evidence now that the "Yuppie Syndrome," Chronic Epstein-Barr virus, which has dragging tiredness as major symptom, is caused in great part by thyroid disorder. As a matter of fact, there was a letter to the editor of the New England Journal of Medicine some months ago by a very eminent professor of medicine from Tufts U., Dr. Louis Weinstein, who actually was a visiting teacher when I was in med school so he's probably in his 70's now, saying he has examined untold numbers of college-age students with Chronic Epstein-Barr and he found that just about all of them had thyroiditis. He felt it was the effect of the virus on the thyroid that was causing the problems.

**CHRONIC PSYCHOLOGICAL PROBLEMS**, particularly depression, intermittent anxiety, and panic reactions are very often due to thyroid. Not so much due to low thyroid but to Hashimoto's autoimmune thyroiditis. *[This disorder is thought to be the commonest cause of primary hypothyroidism and may run in families.]*

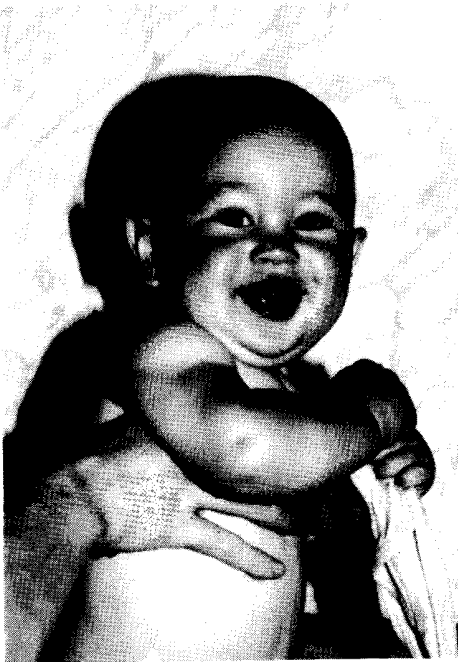
CF: How can it be treated?

Dr. L: With thyroid hormone also. It's rather tricky to treat. First, somebody has to believe that it's there. Second, you have to develop a feel for it, because sometimes it does not respond to the natural thyroid as hypothyroid cases do. When I treat thyroiditis I may have to use two or three different kinds of thyroid preparations. What I want to do

is actually suppress the gland, because if you have thyroiditis you're low most of the time, but then your gland puts out autonomously and you get too much hormone. So a lot of people come in having been diagnosed psychologically as manic-depressive, because they go depressed, depressed, depressed; fatigued, fatigued, fatigued...and then all of a sudden, for no apparent reason, they have an anxiety attack or a panic attack and they can't even leave their house! Often, they're put on major tranquilizers by a doctor. I've seen a number of people who have been hospitalized, who've had shock therapy. But when I did an antibody test, they clearly showed antibodies to their own thyroid.

CF: You can detect antibodies in Hashimoto's autoimmune thyroiditis?

Dr L: Oh, yes, antibody tests pick it up. In the case of Hashimoto's thyroiditis, the testing for antibodies to the thyroid gland is very valid. There's a local lab which has just developed an antibody test which is ten times more sensitive than any other test on the market. I'm picking up Hashimoto's thyroiditis like you wouldn't believe! In men as well as in women. It's supposedly 95% female, but I'm now picking it up in men, too. Most of them do well on simple Armour's thyroid.



Guess whose grandson!

I have been treating a nun, who came in with the story that she went "under a dark cloud" when she was 12 years old. She led an orderly life, she didn't go off the deep end, she ate normally—everything was in moderation. At 62 years of age, when I first saw her, she had seen ten psychiatrists and innumerable internists through the years.

When she did the morning temperature test, she had the incredibly low reading of 94 degrees! Within 30 days after she was put on the dose of thyroid that her body needed, which happened to be very high, fifty years of accumulated depression disappeared. This was after decades of taking antidepressants and all the psychotherapy. Again, I'm trained in psychiatry, so this is not a putdown of psychiatry. My point is that for any woman who gets acutely depressed, look first for physiologic reasons. Certainly, check for low thyroid.

CF: Had she ever been tested for thyroid function?

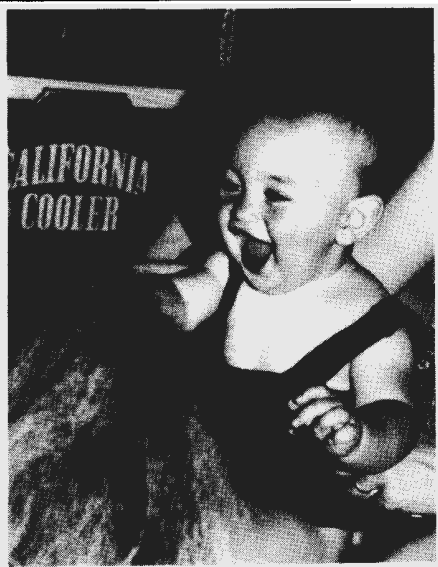
Dr L: Her blood tests showed normal thyroid. We had to look for low morning temperature or elevated antibodies. The new antibody test is a marvel! I've always been sticking my neck out using the basal temperature method as a guide, but it's getting tougher and tougher. Not that I feel uncomfortable treating patients in this way, but what's happening now is that the insurance companies are saying if you have a diagnosis of low thyroid, show us your blood tests. Nowadays I'm seeing many people whose thyroiditis shows up on the new antibody test—the antibodies the patient's system is making against their own thyroid gland. So I'm able to show the insurance companies these definitive blood tests and it shuts them up!

CF: How do you treat Epstein Barr patients?

Dr L: Most of my EB patients are on thyroid. Most are on large doses of vitamin C, and most of them are checked for food allergies. And they all have their nutritional imbalances corrected, their Candida yeast infections corrected, and so on. I send some who need it out to get intravenous vitamin C therapy—I don't do it myself. Most of them respond but not all. I saw a patient today who has Chronic EB antibodies, she has elevated Candida antibodies, she has autoimmune thyroiditis, she is diagnosed clinically as hypoglycemic—I have numbers to show that her blood sugar is low. I'm having a lot of trouble stabilizing her, although she's better than she was. So it's certainly not a 100% cure rate.

CF: What else have you seen improve with thyroid plus nutrition?

Dr L: **FEMALE DISORDERS** are a major area: *menstrual irregularities, dysmenorrhea [painful or difficult periods], hemorrhaging or flooding during periods, bleeding between periods, infertility in both men and women.* Again, this is nothing new. Prior to 1960 in this country, if you were infertile and went to a doctor, the doctor empirically would put you on thyroid. They didn't know why it worked but they knew it did!



It works for *migraine headaches*. It works beautifully for *eczema* and *acne*. It's insane to put people on antibiotics for acne. The first thing that happens with low thyroid is the blood supply to the skin is cut back almost 70%, because the body is conserving energy to supply the internal organs. So the bacteria that are the natural part of the skin's flora multiply in the sebum of the sebaceous glands and you get acne! Taking antibiotics to cure that kind of acne, I tell my patients, is like sitting on a thumbtack and going to the doctor and the doctor says, "I can get rid of the pain," and puts you on pain pills for the rest of your life! Low thyroid is not always the cause of acne, but I will say 75% or better.

CF: You've seen it?

Dr L: I see it all the time! Not only do I see it all the time, but I've turned on some dermatologists, who are astounded by the results they've gotten.

CF: You're finding low thyroid to be a very common problem. Why would nature just stop making enough thyroid hormone in so many individuals?

Dr L: I explore possible factors in the book, but we don't really know for sure. Barnes felt it was hereditary, that hypothyroid people tended to marry other people with low thyroid. In other words, someone who's sluggish and fatigued doesn't in general go out and marry a speedball! He also thought it's been a problem for a long time, but years ago people were dying at an earlier age of infectious diseases before a lot of low thyroid symptoms could manifest themselves. Antibiotics in our time have pretty much conquered the major infectious diseases, permitting people to live long enough so that the symptoms appear. Also, more low thyroid individuals can now survive to maturity and have families.

CF: I wonder if low thyroid has some connection to the Omega-3 deficiency in Western diets for the last 75 years? Donald O. Rudin, M.D., calls the prostaglandins made from Omega-3 and Omega-6 fats the "local" hormones. He thinks they are key mediators that translate or transmit the message of the long-distance hormones such as thyroid to each individual cell. He suggests that without an optimal Omega-3/Omega-6 balance, the message of the blood hormone doesn't get transmitted properly to the cells.

Dr L: That's right, it's not just the thyroid, but thyroid in harmony with the other biochemistry of the body. You have to have the essential minerals and vitamins as well to mediate the hormones into the cells, or else the thyroid isn't functioning. If the thyroid isn't functioning, the other cells aren't functioning—it's not just one or the other.

I can't quote you chapter and verse, but speaking with Dr. David Horrobin [*a major researcher on prostaglandins and essential fatty acids*] a few years ago, he felt that one of the thyroid hormone's key activities was on the prostaglandin system. He said there was a very close correlation between essential fatty acid metabolism and the way the thyroid operated.

CF: So many of the disorders you've mentioned: skin, bowel, immune deficiency-

Dr L: Muscle and joint symptoms, neurologic symptoms, migraine headaches-

CF: -are practically identical to the symptoms Dr. Rudin saw in the patients in his pilot study who suffered specifically from an Omega-3 fatty acid deficiency. There must be a powerful relationship between the essential fats and the thyroid, as you and Dr. Horrobin believe.

Dr L: These ailments require a wholistic approach. Without adequate thyroid, there's decreased absorption of everything. You may in fact be eating a good diet and taking all the nutrients, including the essential fats, and still not be able to use them to the fullest, if low thyroid is making your GI cells too sluggish to metabolize the nutrients. The liver is also sluggish in hypothyroid individuals.

One of the commonest symptoms of an underactive thyroid is *obesity* or *overweight*, even though hypothyroid persons can be normal weight or even underweight. The unfortunate people who starve themselves into oblivion and can't lose often turn out to be hypothyroid, in my experience. The ones who religiously stay on a diet—even a

very good one containing the right nutrients, including the right fats—who exercise faithfully and lose weight and then put it back on faster than they took it off, and then can't take it off again—they're mostly low thyroid. Every one of the scientists who are working at the forefront of lipid pathology today will tell you it is a metabolic problem, but the one thing they never say is that the person needs thyroid. The main thing controlling metabolism is the thyroid and its hormones. But, of course, since the standard thyroid blood tests show up normal, they say you're just born that way and destined to be fat—which is baloney!



Joan and Dr. Donald Rudin

Using thyroid with my patients changed my life around. The one thing it hasn't done is made me rich! [*We both laugh.*] I'm not complaining—I'm doing what I want to do in clinical medicine, and doing other things with my life, but thyroid treatment is not what you'd call a hot ticket item!

CF: I'd like to hear about the economic aspect.

Dr L: Unless a person has a medical emergency, why not go with the simplest, cheapest thing? One of the least expensive ways to treat is to use thyroid—it costs a nickel a day. With thyroid and some commonsense nutritional things, which I'm sure your readers by this time know, and vitamins and the essential fatty acids, most of the problems that people come in with tend to improve.

If a person comes in with multiple food allergies and they're really not getting much better despite my best shot, I'll—it's like peeling off the layers of an onion—I'll go on to the next thing. The RAST test for food allergies, say, 90 foods which is a good screening test, costs me or other physicians about \$200. So that's what I charge my patients because I feel, in a sense, it's unethical to make

money from blood tests, etc. Every test I order I order because I want the information. I may order too much, in the eyes of some people.

My approach is not that I take a person's temperature and put them on thyroid and a few vitamins, and that's it. When a person comes in, they get a complete internal medical workup as they would anywhere else. I think complementary medicine is important, but given the state that things are in now, very few people will go to an alternative doctor right away. They'll go to their internist, they'll go to all the specialists. This is what I see all the time. They come to me and say, "You're my last hope!"

So, philosophically, I have no problem with a patient seeing any other doctor for anything. It's not "us" against "them." I say, let a person go to anyone they want to see with their symptoms and get their best shot. And continue to see their family doctor. With rare exceptions, I do not act as the family doctor. But if their symptoms are getting worse or are unchanged, why not have them try something that is nontoxic, noninvasive, and cheap, and will complement anything their doctor is otherwise doing? Anything that I do, I'll clear with any other doctor the patient is seeing and make sure it's not going to interfere with any drug or treatment they're administering.

CF: I've been reading warnings to diabetics in the medical literature about so-called dangers of taking fish oil supplements. Some doctors found their patients got high readings on blood sugar tests after they took fish oil or Maxepa.



Dr L: My experience has been that just about every adult-onset diabetic is also hypothyroid. I've put all my diabetic patients on Maxepa, [a fish oil supplement high in EPA and DHA, two major Omega-3 fats] and also about 90% of them are on thyroid, and I have NEVER seen them get anything but better! I've gone on my clinical instinct and it works.

CF: From reading the work of Dr. Horrobin and others, I would imagine that diabetics should respond to GLA [Gamma-linolenic acid, an Omega-6 fat available from supplements of evening primrose oil, black currant seed oil, and the blue-green algae Spirulina].

Dr L: They are on GLA. I can't say exactly what's doing it, because I don't put them on one supplement at a time--these are not experimental studies, I'm actually treating patients. They get on Maxepa, on GLA, on Glucose Tolerance Factor, B complex--I make sure they're getting all the minerals and vitamins, plenty of vitamin C--and they lose weight if they stay on a well-balanced diabetic diet. Most of them can really control the diabetes better, and can cut down on the amount of diabetic medication, if any, that they're taking.

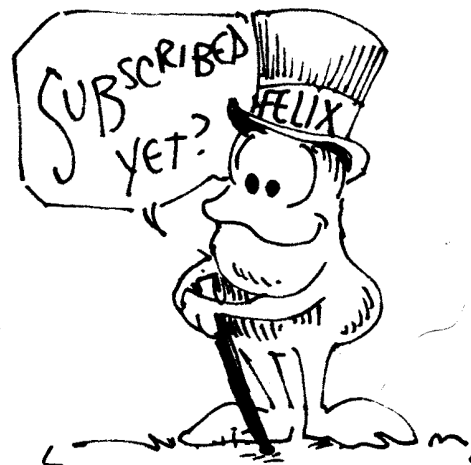
Also, it works for hypoglycemics as well--the other side of the diabetic coin, so to speak, the patients whose blood sugar tends to drop too low. Many of them also are hypothyroid and do much better on thyroid, and also on the essential fatty acids.

CF: Allow me a note of optimism: We know, for instance, that some thyroid problems arise because a person's immune system has gone haywire and makes antibodies to attack the gland. But in the last few years alone, we've learned a lot about using essential fats and other nutrients to keep the immune system from going off the track in the first place! I think some pretty enlightening concepts are finally coming together.

Dr L: [laughs] It's coming together for us, I don't think it is for medicine in general! Most doctors are trained to treat diseases. They're not trained in preventing illnesses. Of course prevention is the new buzzword, but the way it exists now, "prevention" is equal to "early detection." You get your PAP smear so you can detect your cervical cancer early enough so you don't die from it!

Maybe in 25 years all medicine will be real preventive medicine, but who knows? Maybe not, given the sorry state of the medical-industrial complex!

Obviously, it's a continuum, and as our consciousness evolves, I hope in some distant point in the future doctors will say, Let's prevent the cancer, then use the PAP smear not to catch it early but just to corroborate the fact that there isn't going to be any cancer at all!



Langer has been in private practice of general preventive medicine and clinical nutrition in Berkeley since 1973. His second book, HOW TO WIN AT WEIGHT LOSS (with James Scheer, Thorsons Publishers, Rochester, VT) came out in 1987 (see review in FL 39). His new book on how to use natural health care products will be published next year. He has moderated, produced, and/or hosted radio and TV shows on health since 1974. Since 1983 he has been medical columnist for the NATIONAL EXAMINER, a weekly tabloid with circulation in the millions.

Illustrations are by Clay Geerdes and other artists as noted.

The Felix Letter, an independent publication by Clara Felix, is supported by subscription only. Sample issue and index to previous issues, \$1 plus large self-addressed stamped envelope. Subscriptions are \$10 a year (six issues) in U.S. For Canada & Mexico, \$12 a year, U.S. cash or money orders only.