

Thyroid Hormone Information
& Recommendations
to Help Achieve Weight Loss

THYROID SUPPORT

Suggested guidelines of when to use which supplements for thyroid blood test results

<u>Item Tested</u>	<u>Reference Range</u>	<u>units measured</u>
Total Thyroxine (T4)	58 - 154	nmol/L
Thyroid Stimulating Hormone (TSH)	0.35 - 5.00 (3rd gen)	mIU/L
Free Thyroxine (FT4)	9 - 25.0	pmol/L
Free T3 (FT3)	2.6 – 5.6	pmol/L
Thyroid Antibodies	either positive or negative	
T Uptake	0.72 - 1.24 (largely obsolete test)	
Free Thyroxine Index (FTI)	5.0 - 12.0 (unreliable with euthyroid sick syndrome)	

With all 'abnormal' results, consider cortisol & DHEA testing / assessment, glycaemic management, stress reduction, moderate aerobic exercise programme, and heavy metal assessment.

Whenever any result is outside the reference range refer to doctor.

AS AT JANUARY 2003

Major Revision of Hypothyroid Diagnosis Guidelines

Although thyroid disease is easy to diagnose and treat, half of the cases in America remain undiagnosed. Minor thyroid abnormalities may go unnoticed, but data suggests that many people with low-level thyroid problems could improve with treatment.

In an effort to improve diagnosis of thyroid disease, the American Association of Clinical Endocrinologists (AACE) has released new guidelines that narrow the range for acceptable thyroid function.

Doctors typically base diagnosis of thyroid disease on the “normal” range for the thyroid stimulating hormone (TSH) test. While the previous normal range was between 0.5 and 5.0, the new guidelines narrow the range for acceptable thyroid function to between 0.3 and 3.04.

Under the new guidelines, as many as 27 million people may have abnormal thyroid function--more than double the number of people thought to have abnormal thyroid

function under the old guidelines. These estimates would make thyroid disease more common in North America than diabetes.

Women are at an increased risk for thyroid disease, as they are five to eight times more likely than men to be diagnosed. The elderly are also at an increased risk. By the age of 60 years, as many as 17 percent of women and 9 percent of men have an underactive thyroid. Thyroid disease is also linked to other autoimmune diseases, including certain types of diabetes, arthritis and anaemia.

The thyroid gland produces hormones that influence essentially every organ, tissue and cell in the body. Thyroid disease, if left untreated, can lead to elevated cholesterol levels and heart disease, infertility, muscle weakness, osteoporosis and, in extreme cases, coma or death.

Hypothyroidism (underactive thyroid) affects some 80 percent of patients with thyroid disease. Symptoms of hypothyroidism include fatigue, forgetfulness, depression, constipation, and changes in weight and appetite.

Experts hope that the new guidelines will give physicians the information they need to diagnose mild thyroid disease before it leads to serious health consequences such as elevated cholesterol, heart disease, osteoporosis, infertility and depression.

[About.com](#) February 20, 2003

[American Association of Clinical Endocrinologist](#) January, 2003

A possible explanation of the reason for the differences between sexes is the fact that the ovaries and breast tissue have a need for iodine that is similar to the thyroid, something largely unknown and overlooked when establishing recommended daily intake.

Special Note About Thyroid Glandulars

Biotics Research is the only company known to produce a PORCINE thyroid glandular. One reason is that Biotics have a pharmaceutical licence to remove thyroxine from the glandular material.

Indications of TSH Findings

NORMAL = 0.35 – 5.00 (depending on lab)

LESS THAN < 0.35 indicates thyroid HYPER function

MORE THAN > 5.00 indicates thyroid HYPO function

0.35 – 2.00 PLUS symptoms indicates HYPO secondary to Anterior Pituitary HYPO function.

2.00 – 5.00 PLUS symptoms indicates sub-acute thyroid HYPO function

(Key word is ‘symptoms’)

If results are normal and there are no symptoms, then do not treat.

EXAMPLES WITH SUPPLEMENT SUGGESTIONS

- **When Total Thyroxine is > 58 & < 90 (e.g. LOW IN RANGE) & TSH is 2.50 - 5.00**

& symptoms exist

USE: Thyrostim (BR) - 2 at breakfast & lunch (4 p.d.)
GTA (BR) - 1 at each meal
Or consider GTA Forte II (BR) at 1 -2 per day
L-Tyrosine 500 mg (BR) - 2 mid a.m. & p.m. (4 p.d.)

Consider Liquid Iodine (BR) at 10 drops in distilled water per day

- **When Total Thyroxine is > 58 (e.g. LOW IN RANGE) & TSH is < 2.50**

& symptoms exist

USE: Thyrostim (BR) - 2 at breakfast & lunch (4 p.d.)
GTA (BR) - 1 at each meal
Or consider GTA Forte II (BR) at 1 -2 per day
L-Tyrosine 500 mg (BR) - 2 mid a.m. & p.m. (4 p.d.)
Cytosyme PT/HPT (BR) - 1 at breakfast & dinner
Phos Serine (AR) - 1 at dinner

Consider Liquid Iodine (BR) at 10 drops in distilled water per day

- **When TSH is 0.35 - 2.50 and Total Thyroxine is between 58 – 90,**

& symptoms exist

USE: Thyrostim (BR) - 1 at each meal
Cytosyme PT/HPT (BR) - 1 at breakfast & dinner
GTA (BR) - 1 at each meal
L-Tyrosine 500 mg (BR) - 2 mid a.m.

Or consider GTA Forte II (BR) at 1-2 per day

Consider Liquid Iodine (BR) at 10 drops in distilled water per day

- **When TSH is > 5.00 & < 10, & total thyroxine is low**

USE: GTA (BR) – 2 at breakfast & dinner
Thyrostim (BR) - 1 at each meal
L-Tyrosine 500 mg (BR) - 2 mid a.m.

- **When TSH is > 10.00, & total thyroxine is low**

USE: GTA Forte (BR) at 1 at breakfast & 1 at lunch
Thyrostim (BR) - 1 at each meal
L-Tyrosine 500 mg (BR) - 2 mid a.m.

Consider Liquid Iodine (BR) at 10 drops in distilled water per day

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- **When Total Thyroxine is between 58 - 75 (e.g. LOW normal) & symptoms exist**

USE: Thyrostim (BR) - 1 at breakfast & lunch (or more if needed)
GTA (BR) - 1 at each meal
L-Tyrosine 500 mg (BR) - 2 mid a.m.

Or consider GTA Forte II (BR) at 1-2 per day
Consider Liquid Iodine (BR) at 10 drops in distilled water per day

- **When FT4 > 10 & Total Thyroxine is > 90 & TSH is 2.0 - 4.0 & symptoms exist**

USE: Meda Stim (BR)- 2 at breakfast & dinner, then reduce as needed
GTA (BR) - 1 at each meal
L-Tyrosine 500 mg (BR) - 2 mid a.m.

Or consider GTA Forte II (BR) at 1 -2 per day

- **When FT3 is MUCH lower proportionately than FT4 (e.g. FT3 = 3.5 & FT4 = 22.0) & symptoms exist**

USE: Meda Stim (BR) - 2 at breakfast & dinner, then reduce as needed
GTA (BR) - 1 at each meal
L-Tyrosine 500 mg (BR) - 2 mid a.m.

Or consider GTA Forte II (BR) at 1 -2 per day

- **When FT3 is MARGINALLY lower proportionately than FT4 (e.g. FT3 = 3.5 & FT4 = 16.0) & symptoms exist**

USE: Meda Stim (BR) - 2 at breakfast & dinner, then reduce as needed
GTA (BR) - 1 at each meal
L-Tyrosine 500 mg (BR) - 2 mid a.m.

Or consider GTA Forte II (BR) at 1 -2 per day

- **When Thyroid Antibodies are POSITIVE & symptoms exist**

This indicates auto-immune condition of thyroid - consider whether any food intolerances may exacerbate this such as wheat

CONSIDER USE OF: Cytolog - 2 sprays four times daily under tongue

GTA (BR) - 1 at each meal
Meda Stim (BR) - 1 at breakfast & dinner

- **When FTI is LOW
& symptoms exist**

USE: GTA (BR) - 1 at each meal
Or consider GTA Forte (BR) at 1 -2 per day
Super EPA (AR) - 2 p.d.
Phos Serine (AR) - 1 at breakfast & dinner
Thyrostim (BR) - 1 at breakfast & lunch

- **When RT3 is elevated test cortisol and DHEA (ASI test)
& symptoms exist**

USE: Phos Serine Complex (AR) 1 at breakfast & dinner
Cytozyme PT / HPT (BR) - 1 at breakfast & dinner
Super EPA (AR) - 3 p.d.
GlucoBalance (BR) - 1-2 at each meal
ADHS (BR) if elevated cortisol

Conventional Medical Treatment

An appropriately prescribed dose of thyroid hormone can effectively reverse hypothyroidism and enable sufferers of this condition to regain full health. Close clinical and blood test monitoring initially help establish the correct dose. This treatment is safe and without adverse side effects if the correct dose is given. Because this treatment may be long-term, even life long, periodic monitoring by your doctor is essential.

Dietary Recommendations

Holistic approaches to nourishing the thyroid and detoxifying the body have usually not improved thyroid status. Using foods and supplements specific for enhancing thyroid status can produce significant results in some individuals.

The following foods can nourish and enhance thyroid function:

- Iodine: from fish, sea vegetables like kelp, dulse, arame, hijiki, nori, wakame, kombu, and sea salt. Iodised salt is a source, but not the best, as it usually contains aluminium. Cod liver oil also contains traces of iodine.
- Zinc: from beef, oatmeal, chicken, seafood (especially oysters), liver, dried beans, tuna, spinach, seeds & nuts.
- Copper: from liver and other organ meats, eggs, yeast, legumes, nuts, raisins.
- Tyrosine: beef, chicken, fish.

For specific products to support thyroid function - see section on this topic.

Foods to Lower Thyroid Output

- Millet is a particularly potent anti-thyroid food & should be eaten by anyone with hyper thyroid function but NOT when hypo function exists.
- Cabbage & family members.

Other Therapies

- Constitutional homeopathy works subtly and can dramatically to reverse imbalances and blocks, and may effectively reverse low thyroid status. Acupuncture may be considered as well.
- Identify & treat yeast overgrowth and heavy metal toxicity.
- Although there is not much evidence in medical literature linking exercise with thyroid status, clinical observations have shown that aerobic exercise appears to elevate thyroid status in some people, possibly by enhancing circulation and greater cellular uptake of thyroxine. Some patients have experienced a quick recurrence of low thyroid symptoms after stopping the aerobic exercise programme. Aerobic exercise done regularly thirty minutes or more at least three or four times a week may enhance a nutritional programme to strengthen thyroid.