Compiled from *Healthyfiles* 12/2010

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COMMON AILMENTS
THYROID – HYPER AND HYPO

NOTE: ALL programs should begin with the following three items:
1) Shaklee Vita-Lea 2) Soy Protein 3) Optiflora

THEN: ADD the three items listed first when dealing with the ailments listed below.

Hypothyroidism

Investigate progesterone deficiency

1. ALFALFA: good source of balanced iodine
2. LECITHIN: essential for thyroid hormone production
3. INSTANT OR ENERGIZING SOY: essential for the formation of hormones; builds glandular strength
4. VITAMIN C: essential for glandular health; speeds tissue healing & connective tissue integrity
5. Liver DTX: helps detoxify
6. ZINC: essential for glandular health
7. B COMPLEX: essential for glandular health
8. VITAMIN E + SELENIUM: powerful free radical scavenger
9. CorENERGY (Ginseng/Cordeceps): for energy
10. CoQHeart: energize every cell
11. OPTIFLORA: for immune health

What should I know about Hypothyroidism? From Shaklee.com

Surrounding the windpipe just beneath the voice box, the thyroid gland is a small organ with a powerful influence on the body. The thyroid secretes hormones that affect virtually every organ.

Thyroid hormones are required for growth and development in children. In adults, the thyroid's main assignment is to regulate the production of metabolic energy.(1) The thyroid governs our "basal metabolism," which turns calories into useable heat energy. When thyroid hormone output is low, people are often tired, cold, and sluggish. They may also be overweight. Without enough thyroid hormone to keep metabolism humming along as it should, we simply do not function very well, physically or mentally. Hypothyroidism is a complex condition that manifests as a constellation of signs and symptoms caused by low thyroid hormone levels in the body.

The thyroid gland's hormone-producing activity is controlled by the hypothalamus and pituitary glands in the brain. These glands can sense when the amount of thyroid hormone in the blood is low or high and give feedback to the thyroid accordingly. When thyroid hormone levels drop, the pituitary gland, upon a signal from the hypothalamus, tells the thyroid to make more. The pituitary does this by secreting a hormone of its own called TSH, or "thyroid-stimulating hormone." As the thyroid hormone level rises, the pituitary gland tells the thyroid gland to shut production down. This circle of communication between glands, called a "feedback loop," is designed to keep the amount of thyroid hormone circulating in the blood within a fairly narrow range, so we never have too much or too little. In hypothyroidism, TSH levels are generally higher than normal because the pituitary pumps out more TSH in response to low thyroid hormone levels. Using iodine and the amino acid tyrosine as building material, the thyroid makes two hormones: thyroxine (T4), which has four iodine molecules in its chemical structure, and triiodothyronine (T3), containing three.

Hypothyroidism occurs in 1.5 to 2 percent of women and just 0.2 percent of men. The elderly are more prone to it.(2, 3, 4) The vast majority of hypothyroid people have primary Hypothyroidism, where the problem lies in the thyroid's inability to manufacture enough thyroxine to meet the body's needs. Sometimes the pituitary fails to secrete sufficient TSH; this is "secondary hypothyroidism."

The body may resist the influence of thyroid hormones, although this is rare. Hypothyroidism makes one feel like an engine missing a spark plug. The mind and body are sluggish. Digestion is poor, cardiovascular function and mental activity slow down, and muscles weaken.(5) Low basal metabolism causes low body temperature, leaving the hypothyroid individual feeling chilly, with cold hand and feet, most of the time. The old saying, "My get up and go got up and went," aptly describes the person with hypothyroidism.

Statistics

American Medical Women's Association, 1999.

• Hypothyroidism affects approximately 11 million Americans.

The Thyroid Society, 1996.

• Hypothyroidism is 10 times more common in women then men.

• 1 out of 5 women over the age 75 has Hashimoto's thyroiditis, the most common cause of hypothyroidism.

• 1 out of 4000 babies are born without a working thyroid gland.

Thyroid Federation International, 1998.

• By the age of 65, 17% of women have an underactive thyroid compared to 9% of men.

• 1 in every 4 babies is born with hypothyroidism

Signs and Symptoms

Common symptoms of hypothyroidism includes dry skin, cold intolerance, weight gain, constipation, and weakness. Less specific complaints include lethargy and fatigue, or loss of ambition and energy. Depression may result from untreated hypothyroidism. Coarse skin and hair, cold skin, puffiness around the eyes, and a slowed heart rate are also often experienced. Speech is often slow and may be hoarse. Muscle cramps, stiffness, and pain are frequent complaints. *Your healthcare professional may want to check thyroid hormone levels.*

The following list does not insure the presence of this health condition. Please see the text and your healthcare professional for more information.

General

Dry skin, cold intolerance, weight gain, constipation, and weakness
Less specific complaints include lethargy and fatigue, or loss of ambition and energy
Depression may result from untreated hypothyroidism
Coarse skin and hair, cold skin, puffiness around the eyes, and slowed heart rate
Speech is often slow and may be hoarse
Muscle cramps, stiffness, and pain are frequent complaints
Your healthcare professional may want to check thyroid hormone levels.

Footnotes

DiPiro JT, et al. Pharmacotherapy A Pathophysiologic Approach. fourth edition. Stamford, Connecticut: Appleton & Lange; 1999:1244.

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[4] Massoudi MS, Meilahn EN, Orchard TJ, et al. Prevalence of thyroid antibodies among healthy middle-aged women. Findings from the thyroid study in healthy women. Ann epidemiol. 1995;5:229-233.

[5] Lindsay RS, Toft AD. Hypothyroidism. Lancet. 1997;349:413-417.

This information is not intended to replace medical care; to diagnose, to treat or to cure.

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HYPOTHYROID *... "natural healing method" WORKED!*

In October of '99, bloodwork showed that I was hypothyroid...and I did Have symptoms of fatigue, low metabolism, hair falling out, difficulty in losing weight, feeling cold much of the time for a year which prompted me to have bloodwork done. I was relieved to know there was a diagnosis, but determined not to get on the Synthroid medication they recommended unless the "natural healing method" didn't work. The scary thing about Synthyroid is that it's a life-long drug. I researched Hypothyroidism and created a nutritional program to follow. Dr. Shaklee always said, "Give the body what it needs, then give it a chance to heal itself." Since April, 2000, I have taken 2-3 servings/Protein each day, along with 4 Zinc, 4 Vit. E + selenium caps 400 IU, 12 Vita C 500mg, 25 Alfalfa and 9 B-Complex daily. I do take other Shaklee supplements that I've not listed here...but these particular ones I increased to these amounts as they were suggested to increase thyroid production. Also, during much of that time, I was on the "I Love Dieting" program which I believe helped to heal the thyroid because of the diet itself (lots of soy protein, B's and the elimination of simple carbs, caffeine & excess fats.) I now believe if a person who has hypothyroidism would just follow that diet, they'd have a great chance of getting their problem corrected naturally. I'm not trying to play "doctor" and don't want to give the impression that I'm an expert. Sometimes, we do need drugs. My feeling is that I want to attempt to correct my body naturally, and if I fail, I'll be willing to take a drug. I did ask the Endocrinologist to do as many tests as she could to give us time to see if my plan was working, and she did bloodwork twice more since March along with an ultrasound. My visit to her again this morning showed my thyroid is fine! What a thrill to know I healed my body naturally, without subjecting myself to a medication I'd be on the rest of my life, and the potential side effects of that……..*Karen R*

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Hypothyroid Recommended Supplements

Suggested Supplements

Soy Protein 3 Tablsp at breakfast & noon Boosts energy needed & plasma production regulates sugar metabolism & regulates hormonal balance

Multivitamin /Mineral Vita Lea 2 a day All nutrients are needed to balance body functioning.

Get CleanWater 6 to 8 glasses every day Replenishes fluids of which the body is 80% and flushes the system

B Complex 1 tab 3 x a day For stress, boosts metabolism, improves cellular oxygenation and energy, essential for increased red blood cell formation & thyroid function.

CorEnergy 3 caps per day Ginseng energizes and sustains vitality

Vitamin E Plus 2 caps a day Increases circulation & protects immune system

GLA 1 caps a day Gamma-Linoleic Acid, an essential fatty-acid for proper functioning of the thyroid gland

Vitamin C, Sustained Release Vitamin C, Sustained Release Increases energy & protects cells against free radical damage.

Zinc 3 tabs a day Essential mineral, stimulates immune system/ healing

Iron 1 a day Essential mineral, enzyme & hemoglobin production

EZ Gest 1 caps per meal Digestive enzyme to help protein absorption

Optiflora As directed on label Prebiotic promotes colon health supporting growth of healthy microflora destroyed by antibiotics.

Herb Lax 1 or 2 a day Cleanses the colon for better absorption

Fiber Plan 1 serving a day Critical for regularity, digestion & overall health

Dietary recommendations to consider:

 Take nutritional supplements daily to ensure the thyroid of having all the daily nutrients needed to properly function.

 Avoid processed and refined foods, including white four, sugar, and rice.

 Drink purified BestWater only. Avoid fluoride and chlorine in products like water and toothpaste as they block iodine receptors in the thyroid gland, resulting in reduced iodine-containing hormone production and finally in hypothyroidism.

 Since iodine along with other essential trace minerals has been depleted from the soil in the Midwest farm belt, purchase organically grown food as much as possible as the soil is replenished in this process.

 Children can often eventually improve their thyroid activity to the point of discontinuing, under supervision of M.D., the natural (Armour) thyroid therapy. When adult's thyroid health improves nutritionally, Dr.Bruce Miller has found thyroid replacement may eventually be cut in half.

Recommending only Shaklee Products for best results. The above is translated from *Prescription for Nutritional Healing* by James F. Balch, M.D. & Phyllis A. Balch, C.N.C.; 1997

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HYPOTHYROIDISM TESTIMONY – SUSAN P

My name is Susan P and in my mid twenties, I was diagnosed with Hypothyroidism. My symptoms were the typical ones -- feeling tired all the time, my hair clogged the drain after every shower, I was always cold, I had dry skin, and I had gained a LARGE amount of weight in a relatively short time span (one month). I went to see the Dr., he drew blood, and found my thyroid hormone levels to be off. The immediate recommendation was Synthroid, a thyroid replacement drug. I have to tell you this did not sit well with me, but given my options -- he presented none, and I couldn't find much at the library - I finally started on the Synthroid.

In my late thirties, I started taking Shaklee's nutritional products - I'd always taken vitamins, I just switched brands. Long story short, I felt better than I had in years, and I felt that my body was really working the way it should be. Believing that the human body has the ability to heal itself, I decided it was time to get myself off the Synthroid. I did some research and found literature that gave alternatives to taking Synthroid. In early January 1999, I stopped taking the Synthroid (cold turkey), and started taking Kelp (high in iodine, which is necessary for thyroid function) along with what I was already taking -- **Vita-Lea with Iron, B-Complex, Vita-C, Vita- E, Beta Carotene (now called CarotoMax), GLA, Alfalfa, Calcium Complex, and lots of Energizing Soy Protein –** but soon discovered that stopping cold turkey was definitely NOT the solution for me. Within 2 weeks, I was having headaches, felt cold all the time, my hair was clogging the drain when I showered, etc., I went to the Dr. and he told me that after 12 (13?, 14?) years, my body was no longer producing any thyroid hormone, and I absolutely could not stop taking the Synthroid. Well he should no better than to challenge me. I went home and started on the Synthroid again - I felt too crummy not to. I then decided to take myself off the Synthroid gradually -- after all, my thyroid didn't stop working overnight, so how could I expect it to kick in overnight? Next, I figured out that my prescription would run out in early Spring, so I decided to gradually reduce the Synthroid while hopefully getting my body to kick in. When I was down to my last 10 to 12 Synthroid pills, I opened up the Kelp capsules I had purchased, and dumped out about 3/4 of a capsule. I then took that 1/4 filled Kelp capsule WITH my Synthroid. I did this for a few days. Then, every few days I would dump out less of the Kelp (1/2 capsule) and take for a few days, then less still (1/4 capsule) and take for a few days, until eventually I was taking a full capsule of Kelp every day -- while at the same time cutting back the amount of Synthroid I took, initially I took the Synthroid daily WITH the Kelp. I did this for a few days, then I took Synthroid every other day, then every third day, until the Synthroid was finished. Eventually I was taking two Kelp capsules on "even" numbered days, and one Kelp capsule on "odd" numbered days.

When I first started to cut back on the Synthroid I did not feel great, but I didn't feel really crummy either. After about two, maybe three months, I started to feel like my old self again. In December of 1999, I went to the Dr. and he drew blood to check my thyroid, all the while commenting that I "looked younger than my years, looked thinner (I had dropped a few pounds), but that you just can't stop taking Synthroid after that many years." A few weeks later my results arrived, my thyroid hormone levels were in the normal range! The letter is still pinned to my refrigerator. A reminder that when our bodies get what they need, they truly can heal themselves!

Nowadays , I take one capsule of Kelp daily except on Mondays, Wednesdays, and Fridays when I take two. I am not a Dr., but this "feels" right for me, and my blood work continues to be "normal." And of course I still take all the Shaklee supplements I was taking before -- **Vita-Lea with Iron, B-Complex, Vita-C, Vita- E+, CarotoMax, GLA, Alfalfa, Calcium Complex, and Energyzing Soy Protein** I also take **Optiflora and DTX** periodically. Just a few additional comments, I strongly feel that had the first Nutritionist I saw, when I was initially diagnosed with hypothyroidism, asked about "What I ate?" Aside from not eating to the food guide pyramid, she would have discovered that I had virtually NO source of iodine in my diet (iodine is necessary for thyroid function). I consumed almost no salt, my husband had high blood pressure and was told not to use salt, so I didn't cook with it, ever! Iodized salt is one of the few ways Americans get sufficient iodine to support proper thyroid function. Foods rich in iodine:

Kelp, foods grown in iodine rich soil (much of our U.S. soil is depleted of iodine), onions, and all seafood.

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UPDATE, October 2004

I feel great and have been off the synthroid for over 4 years. Had my bone density checked in 2002 (long term synthroid use had been linked to osteoporosis), and glad to say that thanks to Shaklee, my results were "VERY high for a 30 year old woman" (I was 42 at the time), and my Dr. was very impressed. I continue to take the kelp on the same schedule as before, one capsule per day, except on Mon., Wed., and Fri. when I take two. This regimine works for me, and my blood work shows that. *Susan*

This information is not intended to replace medical care; to diagnose, treat or cure.

COMMON AILMENTS

M Wilmore, Nutritionist

NOTE: ALL programs should begin with the following three items: 1) Shaklee Vita-Lea 2) Soy Protein 3) Optiflora THEN: ADD the three items listed first when dealing with the ailments listed below.

THYROID: Hypothyroidism (investigate progesterone deficiency)

- ALFALFA: good source of balanced iodine
- LECITHIN: essential for thyroid hormone production
- RAW PROTEIN SUPPLEMENT: essential for the formation of hormones; builds glandular strength
- VITAMIN C: essential for glandular health; speeds tissue healing & connective tissue integrity
- APPETITE REDUCITON SPRAY: helps detoxify
- ZINC: essential for glandular health
- B COMPLEX: essential for glandular health
- VITAMIN E + SELENIUM: powerful free radical scavenger
- CorENERGY (Ginseng/Cordeceps): for energy
- CoQHEART: energize every cell
- OPTIFLORA: for immune health

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COMMON AILMENTS HYPOTHYROIDISM
By Martha Wilmore 2009
NOTE:

1. To reduce toxin exposure, eliminate ALL AVOIDABLE TOXINS by choosing Shaklee toxin-free cleaners and personal care products.

2. To support more optimal fibre and raw essential oils, it is recommended to eat 3 tablespoons of fresh ground flaxseed daily

3. With every ailment listed below, use the three items listed FIRST for support to one of the Starter Programs

4. ALL programs should begin with ONE of the following three STARTER PROGRAM OPTIONS:

A. Bare Essentials

1. 3 tablespoons of Soy Protein or 2 scoops of Cinch Shakes
2. 2 Vita Lea
3. 1 Optiflora Pearl **PLUS** 1/8th to 1 teaspoon Optiflora Powder

B. Basic Program for Prevention

1. 3 tablespoons of Soy Protein or 2 scoops of Cinch Shakes
2. 1 Vitalizer Strip (with or without iron) **PLUS** 1/8th to 1 teaspoon Optiflora Powder

C. Better Program for Prevention and Symptoms

1. 3 tablespoons of Soy Protein or 2 scoops of Cinch Shakes
2. 1 Vitalizer Strip (with or without iron) **PLUS** 1/8th to 1 teaspoon Optiflora Powder
3. 1 teaspoon of Vivix
4. 2 NutriFeron

HYPOTHYROIDISM: (underactive thyroid) – avoid all foods you are allergic to … if environmental allergies are an issue, get a Shaklee AirSource

1. VIVIX: for glandular support
2. ALFALFA: for mineral smorgasbord (including iodine)
3. CoenzymeQ10: for energy support
4. ZINC: for glandular support
5. CINCH TEA: power polyphenols / for energy
6. VITAMIN C: for glandular support
7. B COMPLEX: for glandular support and energy
8. OPTIMIZE PROTEIN: for repair … Cinch Shakes are the best choice (due to leucine)
9. OMEGAGUARD: to optimize essential fatty acid intake

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Natural Approaches for Thyroid Health

Hypothyroidism

This condition is caused by low activity of the thyroid gland, resulting in reduced production or inhibition of the thyroid hormone. It affects many more women than men because hormone imbalances act as a trigger for thyroid problems. Some cases are a result of Hashimoto's Disease, an autoimmune disorder where the body attacks the thyroid gland, resulting in inflammation and, ultimately destruction of the thyroid tissue. Surgery for hypothyroidism, where part of the gland is removed or radiated, can cause an iodine deficiency, which can also cause hypothyroidism. Clinical testing is recommended to determine the cause. Recording early morning body temperatures, before rising for at least three days, and correlating the data with lab test, is the most useful way to determine the extent and progression of this condition.

Symptoms:

- Fatigue
- Muscle weakness
- Slow heartbeat
- Weight gain
- Dry skin and hair
- Brittle nails
- Cold intolerance
- Forgetfulness
- Chronic constipation
- Heavy menstrual periods
- Hoarse voice
- Depression

Diet:

A diet rich in iodine-containing foods, such as seafood and sea vegetables, is helpful. Do not eat raw broccoli, cabbage, brussel sprouts because they contribute to a sluggish thyroid. These can be eaten cooked. Avoid processed and sugary foods. Avoid fluoride and chlorine because they will block iodine receptors in the thyroid gland.

Shaklee products that may help, first:

- Alfalfa Complex
- B Complex
- Vita E Complex
- Vitalizer or VitaLea
- Zinc Complex

Second:

- Immunity Formula I
- Lecithin
- OmegaGuard
- OsteoMatrix
- Non-GMO Soy Protein: Energizing Soy or Cinch Shakes
- Sustained Release Vita C

Hyperthyroidism

This condition is caused from excessive release of thyroid hormone, resulting in an overactive metabolic state. Nutritional testing is recommended to determine the initial cause. Then a health program can be established that will normalize the thyroid. You may want to implement a natural approach before considering surgery.

Symptoms:

- Poor digestion
- Sudden weight loss
- Pounding heart
- Insomnia
- Muscle wasting
- Nervousness
- Irritability
- Heat intolerance
- Frequent bowel movements
- Hair loss
- Irregular menstrual periods
- Bulging eyes.

Shaklee products that may help:

- Alfalfa Complex
- B-Complex
- Carotomac
- Garlic Complex
- GLA Complex
- Immune Formula I
- Non-GMO Soy Protein: Energizing Soy or Cinch Shakes
- Vitalizer or VitaLea

Testimonial

"I was diagnosed with low thyroid last year in October.I had gained about 25 pounds over a three-year period even though I was really watching my diet. I actually weighed 98 lbs in 1997, and then this year I was a whopping 134. I'm only 5' 1" tall. So any way, with the other symptoms I was having, my doctor decided to run tests on my thyroid while he was checking my estrogen levels. Well, it turned out I had autoimmune thyroid disease. So he put me on thyrolar. I responded well, and was doing ok.

I started taking Shaklee products in May of this year, and by July I asked my doctor to recheck my levels because I didn't think I was doing as well. He did not want to do it so soon. So I kept on fighting my problems and kept getting more and more hyper. I could not sit down and do nothing. I had to pace the floor if I talked on the phone. I could not sleep, and my eyes hurt all the time. I lost down to 118 lbs. Then, I just took myself off my medication and called him and said I wanted to be rechecked. So in October of this year, he ran the tests after I had been off my thyrolar for about a week. My levels were high. So he took me off the medications and I am fine now.

I was taking a lot of the supplements since I had other health issues that I was treating with mega doses. But I was using the ***soy protein, now, Vitalizer, OptiFlora, Carotmax, Formula I, extra E, C, B complex, Alfalfa, and Garlic, GLA, OMEGA-3, Lecithin, HerbLax, fiber daily plan, and chewable Calcium.*** *I don't know which of these supplements actually did the healing, but something sure did. It also cured my chronic backache and tendonitis in my feet. I also don't have problems with joint pain in my shoulder and hip joints any more. So I am very pleased with my progress. Hope this helps encourage others to use Shaklee to overcome all of their health issues."* ~ Jean

Excerpt from Build A better You by Dr. Richard Brouse, 2007. Prepared by Terri Fuller, Shaklee rep.

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SYMPTOMS OF LOW THYROID INCLUDE:

ı LOSS OF HAIR
ı WEIGHT GAIN
ı COLD HANDS AND FEET
ı CELLULITE
ı WEIGHT GAIN ON THIGHS AND HIPS
ı DRY SKIN
ı LOW BODY TEMPERATURE
ı LOW BLOOD PRESSURE
ı LOW ADRENAL FUNCTION
ı MENSTRUAL IRREGULARITIES
ı INFERTILITY
ı PMS
ı OSETOPOROSIS
ı SUGAR CRAVINGS AND HYPOGLYCEMIA
ı UNEXPLAINED FATIGUE
ı CHRONIC FATIGUE
ı CONSTIPATION
ı MUSCLE CRAMPS AND SPASMS
ı PROBLEMS DIGESTING FATS AND OILS
ı SLUGGISH LIVER
ı COPPER TOXICITY

The Shaklee Difference *- The principle of "Products in Harmony with Nature and Good Health" guides Shaklee science. Experts in nutrition, public health, food science, analytical chemistry, biochemistry, herbology, microbiology and engineering staff the 52,000 square feet Forrest C. Shaklee Research Center in Hayward, California. They continue the important research and development that makes each product the world stand for quality.*

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TESTIMONY NUTRIFERON AND THYROID

Just wanted to share my most recent testimonial. I felt that I had already been so blessed since I started using Shaklee's Essential Foundation. My carpal tunnel has been pain and symptom free since I started on the products in Dec of 2004. Little did I know how truly blessed I am and that I would be given such a wonderful gift once again. I started on the Nutriferon in October of 2005. I was just basically taking it to rebuild my immune system, not realizing what it was actually doing for me. I had been taking Synthroid for my thyroid for 20 years. A small tablet once a day that I had resigned myself to the fact that I would be taking it for the rest of my life. In January of this year I started having trouble with my Synthroid dosage and kept having to go into the clinic for blood draws. Each time that I went in, my Synthroid dosage was dropped. I would take the new dose for about 3 weeks and then the trouble would start again. The doctor, nurses and lab techs were baffled. None of them could figure out what was going on. I stopped taking my Synthroid on Feb 15th because I felt it was making me sick. I started feeling better almost immediately after stopping the meds. I went for another blood draw on Feb 20th, got my results on Feb 24th. My thyroid is at a normal range and I was told that I no longer needed to take my Synthroid. I have been ecstatic ever since. Who would have ever guessed that I would be prescription free after 20 years. My doctor and the nursing staff want more info on the Nutriferon and the lab tech is one of our pilot program evaluators!! Thank you Shaklee, thank you so very much!!

Jeannie F

This information is educational in context and is not to be used to diagnose, treat or cure any disease.
Please consult your licensed health care practitioner before using this or any medical information.

The Top Supplements for Thyroid Support

Be sure to take a strong multivitamin with minerals, **(Shaklee Vita-Lea),** along with Vitamin C, **(Shaklee Sustained Release Vita-C)** each day. This has to be highquality, such as can be purchased from Shaklee, as opposed to some of the larger national drug store brands in the same category as Centrum or Centrum Silver. Most nationally-advertised multiple vitamins sold in drugstores do not have the potency nor the bioavailability that thyroid sufferers need.

Other supplements to consider for Thyroid support are:

Iodine - Shaklee Vita-Lea - The first, of course, is iodine, which is very much a doubleedged sword for thyroid sufferers. You absolutely need it, but not too much of it. The latest study, to look at this more carefully, was a 1999 report in Nutritional Review, by Lee, Bradley, Dwyer. These researchers tell us that the size of the population with iodine deficiency is now close to 10% of men, and 20% of women. However, the other 80-90% do not need extra iodine, and for many of this majority, additional iodine can become a thyroid problem.

What to do? If you are a person who never consumes fast food, avoids salt like the plague, doesn't eat much seafood, and feels that sea vegetables are for fish, and especially if you live more than 100 miles from any coast, then you might well consider supplementation with iodine, the key mineral in thyroid hormone production.

If you are not in this category, you would probably do well to not take extra iodine, as you're likely to be getting more than enough from other sources, such as iodized salt and the natural sources of fish and sea vegetables.

This iodine dilemma is the major nutritional problem facing everyone. Worldwide, iodine deficiency diseases account for incalculable suffering in the form of goiter, miscarriage, infertility, and terrible sickness affecting over one billion people on the planet. This is a significant percentage of the human race. However, in the US, the problem has been thought eliminated by the widespread distribution of iodine, first in bread dough, and in salt. Recently however, there has been resurgence of iodine deficiency, even in our country. It is a problem for specific people. Researchers are presently working to develop a reliable and effective test for iodine, but at this point, we are not convinced that the available tests are up for the task. In light of all this, some thyroid specialists are suggesting that you hedge your bets and simply ingest each day an amount of iodine that will help if you are too low, but won't hurt if you are already sufficient. This amount appears to be about 100 mcg (micro-grams) per day. However, if you find that you feel sick after eating iodized foods, you may want to avoid this nutrient

Selenium - Shaklee Vita-E Complex - As you can see, the minerals may be more important for thyroid production than the vitamins, because the next two items on the list are the minerals **selenium** and **zinc**. Selenium is crucial in both the production of T-4 thyroid hormone (thyroxin) in the thyroid gland, as well as in the conversion of T-4 to T-3 thyroid hormone, the active form (thyroxin). Zinc is needed both before and after these production and conversion processes. Zinc is necessary for the TRH hypothalamus hormone to stimulate the pituitary gland, which signals the thyroid gland to produce thyroid hormone.

Zinc - Shaklee Zinc Complex - Moreover, zinc is needed at the intracellular level to help the thyroid nuclear receptors attach and drive the reading of the DNA genetic code. Keep in mind that the main function of thyroid hormone is to help put the genetic code into action. Regarding selenium, we suggest 200 mcg (micro-grams) per day. This is, again, more than is contained in the common multiple mineral products. For zinc, we believe you can take at least 10 mg per day; please keep in mind that when taking 10-25 mg. of zinc, you need to balance that with one mg copper for the zinc-copper ration so useful for thyroid patients. Therefore a good product would contain 1-2 mg of copper in addition to the zinc.

Vitamin D - Shaklee Osteomatrix (Calcium) - In addition to these minerals, **vitamin D** is necessary for thyroid hormone production in the pituitary gland, and possibly in the early stages of T-3 (thyroxin) binding to its receptor. Vitamin E is part of the necessary supporting apparatus that enables the deiodinase enzyme to convert T-4 (inactive

thyroid hormone) into T-3 (the active type).
It now appears that the amount of vitamin D people need has been grossly underestimated, nor is it as toxic as first was thought. We recommend at least 800 IU of Vitamin D daily.
Vitamin E - Shaklee Vita-E Complex- The amount of **vitamin E** needed has likewise been undersold; we recommend 400-800 IU daily. This turns out to be more than is provided in most multiple vitamins, yet it allows for excellent antioxidant protection as well as helping menopausal women avoid hot flashes without resorting to estrogen.
There you have it - the 5 most essential nutrients for feeding the thyroid gland. Keep in mind, however, that these researchers based their studies, for the most part, on fairly healthy individuals. If you have had a thyroid problem of some duration, or if you have some other illness, in addition to your thyroid problem, then other recommendations apply to you. These include:
Antioxidants - Shaklee CarotoMax & FlavoMax - a full-symphony **antioxidant**, not just the C and E, but especially 5000 - 10,000 IU of **Vitamin A**, which is usually present in most multiple products. The other antioxidants, such as lipoic acid, pygnogenol, etc. are often omitted in a multiple vitamin with minerals, but are indeed present in an antioxidant combo. We suggest, for people in this category, very strong anti-oxidant supplementation.
Essential Fats - Shaklee Essential Omega-3 Complex - Moreover, to have your thyroid get to where it needs to go, you are likely to need high doses of the **essential fatty acids (EFA)** in a 2:1 mix of Omega 3 and Omega 6.
Amino Acids - Shaklee Soy Protein - Finally, long-time sufferers would do well to take extra **amino acids**. Recall that thyroid hormone is basically the amino acid tyrosine with some iodines attached. Amino acid metabolism is crucial for thyroid function, but it is not just tyrosine that is needed. In fact, far better if full-symphony, free-form amino acids, a couple of grams per day.
There you have it. Optimal thyroid nutrients can make an incredible difference, whether you are taking natural and/or synthetic medicines for your condition. Shaklee products are not only effective but they are also safe to use over the long run. In fact, that is when they will perform at their very best!
Robert Andolina

Doing Life Intentionally Together

COMMON AILMENTS
THYROID – HYPER AND HYPO

NOTE: ALL programs should begin with the following three items:
1) Shaklee Vita-Lea 2) Soy Protein 3) Optiflora

THEN: ADD the three items listed first when dealing with the ailments listed below.

Hypothyroidism

Investigate progesterone deficiency

12. ALFALFA: good source of balanced iodine
13. LECITHIN: essential for thyroid hormone production
14. INSTANT OR ENERGIZING SOY: essential for the formation of hormones; builds glandular strength
15. VITAMIN C: essential for glandular health; speeds tissue healing & connective tissue integrity
16. Liver DTX: helps detoxify
17. ZINC: essential for glandular health
18. B COMPLEX: essential for glandular health
19. VITAMIN E + SELENIUM: powerful free radical scavenger
20. CorENERGY (Ginseng/Cordeceps): for energy
21. CoQHeart: energize every cell
22. OPTIFLORA: for immune health

Hyperthyroidism

1. INSTANT OR ENERGIZING SOY: essential for hormonal balance
2. B COMLEX: essential to nourish the hypothalamus gland
3. VITAMIN C: reduces degeneration of cellular tissue in gland
4. VITAMIN E + SELENIUM: powerful free radical scavenger – reduces degeneration of cellular tissue
5. GARLIC: anti-oxidant for immune support; anti-inflammatory
6. CAROTOMAX: immune support
7. GLA: anti-inflammatory; immune support, aids hormone imbalance
8. OPTIFLORA: for immune health

HYPERTHYROIDISM

What should I know about Hyperthyroidism? From Shaklee.com
Small, but powerful in its influence on the body, the thyroid gland surrounds the windpipe just beneath the voice box. The thyroid secretes hormones that influence virtually every organ. Thyroid hormone is required for growth and development in children. In adults, its primary job is to regulate the production of metabolic energy. The thyroid governs the "basal metabolic rate," which is a measure of how efficiently the body turns calories into useable heat energy. When thyroid hormone output is low, people are usually tired, cold, and sluggish. They may also be overweight. Thyroid under-activity is known as "hypothyroidism." Without enough thyroid hormone to keep metabolism humming along as it should, we simply do not function very well, physically or mentally.
"Hyperthyroidism" is just the opposite scenario. The thyroid gland is *overactive* instead of underactive. It secretes too *much* thyroid hormone. In this case, more of a good thing is definitely not better. Excess thyroid hormone can cause rapid heartbeat. Body temperature is elevated. The hyperthyroid individual may experience extreme weight loss, in spite of a huge appetite, because they burn up calories too fast. Hyperthyroidism can make a person nervous, emotionally unstable, and unable to sleep.
The thyroid gland's hormone-producing activity is controlled by the hypothalamus and pituitary glands in the brain. These glands can sense when the amount of thyroid hormone in the blood is low or high and give feedback to the thyroid accordingly. When thyroid hormone levels drop, the pituitary gland, upon a signal from the hypothalamus, tells the thyroid to make more. The pituitary does this by secreting a hormone of its own called TSH, or "thyroid-stimulating hormone." As the thyroid hormone level rises, the pituitary gland tells the thyroid gland to shut production down. This circle of communication between glands is called a "feedback loop" and it is designed to keep the amount of thyroid hormone circulating in the blood within a fairly narrow range, so we never have too much or too little.(1)
The thyroid gland makes two related hormones: thyroxine, also known as "T4," and triiodothyronine or "T3." Each hormone contains iodine, which is why iodine is required for thyroid function. T4 has four iodine molecules in its chemical structure, while T3 has three. An essential dietary mineral, iodine can be found in seafood, bread, salt, and seaweed. More than 99 percent of all thyroid hormones circulate throughout the bloodstream bound to proteins and do not interact with body cells. The remainder circulating in free form, are the important and active hormones that directly interact with body cells to help regulate metabolism.
Abnormally high levels of thyroid hormone can result in "thyrotoxicosis." Hyperthyroidism is usually, but not always, the cause of thyrotoxicosis. Physicians can order a test called RAIU (radioactive iodine uptake) to differentiate true hyperthyroidism from other causes of thyrotoxicosis. A high RAIU reading indicates hyperthyroidism, with the thyroid overproducing T4, T3, or both.(1)
• Thyrotoxicosis results when tissues are exposed to excessive levels of T4, T3, or both.(2)
Like many endocrine disorders, thyrotoxicosis occurs more frequently in women, with an estimated annual incidence of 3 per 1000.

Statistics

The Thyroid Society, 1996.
• Hyperthyroidism is most common among ages 20-40, but may occur at any age.

American Medical Women's Association, 1999.
• Hyperthyroidism affects 1 million Americans.

Epidemiology, March 2000.
• A woman with hyperthyroidism has 80% higher risk of developing ovarian cancer.

Signs and Symptoms

The symptoms of hyperthyroidism and thyrotoxicosis include:
• Nervousness, emotional instability, fatigue, and heat intolerance
• Weight loss with increased appetite

• In severe cases, anorexia may be present
• Increased frequency of bowel movements
• Heart palpitations and rapid heartbeat
• Muscle weakness particularly noted when climbing stairs or getting up from a sitting position
• Menses may become scanty and irregular in women
Physical signs include:
• Warm, smooth, moist skin and unusually fine hair
• Separation of the end of fingernails from the nail beds
• Retraction of the eyelids, and lagging of the upper lid behind the globe when looking downward
• Excessive breast development in men
• Deep tendon reflexes are usually hyperactive
Fine tremor of protruded tongue or outstretched hand
The following list does not insure the presence of this health condition. Please see the text and your healthcare professional for more information.

General

Nervousness, unstable emotions, easily fatigued, and heat intolerance
Weight loss even with an increased appetite
Increased number of bowel movements
Occasional episodes of rapid heartbeats
Muscle weakness
Light and irregular periods in women
Warm, smooth, moist skin and unusually fine hair
Separation of the end of fingernails from the nail beds
Eyelids are open more than usual
Enlarged breasts in men
Over active reflexes
Fine tremor of the tongue or outstretched hand
Increased heart rate at rest

Footnotes

1 DiPiro, et al. Pharmacotherapy, A Pathophysiologic Approach, fourth edition. Stamford, Conn: Appleton and Lange; 1999:1244-1248.
2 Newall CA, et al. Herbal Medicines: A Guide for Health Care Professionals. London: The Pharmaceutical Press; 1996:206-207.

This information is not intended to replace medical care; to diagnose, to treat or to cure.

Graves Diseases - Testimony

I was diagnosed with Graves when I was 21. I had a blood panel done because when I went in for a checkup I promised my mom to tell the Doctor my resting pulse hadn't dropped below 140 in 6 months. It took the lab 2 weeks to determine my thyroxine level because it was so far off the charts. Luckily my doctor allowed me to just take the PTU tablets because I vigorously resisted the radioactive iodine therapy and surgery options.
I took the meds for about 2 years, even though the doctors insisted it was only a temporary solution in my case, without much hope of even controlling the problem, let alone curing it, and even small doses could kill the gland over time for most people. At any rate, I'd likely end up having to take thyroid for the rest of my life to make up for the gland being rendered useless by the medical options. For some reason, maybe nutritional, certainly due to prayer, I don't have Graves any more. I took myself off the meds (which I Do NOT recommend!) and every year I have it checked. Eleven years now - still totally normal. Here's what I've found in my nutrition books: Once a person has Graves, B vitamins "become dangerously deficient ‘in C and E’" are also drained from the tissues. Too little of these antioxidants can mimic the symptoms of overactive thyroid" and worsen a thyroid problem. "Graves also causes an extreme depletion of calcium" and natural vitamin D can help this (from sources such as cod liver oil, salmon, sardines, herring, egg yolk...). Plus "essential fatty acids are used up by too much thyroid hormone. In one study, rats deprived of these fatty acids became hyperactive with excessive thyroid hormone production". Omega 6/GLA from borage oil must be included with the omega 3 supplements. Sounds like Shaklee's Menopause Balance and GLA+ plus **EPA (now Essential Omega-3 Complex**) to me. "And hyperthyroidism results in a severe magnesium deficiency." The author states her friend was back to normal in a few months with this supplementation plan - (translate into Shaklee supplements): Amino Acids (from Shaklee's soy proteins) Borage oil, 2 capsules daily (GLA) Coenzyme Q10, 2 capsules daily (CoQHeart), Omegaguard , VitalMag 200mg daily (Super CalMag) Multi-vitamin/mineral daily (Vita-Lea) Vitamin C (Vita-C) Vitamin E, 800IU daily (Vita-E+)

Surgery is definitely NOT the only answer. It means a permanent loss of almost all thyroid function, requiring thyroid drug therapy for the rest of the patient's life. These nutritional ideas are at least worth a try before that drastic measure. Plus, the host of deficiencies Graves causes can and should be treated with the nutritional plan and supplements. I know it's helping me with the symptoms I acquired during that period of time. …….*Elena G*

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THYROID – SHAKLEE INFORMATIONShaklee Technica

This letter was sent to Shaklee: I have a customer that has Graves disease and her doctor has been adjusting her thyroid medication to get the right balance for about 2 years. She had mentioned to him that she was considering taking the Shaklee Soy Protein and he highly recommended her not to. He stated to her that he felt the protein would not allow the body to absorb the hormone provided from her medication and that if she did take the protein to not consume this until 6 hours after taking her medication. I would appreciate any advice or comments I can pass on to her regarding this situation….*Patricia H*

Shaklee's Response:

Soy and Thyroid Function Introduction

It has been suggested that too much soy can cause thyroid problems. Additionally, a number of people have inquired whether soy can interact with thyroid medications like synthroid.

Some of the theoretical mechanisms by which soy could affect thyroid function are discussed below. In summary, soy intake has not been observed to adversely effect normal adult thyroid function in human studies. While it is unlikely that soy intake would affect dosage levels of synthyroid in adults, it is always prudent to let one's physician know that supplemental soy is being taken so that thyroid levels and medication dose can be routinely monitored.

Effects of soy beans and foods vs. Soy protein isolates

A number of foods, including raw soy beans, members of the cabbage family, and others, contain pro-goitrogens. Pro-goitrogens are substances which stimulate thethyroid gland to enlarge, causing what is known as goiter. While unprocessed soy contains these goitrogenic factors, the heat treatment applied during processing and isolating soy protein results in their removal.

Soy Infant Formula and Thyroid Dysfunction

While goitrogens can enhance the effects of iodine inadequacy, iodine deficiency is the primary cause of goiter. In the 1960's, there were some reports in the literature of goiter inducing-effects observed in soy-formula fed infants. Apparently this was related to the inadequate content of iodine in these formulas, and iodine is now routinely added to soy formulas.

Apart from the iodine content, the use of soy formula feeding in infancy has been associated in retrospective analyses with autoimmune thyroid disease, and there are apparently ongoing theoretical questions and concerns about soy formula. There are several reports of medication dosage problems in soy formula fed infants with congenital or hereditary hypothyroidism who were treated with thyroid replacement medication (e.g. synthyroid). Soy apparently bound the thyroxine drug in the gastrointestinal tract and decreased its absorption thus requiring an increase in the drug dose. It does not appear that these effects apply to adults for several reasons. First, infants respond differently to medications than do adults. Secondly, the sole diet of these infants was soy, while adults eat a varied diet. Moreover, there is not a high incidence of thyroid abnormalities in Asian countries where soy intake is common.

Effects of Isoflavones and protein components of Soy

In vitro (test tube) studies suggest that soy isoflavones may inhibit the action of enzymes involved in thyroid metabolism, namely thyroid peroxidase. It has been speculated that these actions might lead to thyroid problems. However, to date, no consistent changes in thyroid function as measured by T3 and T4 levels and ratios have been observed, and no metabolic dysfunction has been reported from human studies. Soy protein contains a high ratio of arginine to lysine, two naturally occurring amino acid components of all protein. This ratio is thought to stimulate synthesis of thyroid hormone thyroxine. In animals (gerbils, hamsters and rats), increase in serum thyroxine levels have been noted when high levels of soy have been fed. In human studies, however, no clear relationship between thyroid hormone concentrations and soy protein ingestion have been noted. Most importantly, in human studies serum thyroxine levels have never been observed to rise outside the

normal range when measured. Several soy researchers have stated that soy does not appear to impact thyroxine levels in humans.

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OTHER INFORMATION

Low Thyroid

Lawrence Galton, who is a science and medical writer, authored this article, which appeared in Family circle, where Here's News in Medicine appears regularly. Some books authored by him are The Silent Disease: Hypertension. Also Freedom From Backaches (with Lawrence Friedman, M.D.); and Hypothyroidism: The Unsuspected Illness (with Broda O. Barnes, M.D.).

Is it Sapping Your Energy?

Of all the sly, subtle problems that can affect your health – or that of any member of your family, young or old – perhaps none is commoner or oftener overlooked than low thyroid. It can be the cause, often totally unsuspected, of a tremendously broad range of problems – from low energy and undue fatigue to repeated infections, headaches, circu- latory disturbances and men- strual difficulties, to name a few. Moreover, it now appears unsuspected thyroid deficiency is a key factor in heart attacks.

Yet, a simple 10-minute thermometer test at home can point clearly to under- functioning of the thyroid, and the problem is easily corrected with thyroid medication.

Too much thyroid hormone or hy***per***thyroidism – can race body processes and produce strain, weight loss, irritability

Too little or hy***po***thyroidism – can slow the processes, affecting both physical and mental activity.

Possible Side Effects

From time to time, medical reports tell of new findings about low thyroid's many possible effects. Recently, poor equilibrium, muscle aches and weakness, some hearing disturbances and nervous-system changes leading to burning and prickling sensations have been found by Mayo clinic physicians to be due, in some cases, to lowered thyroid activity and respond to thyroid treatment. Recently, too, in University of North Carolina studies, hypo- thyroidism has been found associated with mental depression, memory loss and difficulties in concentrating. But a major problem, it now appears, is that many – even most – people with problems traceable to in- adequate thyroid function are not being helped, because their thyroid problem is not detected by standard thyroid tests. The basal-metabolism test checks thyroid function by measuring oxygen consumed when the body is at rest &, doing nothing but sustaining itself. When hypothyroidism is fairly pronounced, the test may pick it up, but otherwise may not. Other tests, such as protein-bound iodine and radioactive iodine uptake, may also not always be dependable. In fact, *The Medical Letter,* an indepen- dent medical evaluation bulletin for physicians, recently noted that many commonly used drugs – even shampoo and skin antiseptic compounds – can upset test results. More than 30 years ago Dr. Broda O. Barnes found that a subnormal basal temperature (97.8o or lower) could indicate hypothyroidism. The temperature test checked out against the basal-metabolism test when the latter showed low-gland functioning. And it revealed hypothyroidism when the basal metabolism – and other tests devised later – failed to do so. And when patients with low basal temperature got thyroid treatment, their symptoms disappeared as their temperatures returned to normal.

To detect otherwise unsus- pected hypothyroidism and then to correct it; Dr. Barnes uses the basal-temperature test. Starting with very small doses of thyroid extract and increasing it if necessary, until re-testing shows the temperature has returned to normal range, Dr. Barnes has been able to obtain remark- able results in a variety of disorders:

- Skin disorders
- Menstrual disorders
- Infertility
- Infections
- Headaches
- Heart disease
- Fatigue, etc.

Skin disorders – of many kinds have yielded to thyroid treatment. One of Dr. Barnes's most dramatic cases was a two- year- old boy with *eczema* over his whole body and face. The child had been hospitalized twice, had had competent dermatologists trying to help him, without success. Yet within a few months after start of therapy, his skin was clear.

About half of patients with *psoriasis* have responded. One, a retired dean at the University of Denver, had had psoriasis for 50 years; it cleared entirely, with thyroid therapy.

About 90 percent of *acne* patients with low basal temperatures – teenagers and adults – have responded to thyroid treatment. And results in those with *chronic boils* are often remarkable, as thyroid treatment builds resistance to the bacteria that are ever present on the skin.

Menstrual disorders: While these may stem from fibroids, ovarian cysts, cervical polyps and other organic causes, in most cases no such physical problems are found. But many women with menstrual problems run low basal temperatures, and thyroid therapy is often valuable. Dr. Barnes has reported relief of *painful menstruation* in about 90 percent, cure of *irregular cycles* in another 90 percent and an equally high cure rate for *excessive bleeding*. Dr. Barnes has suggested that basal temperatures be taken in all cases of menstrual irregularities, including girls who have not started by age 14, those who start but are irregular, those who flow excessively and women who tend to miscarry. Not all will be thyroid deficient, "but no harm will result from thyroid therapy for a few months for those who have low temperatures."

Infertility*:* One of Dr. Barnes' patients had been through seven pregnancies and had produced three babies. She was hypothyroid and knew it and had been treated several times with thyroid and had stopped treatment when she began to feel well. Tracing back, Dr. Barnes found that while on thyroid she had healthy deliveries, her miscarriages while off it.

Successful Therapy

Sometimes it is the husband rather than the wife who needs treatment in infertility. After trying for 17 years, without success, to have a baby, one couple finally had two children (beginning when the wife was 39) once her husband was placed on thyroid therapy.

Infections: One infection after another is "the story of my life" in many of his thyroid-deficient patients, Dr. Barnes has found. One man, 79 years old when first seen, had had a left ear draining pus since childhood. For 20 years the patient had had a bone infection and had drained pus continually from his left thigh. His temp- erature was three degrees below normal. Three months after he was started on thyroid treatment, his energy level shot up and his leg infection cleared; after a year, his ear was clear.

And while many a hypo- thyroid youngster "with repeated colds followed by complications such as tonsi- litis, sinus infection, draining ears, mastoid infections or rheumatic fever may be treated with antibiotics and his life spared," Dr. Barnes says, "until he is put on thyroid therapy, he will develop another infection in a short time."

Fatigue, headache & other problems: Some of his hypothyroid patients, Dr. Barnes reports, have observed that they seem to have been born tired, never having felt fresh and vigorous; some have com- plained they were lazy as children and, as adults, have had difficulty getting through daily tasks – and are "tired of being tired." While *headaches* can have many causes many hypo- thyroid people have headaches because of easy fatigue, particularly under stress, and *fatigue* may be related to poor circulation. Because of *poor circulation*, hands and feet may feel cold even in hot weather. *Low energy* in teenagers, anemia in teenage girls, and *urinary symptoms* – bedwetting in children, frequent urination in adults – also may sometimes be linked to low thyroid activity. Hypothyroidism is far from invariably being the cause of *all* such problems, but when it is, and the lowered gland function is detected and treated, the results, so readily and inexpensively obtained, are often gratifying.

Protection Against Heart Attacks

Dr. Barnes has earned a Ph.D. in physiology as well as an M.D. and has taught endocrinology at the University of Chicago in addition to his long time in practice. So he is well prepared to understand the wide-ranging effect of thyroid deficiency.

Heart Attacks: In 1950, however, a new problem was suddenly thrust upon him. A friend, who had not been a patient, had a heart attack. In going over his friend's history, Dr. Barnes found the man had for several years suffered symptoms of hypothyroidism but had not sought medical advice. It was then Dr. Barnes realized that in his practice, in which a sizable proportion of patients had problems that could be solved by thyroid therapy, heart attacks had been conspicuously absent – and at a time when they were rising rapidly elsewhere. Coincidence? Cholesterol was supposed to be a villain, and the thyroid, Dr. Barnes knew, had much to do with controlling blood cholesterol levels. The role of thyroid deficiency in heart disease needed to be investigated. Beginning in 1950 in addition to the usual screening for hypothyroidism, each new adult patient was questioned about a history of heart disease in the family and received a chest X-ray for heart size, an electro- cardiogram and other heart studies. There was no reduction of fats or cholesterol-rich foods in the diet. The only change in daily routine was the taking of thyroid extract for hypothyroidism.

There were 490 women aged 30 to 59; eight cases of heart disease were to be expected. Not one developed. There were 172 high-risk women (with high blood pressure or elevated cholesterol or both); at least seven cases were to be expected. None developed. There were 182 women age 60 and over; eight cases were to be expected. There were none. There were 382 men, age 30 to 59; at least 12 cases were to be expected. There was one. There were 186 highrisk men; 19 cases were to be expected. There were two. There were 157 men age 60 or over; 18 cases were to be expected. Only one developed.

Thus, with 72 cases of heart disease to be expected based on national statistics and only four actually developing, Dr. Barnes is convinced that treatment for hypothyroid- ism produced 94 percent protection in these patients.

How many Hypothyroids?

Dr. Barnes believes that close to 40 percent of the population may now have the problem of hypothyroidism and that in another decade or so it may be 50 percent. The rising epidemic of heart attacks is related, he is convinced, to the rising incidence of hypothyroidism, which is partly due to the tendency of hypothyroids to marry other hypothyroids and so perpetuate the trait. Pairing off, he says, usually involves individuals with similar amounts of energy. He tells the story of one male patient who had been grossly overweight and had just enough energy to get through a day's work. With thyroid therapy and change of diet, he lost weight, became energetic and then returned nine months later com- plaining that he couldn't go on with his wife. She was tired, cross, and unwilling to go out evenings. When he was reminded that he used to come home from work, eat, read a paper and go to bed, he realized that the present incompatibility had grown out of the change in his energy level. If they were to enjoy life, the doctor must be called upon to treat both of them in order to maintain a balanced team."

How To Get Help

What can you do if you want to check on yourself or on a member of your family – and get medical help if it is indicated? You can start with the simple basal temperature test (next page). If it indicates a low temperature, you can inform your physician also reporting to him any and all symptoms that may be linked with hypothyroidism, many of which have been mentioned here. You can discuss the possibility that low thyroid function may be involved. Dr. Barnes has reported his findings on hypothyroidism in medical journals and in his books, *Heart Attack Rareness in Thyroid-Treated Patients* and *Hypothyroidism: The Unsuspected Illness*. The number of physicians in the U.S. is growing who are fully aware of the link between low basal temperature and hypo- thyroidism and those who have looked into the connection carefully have begun to work with patients and the results were so impressive that they have become strong enthusiasts.

Any physician, Dr. Barnes observes, who is willing to consider the matter and is willing to set out to correct a low basal temperature is capable of doing so. "No physician," Dr. Barnes says, "can afford to deny a patient any help he can give. Only the cost of a thermometer and a willing ear are needed." Thyroid medication is inexpensive and safe when it is started in small doses and worked up only to the extent needed to bring basal temp- erature to normal. It must, of course, be prescribed and supervised by a physician. It may take several months before beneficial results fully take hold. But if your temperature is subnormal now, the chances that you will begin to feel better are good – and, adds Dr. Barnes, "the odds are that some thyroid therapy will not only avoid a premature heart attack but will also prevent many other complications that accompany the aging process."