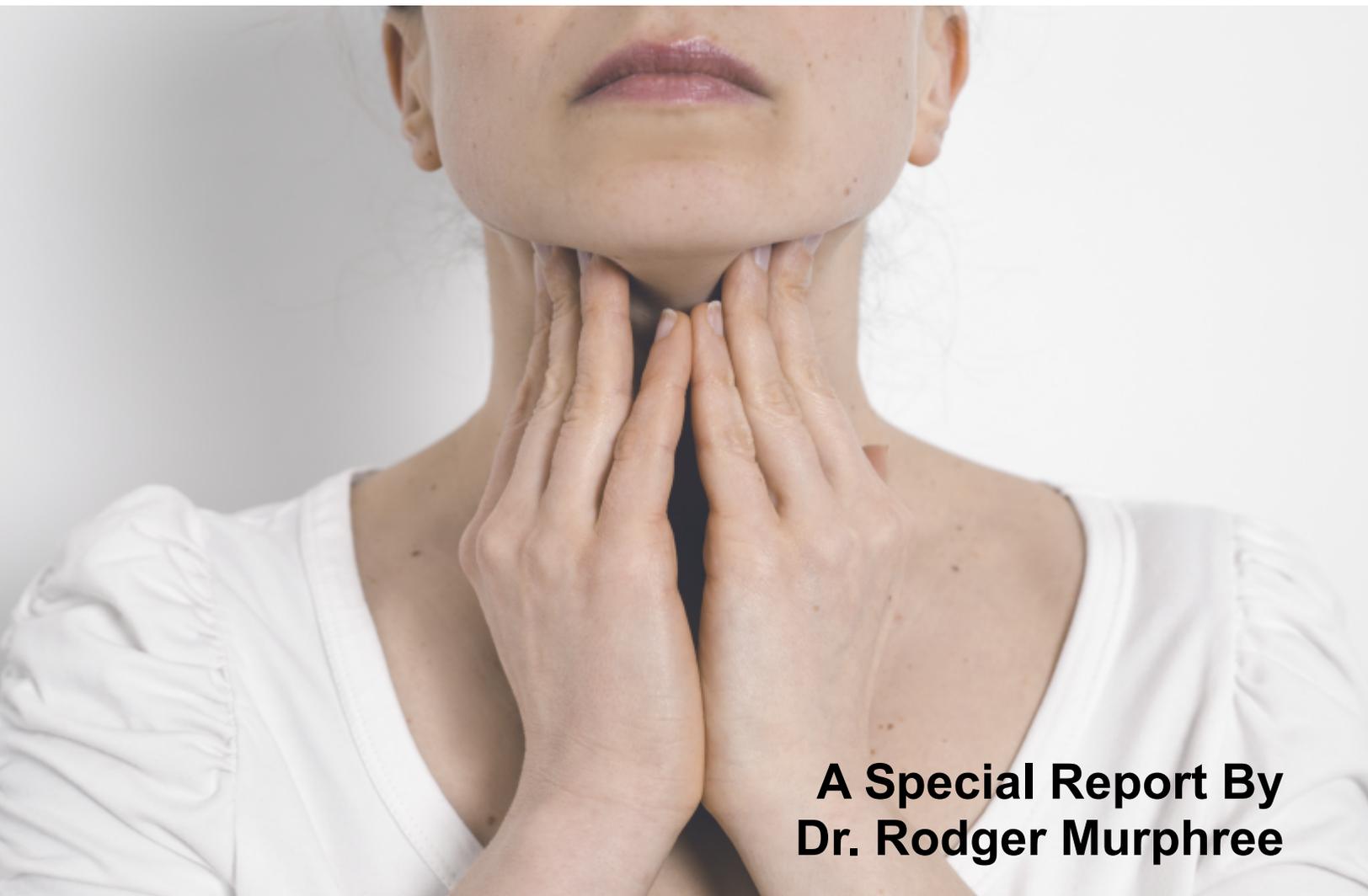


Sick And Tired Of Being Sick And Tired?

It Might Be Your Thyroid



**A Special Report By
Dr. Rodger Murphree**



Dr. Murphree has been in private practice since 1990. He is the founder and past clinic director for a large integrated medical practice located on the campus of Brookwood Hospital in Birmingham, Alabama. Dr. Murphree is the author of *Treating and Beating Fibromyalgia and Chronic Fatigue Syndrome*; *Heart Disease: What Your Doctor Won't Tell You*; and *Treating and Beating Anxiety and Depression with Orthomolecular Medicine*.

Dr. Murphree has treated well over 5,000 patients who suffered from fibromyalgia, chronic fatigue syndrome, anxiety, and many other illnesses such as hypothyroid.

Sick & Tired of Being SICK AND TIRED? It Might Be Your Thyroid.

A Special Report by Dr. Rodger Murphree

Chronic pain, nerve pain, fatigue, brain fog, IBS, anxiety, depression, weight gain, and migraines are some of the common symptoms associated with hypothyroidism.

In this report you'll learn:

- ✓ What causes low thyroid-function
- ✓ The common symptoms of low thyroid
- ✓ Why most blood labs are inaccurate
- ✓ What lab tests you really need to ask for
- ✓ What is Hashimoto's and how to treat it naturally
- ✓ Why synthetic prescription thyroid meds aren't always helpful
- ✓ Why an iodine deficiency can cause health problems
- ✓ How to self-test for iodine deficiency
- ✓ Step-by-step protocols on how to use supplements to help correct thyroid problems

According to the American Association of Clinical Endocrinologists, over twenty-seven million Americans suffer from thyroid dysfunction, half of which go undiagnosed. Over 500,000 new cases of thyroid disease occur each year.

It's estimated that more than ten million women with thyroid dysfunction go untreated. And almost another eight million people with hypothyroid go completely undiagnosed.

Hypothyroidism affects women five to seven times more than men.

Every cell in the body depends upon thyroid hormones to operate properly.

"The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease."

—Thomas Edison

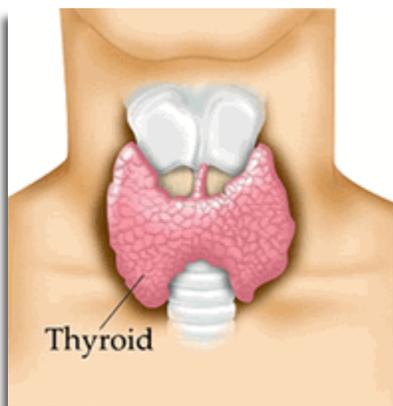


Low thyroid function, known as hypothyroid, can lead to numerous unwanted symptoms including:

- fatigue (the most profound symptom)
- headache
- dry skin
- swelling
- weight gain
- cold hands and feet
- poor memory
- hair loss
- hoarseness
- nervousness
- depression
- joint and muscle pain
- burning or tingling in the hands and/or feet
- carpal tunnel syndrome
- problems with balance and equilibrium
- constipation
- myxedema (non-pitting edema due to the deposition of mucin in the skin), especially around the ankles and below the eyes
- high blood pressure
- chest pain
- hardening of the arteries
- high cholesterol
- menstrual irregularities, PMS, and infertility
- fibrocystic breast disease
- Polycystic ovary syndrome
- reactive low blood sugars
- psoriasis
- nasal allergies
- yellowing of skin from a build up of carotene (conversion of carotene to vitamin A is slowed by hypothyroidism)

Clues You May Have Low Thyroid Function

A high birth weight of over 8 lbs. suggests low thyroid. Also, frequent ear infections, colds, pneumonia, bronchitis, or other infections may be signs of low thyroid function.



DID YOU KNOW ...

Women are naturally prone to iodine deficiencies. That's because the thyroid gland in women is twice as large as in men -- so under normal circumstances, women need more iodine.

However, when women are under stress, the need for iodine can double or triple!

Problems may show up in school, including difficulty concentrating, abnormal fatigue--especially having difficulty getting up in the morning, and poor athletic ability all suggest a low thyroid function. Often, adolescent girls suffer from menstrual irregularity, premenstrual syndrome, and painful periods.

Throughout life, disorders associated with hypothyroidism include headaches, migraines, sinus infections, post-nasal drip, visual disturbances, frequent respiratory infections, difficulty swallowing, heart palpitations, indigestion, gas, flatulence, constipation, diarrhea, frequent bladder infections, infertility, reduced libido, and sleep disturbances, with the person sometimes requiring up to 12 or more hours of sleep at times - work all week then crash all weekend.

Physical Appearance

The physical examination often reveals the hair to be dry, brittle and thinning. The outer third of the eyebrows are thinning or often missing. Swelling under the eyes is common. The tongue is often thick and swollen. The skin may be rough, dry and flaky, and show evidence of acne.

The skin may have a yellowish tinge due to inability to convert beta-carotene. Nails tend to be brittle and break easily. The thyroid gland may be enlarged. The patient is often overweight, but may also be underweight. The hands and feet are frequently cold to the touch.

About Your Thyroid Gland

Your thyroid gland is located in the front of the neck attached to the lower part of the voice-box (or larynx) and to the upper part of the windpipe (or trachea). The main function of the thyroid gland is to take iodine, found in many foods, and convert it into thyroid hormones: thyroxine (T4) and triiodothyronine (T3).

Typically the thyroid produces mostly T4 hormone; it only produces a small percentage (about 7 percent) of the T3 you need. The rest of the T3 you need is converted by the body from the T4 it makes. (It uses about 60 percent of its T4 and uses the rest for conversion.) T3 is the active hormone form, several times more potent than T4.

According to the National Institutes of Health, Goiter had become endemic in the 1920s in certain regions of the United States ? the Great Lakes, Appalachians and North-western regions were nicknamed the goiter belt because of this. As a solution to introduce more iodine into the diets of people who lived inland or at high elevations, where iodine is not naturally present, the United States started fortifying salt with iodine, in 1924. The goiter problem was gone almost overnight.

This conversion usually happens in the liver, but about one-fifth of the time, the conversion of T4 into T3 happens in the intestines — provided there is enough healthy, “good” bacteria there.

Since 20 percent of the conversion of T4 into active T3 happens in the GI tract, something as routine as taking antibiotics can derail your thyroid and your metabolism, because the antibiotics kill off the good bacteria in your intestines. Bacterial or yeast overgrowth can also lead to poor thyroid function. A sluggish or fatty liver can cause a lowered T4-to-T3 conversion (and so, a lowered metabolism).

Iodine plays an important role in the function of the thyroid gland.

It’s the chief component of thyroid hormones, and is essential for their production. Iodine is obtained from the water we drink and the food we eat. If there is too little iodine available in our diet, insufficient thyroid hormone is produced by the thyroid- and the person develops symptoms of low thyroid function.

An iodine deficiency can cause an abnormal enlargement of your thyroid gland. This is known as a goiter (GOI-tur). Although goiters are usually painless, a large goiter can cause a cough and make it difficult for you to swallow or breathe. They can also indicate other more annoying conditions, like the beginning of an autoimmune disease known as Hashimoto’s thyroiditis.

The most common cause of goiters worldwide is a lack of iodine in the diet. In the United States, where the use of iodized salt is common, a goiter is more often due to the over- or underproduction of thyroid hormones or to nodules in the gland itself.

Not all goiters cause signs and symptoms. When signs and symptoms do occur they may include:

- A swelling at the base of your neck that may be particularly obvious when you shave or put on makeup
- A tight feeling in your throat
- Coughing
- Hoarseness
- Difficulty swallowing
- Difficulty breathing

The normal thyroid gland produces about 80% T4 and about 20% T3. However, T3 possesses about four times the hormone "strength" as T4. This is a very important concept as you'll see later in this report.

Thyroid cells are the only cells in the body, which can absorb iodine. These cells combine iodine and the amino acid tyrosine to make T3 and T4. T3 and T4 are then released into the blood stream and are transported throughout the body where they control metabolism.

Metabolism is the process by which your body converts what you eat and drink into energy. During this complex biochemical process, calories in food and beverages are combined with oxygen to release the energy your body needs to function.

Metabolism, specifically resting metabolism, is the body's engine. It's the energy you burn just to keep your heart beating, your lungs breathing, and your other organs running.

Unless you're an elite athlete, resting metabolism accounts for 60% to 75% of all the calories you burn each day, and it varies a lot from person to person.

The Hypothalamic - Pituitary - Thyroid Axis

Hormones produced by two other organs influence the thyroid gland. The pituitary gland, located at the base of the brain, produces thyroid stimulating hormone (TSH) and the hypothalamus, a small part of the brain above the pituitary, which produces thyrotropin-releasing hormone (TRH).

When the level of thyroid hormones (T3 & T4) drops too low, TRH is released, stimulating the pituitary to release TSH, which stimulates the thyroid gland to produce more hormones.

The Thyroid Acts as Your Body's Furnace

One can imagine the thyroid gland as a furnace and the pituitary gland as the thermostat. Thyroid hormones are like heat. When the heat gets back to the thermostat, it turns the thermostat off. As the room cools (the thyroid hormone levels drop), the thermostat turns back on (TSH increases) and the furnace produces more heat (thyroid hormones).

Keep this concept of heat regulation in mind as I explain further on in this report, how thyroid hormones in control your body temperature, normally 98.6 degrees (Fahrenheit).



Enzymes, and their actions, are influenced by the metabolic temperature of the body which is controlled by the thyroid hormones. When the body temperature is too low, the enzymes slow down, creating hypo-metabolism (hypothyroidism) and reduced metabolism (cellular energy). Then, every cell and every bodily system starts to slow down, leading to all sorts of health problems: fatigue, unwanted weight gain, poor sleep, lowered immune function, high blood pressure, elevated cholesterol levels, anxiety, depression, achy pain, constipation, tingling hands and feet, brain fog...

There are Three Types of Hypothyroid:

Primary hypothyroidism arises from a deficiency in the thyroid gland.

Secondary hypothyroidism involves the pituitary gland.

In **Tertiary hypothyroidism**, the hypothalamus gland shuts down in response to overwhelming stress.

Tertiary hypothyroidism is common in euthyroid syndrome patients. Patients who have “normal” blood work yet have all the symptoms of low thyroid. Blood tests aren’t always accurate and doctors don’t always order a complete thyroid panel. This often results in patients being misdiagnosed as being “normal,” even though they have all the symptoms of low thyroid.

Euthyroid Syndrome

Euthyroid is a medical term for patients who have normal thyroid blood tests but have all the symptoms associated with hypothyroidism; fatigue, low metabolism, headaches, etc. Euthyroid patients often relate that they and sometimes even their doctor suspected a thyroid problem only to have their blood work come back “normal”.

A euthyroid patient will have normal blood work but still suffer from low thyroid. Most physician's won't recommend thyroid replacement therapy if the blood tests come back "normal."

Normally this can be uncovered with a simple temperature self test. I'll explain more later in this report. But if you do have euthyroid over the counter T3 thyroid supplements often work very well to reduce the normal low thyroid symptoms.

Low Body Temperature is a Major Sign of Hypothyroid And Often Euthyroid

Dr. Barnes was the first to show that a low basal body temperature was associated with low thyroid. His first study was published in 1942 and appeared in The Journal of the American Medical Association.

This study tracked 1,000 college students and showed that monitoring body temperature for thyroid function was a valid if not superior approach to other thyroid tests.



A reading at or below 97.8 strongly suggests hypothyroid. A reading above 98.6 may indicate hyperthyroidism (over active thyroid).



There's no way to measure how much thyroid hormone is actively in the cell by measuring it in the bloodstream. We can only guess how much thyroid hormone is actually in the cell!

Thyroid blood tests are nothing more than a guess!

When the body temperature is too low the enzymes slow down creating hypo-metabolism (hypothyroidism) and reduced metabolism (cellular energy) and every cell and every bodily system starts to slow down leading to all sorts of health problems - fatigue, unwanted weight gain, poor sleep, lowered immune function, high blood pressure, elevated cholesterol levels, anxiety, depression, achy pain, constipation, tingling hands and feet, brain fog...

High fevers speed up the metabolism and allow the body to fight off infections Hypothermia (90 degrees or below) can be life threatening and is considered a medical emergency. **The body works best at the optimal temperature of 98.6.**

How To Self-Test For Low Thyroid

The test for low thyroid function according to Dr. Barnes protocol: First thing in the morning while still in bed, shake down and place a mercury thermometer (digital thermometers are not as accurate) under your arm and leave there for ten minutes.

Record your temperature in a daily log. Women who are still having menstrual cycles should take their temperature after the second and third days of the period. Menopausal women can take their temperature on any day.

If using a digital thermometer wait 2 hours after waking up and take Your temperature under the tongue (don't eat, drink or brush your teeth 10 minutes before taking your temperature).

A reading at or below 97.8 strongly suggests hypothyroid. A reading above 98.6 may indicate hyperthyroidism (over active thyroid).

Blood Tests for Thyroid Function are Often Inaccurate

Blood tests for thyroid function measure the amount of thyroid stimulating hormone (TSH), T4, and T3 in the bloodstream. But thyroid hormones don't do anything within the bloodstream; the action takes place in the cells themselves. There's no way to measure how much thyroid hormone is actively in the cell.

We can only guess how much thyroid hormone is actually in the cell.

The Journal of Clinical Psychiatry has reported that, "Laboratory blood tests for thyroid may be inaccurate for many who get tested for hypothyroid disorder."



Individuals taking synthetic thyroid hormones like Synthroid (T4 only) may continue to have the symptoms of low thyroid for years, even in spite of normal blood tests.

Your T4 prescription thyroid drugs - Synthroid, Levoxyl, Levothyroid, etc., may be worthless.

Not only are blood tests inaccurate, but the parameters for determining who has a thyroid disorder and who doesn't, have been changed. And most doctors don't even acknowledge these changes!

In the past those with a thyroid-stimulating hormone (TSH) above 5.0 were considered hypothyroid (low thyroid). However, many doctors wouldn't prescribe thyroid hormone therapy until the TSH reached 10 or more.

In 2004 The American Association of Clinical Endocrinology (AACE) changed the guidelines so that a TSH above 3.04 is now considered positive for hypothyroid.

Some doctors believe that anyone who has a TSH above 2 and complains of hypothyroid symptoms (depression, fatigue, brain fog, etc.) should be placed on thyroid hormone. And I would agree.

I routinely get patients who've been to their doctor, had a thyroid blood test which showed their TSH was above 3.04 only to have their doctor tell them "your blood tests look normal." They are in fact not!

The majority of labs are still using the old guidelines as well. So if you go to your doctor and he or she takes your blood and it comes back with a TSH of 4.0 they will tell you you're fine, there is no problem with your thyroid.

Traditional doctors are only too happy to treat your symptoms of fatigue, weight gain, low moods, and high blood pressure with potentially dangerous drugs, Ritalin, Adderall, Prozac, and blood pressure medications.

Of course if they'd only treat your low thyroid you wouldn't have all these symptoms, hey you might actually get well and wouldn't need to see a doctor....

Allison's Story

I really felt terrible most of the time. I had no energy at all. I'd gained forty pounds over the last year, even though I ate very little and tried to follow my Weight Watcher's program. I kept cutting my calorie intake and even started skipping meals in an attempt to lose weight.

The less I ate, the worse I felt. I had numerous sinus infections, which I had never had before. My hair was falling out, I had tingling pain in my hands and feet, and I always felt cold—even in the summer. I had this constant ringing in my ears. I was depressed or anxious a good deal of the time.



Thousands of patients miss out on the life-restoring benefits of thyroid replacement due to a missed adrenal insufficiency. What a shame. Especially since the restoration of low thyroid function can yield such amazing health results including, increased energy, better moods, less pain, lower cholesterol, and improved immune function, to name but a few.

Every doctor I consulted said that my blood tests were normal so it must be my fibromyalgia that was causing me to feel so bad. I knew something was wrong with me, but I couldn't find anyone who could help me. One doctor said I had all the symptoms of low thyroid, but the endocrinologist she referred me to said all my tests were normal. How could my thyroid be normal when I have all the symptoms of hypothyroid?

Falling Through The Cracks

Allison's story is typical. I routinely have new patients who present with all the symptoms of hypothyroid but aren't properly diagnosed. These patients have often fallen through the cracks. It's not unusual for these patients to tell me that they have been tested over and over again for hypothyroidism but their tests are normal and their doctor tells them they're fine. Unfortunately, most doctors are happy to recommend a mood-elevating antidepressant, stimulating amphetamine like Ritalin, pain pill or cholesterol-lowering medication for the symptoms of low thyroid instead treating low thyroid function.

When hypothyroid symptoms are present, yet blood tests return normal, many doctors are reluctant to prescribe thyroid replacement for fear of jeopardizing the health of the patient. And certainly the risks should be considered; excess thyroid hormone can cause elevated heart rate, rapid pulse, and accelerated bone loss. Once their thyroid disorder is corrected, many are able to drastically reduce or eventually wean off these medications. This tragic situation is just one reason while I've always advocated treating the patient and their symptoms instead of treating the blood work.

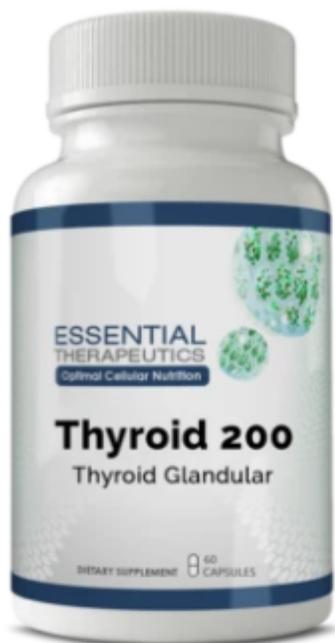
Cindy's Story

I've felt miserable for fourteen years. Fibromyalgia, chronic fatigue, type II diabetes, hypothyroid, I had it all. My problems began after I had a hysterectomy. I was never the same after the surgery. I felt rundown, weak, and I started having problems with poor sleep and lots of pain. I could barely get out of bed. I gained thirty pounds the first two years after the surgery. My hair was falling out. I became depressed and totally withdrawn from the world. I went to doctor after doctor, and finally I was diagnosed first with fibromyalgia and then with a hypothyroid condition.

I was put on all sorts of drugs, including Synthroid for my thyroid. Every three to four months, I'd have blood work to check my thyroid, and my endocrinologist would say, "Everything looks good; keep doing what you're doing." How could everything be good? I was still gaining weight — had now gained a total of sixty pounds in the last five years— my hair was falling out, I was tired all the time, and I felt like I'd been hit by a truck. Something had to change.



I recommend my patients take a good optimal daily allowance multivitamin to make sure they get adequate intake of selenium, magnesium, and B vitamins.



If your temperature averages 97.8 or below or your TSH is above 3.0 then You might benefit from taking:

[Essential Therapeutics Thyroid 200](#)

I met Dr. Murphree at a lecture in St. Louis, and I knew he was someone who knew what I was going through and could fix me.

He ran lots of tests and found that my thyroid medicine wasn't working, so he added an over-the-counter thyroid supplement to help it work properly. I felt better in a week. He then placed me on adrenal cortex supplements, vitamins, minerals, and a sleep formula. Six weeks later, I was sleeping through the night, had more energy, less pain, and felt better than I had in years. I lost fourteen pounds the first two months and forty pounds while on his anti-inflammatory weight-loss diet.

If labs show a TSH of above 3.0 I place my patients on an over the counter [T3 thyroid supplement](#).

And since it can be hard, next to impossible to get most doctors to recommend thyroid hormones based on a TSH below 4.5 many of my readers will simply opt to try an over the counter [T3 Thyroid supplement](#). They tend to do well on this supplement without the need for thyroid drugs.

Why Your Thyroid Isn't Performing As It Should?

Based on the past two decade of the research and clinical experience, there are several triggers but here are some of the reasons for the high rate of hypothyroidism that we now have in this country.

Hashimoto's Thyroiditis Often Goes Undiagnosed And Improperly Treated

Hashimoto's thyroiditis is named for Hakura Hashimoto, a Japanese physician who worked in Europe before World War I. It is a type of autoimmune disease in which the immune system attacks the thyroid gland. Symptoms include those normally seen in regular hypothyroidism including fatigue, depression, sensitivity to cold, weight gain, muscle weakness, coarsening of the skin, dry or brittle hair, constipation, muscle cramps, increased menstrual flow, and goiter (enlargement of the thyroid gland).

An autoimmune disease occurs when the body's immune system becomes misdirected and attacks organs, cells, or tissues it was designed to protect. About 75 percent of autoimmune diseases occur in women, most frequently during their childbearing years.

Hashimoto's is the number one cause of hypothyroidism in the Western world.

Knowing this, does it surprise you to learn that the majority of doctors don't even test for this condition? Crazy, I know. The herd mentality follows the dated idea that TSH levels are all we need to know to diagnose thyroid disorders. (Oh, if your doctor is a real rebel, he may order a T4 test). "If the TSH is normal, your thyroid is normal." This, is in fact not always the case!

Diagnosing Early Hashimoto's Disease

A blood test that shows an elevated thyroid peroxidase antibody (TPO) is often indicative of the beginning of Hashimoto's. A positive TPO antibody test is a sign that the immune system is attacking TPO enzymes. Another antibody that may become elevated is thyroglobulin (TGB).

I test for both of these antibodies on every patient. At first, I was surprised at how many of my patients had elevated thyroid antibodies; now I'm surprised when they don't. Traditional medicine has no answers for treating these elevated antibodies. Therefore, they give little attention to them. Fortunately, functional medicine doctors, like myself, are able to use natural protocols to reverse Hashimoto's!

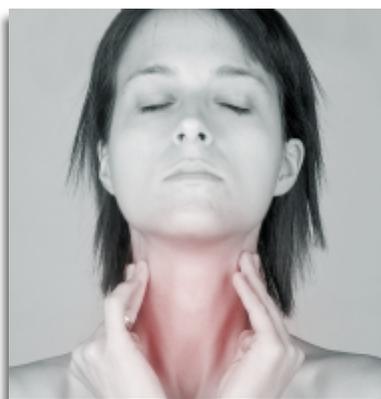
Using the appropriate protocols, I'm able to routinely correct these elevated antibodies and Hashimoto's disease. It can be tricky, often complicated. But as usual, detective work and investigative testing usually yield good results.

It would take me an additional one hundred plus pages to go into the details, but let me give you some information that will be helpful.

If you have the symptoms mentioned on page 10 — if you're shaking your head, saying, "Yes! That is me." — then you need to find a doctor who will take the time to do the right tests and make the right recommendations. Asking your traditional doctor to order thyroid antibodies will often result in getting the "evil eye" or worse, a tongue lashing. At best, you might get a shrug-off as if to say, "Don't even go there."

If, and this is a big if, doctors actually do order thyroid antibodies, the test needed for catching early Hashimoto's disease, and it comes back positive, it makes no difference to them.

Why? Because they have no way to treat the elevated antibodies anyway, because there is no drug for correcting this autoimmune condition.



Hashimoto's Symptoms include those normally seen in regular hypothyroidism including fatigue, depression, sensitivity to cold, weight gain, muscle weakness, coarsening of the skin, dry or brittle hair, constipation, muscle cramps, increased menstrual flow, and goiter (enlargement of the thyroid gland).

So what do they do? They say ...

“Let’s just watch it for a while.” -- Watch your health go downhill fast.

What they are waiting for is the thyroid gland to become totally burned out to the point you’ll need drug intervention, which they do have available, in the form of synthetic thyroid T4 hormones (Synthroid [levothyroxine], etc.).

So, let’s say your thyroid antibodies are elevated, which is a clear sign that you’re in the beginning of the number one reason for hypothyroidism, a condition that will cause debilitating symptoms that will rob your health. What are we waiting on?

Oh yeah, for my thyroid gland to burn out and become damaged for life. And then I’ll get to go on a drug forever. It may take five, ten, or even more years before your thyroid becomes so diseased that your TSH finally becomes elevated in your blood. All that time, you’ll be suffering with the symptoms.

Even worse, while you are waiting for your thyroid to burn out and then be treated, your doctor may attempt to treat all your symptoms of early Hashimoto’s with potentially dangerous drugs.

She might recommend Lipitor for your high cholesterol, which can lead to muscle pain, brain fog, fatigue, and depression. Since your metabolism is so low, due to low thyroid function, and you can barely get out of bed in the morning, how about some Ritalin, which causes anxiety and leads to Klonopin to help you sleep at night? And here is an antidepressant for your low moods. The merry-go-round goes round and round, one drug followed by side effects and more drugs for the side effects. All the while, your thyroid is screaming, “Somebody help me out here!” Your doctor has missed an opportunity to save you years of misery.

The disease is often missed, because TSH levels in those afflicted are often normal. In fact, it is not unusual for TSH levels to go up and down on a monthly basis.

And if you’re taking thyroid hormones please know that if your doctor is constantly adjusting your thyroid medicine because your TSH bounces up and down each month, then realize you most likely have been misdiagnosed and are being improperly treated. You probably have Hashimoto’s disease.



That said, the majority of my patients don't necessarily have Hashimoto's disease outright. True Hashimoto's is demonstrated with blood work that shows both elevated TSH and thyroid antibodies (TPO or TGB). True Hashimoto's patients are usually already being treated with synthetic thyroid hormones like Synthroid (levothyroxine). They may also be receiving T4- T3 combination drugs, Armour, Westhroid, Nature-throid, or compounded meds.

In any case, these patients will often have ongoing problems regulating their thyroid drugs. Their TSH will typically bounce up and down, and their doctor will attempt to adjust their thyroid medication, month after month. Their symptoms will also go up and down as their medication is adjusted. Needless to say, this is very frustrating for doctor and patient.

But it is also an example of shortsighted traditional medicine treating symptoms instead of correcting the cause. The up-and down TSH and low thyroid function are symptoms; the cause is whatever is attacking the thyroid gland. It is common to find that, despite their TSH levels bouncing around for years, patients have never had their thyroid antibodies tested. As I said, I test all my patients for elevated thyroid antibodies, often more than once. Uncovering the beginning of Hashimoto's is a huge opportunity to get my patients headed on the road to recovery.

Finding Hashimoto's is only the beginning. Finding the cause of Hashimoto's and then correcting it is the true sign of a healer. That's why correcting causes instead of covering up symptoms is the goal of functional medicine.

What Causes Hashimoto's Disease?

Once Hashimoto's is discovered in one of my patients, I then begin looking for the cause of the elevated antibodies. This means more detective work. Realizing that Hashimoto's isn't a thyroid disease or a hormone deficiency but an immune disorder—one in which the immune system mistakenly attacks the thyroid. Do you have IBS, gas, or a bloated feeling after eating wheat? Did you have a bad case of mono or other virus in the past? Do you have elevated Epstein-Barr virus antibodies?

Do you have low vitamin D levels? Do you take birth control or hormone - replacement pills? Is your estrogen elevated on your blood work? Once again, a good doctor is a good detective. The first step is to find out which part of the immune system is overreacting and triggering the autoimmune reaction.

What You Should Know About Cytokines

Cytokines are messenger proteins that are secreted by specific cells of the immune system. They allow communication between cells. Made from the thymus gland, cytokines are the immune system's army. They include T-helper cells, which can be further divided into T-cell mediated (TH-1) cytokines and B-cell mediated (TH-2) cytokines. TH-1 cytokines are responsible for helping to seek out and destroy foreign invaders.

TH-2 cytokine cells are supposed to monitor the fight and, when appropriate, call off the attack. You can become either TH-1 dominant or TH-2 dominant, and either state can cause an autoimmune reaction. There are special blood tests that allow me to know if one or the other cytokine is dominant.

One Hashimoto expert reports that 90 percent of his patients with Hashimoto's are TH-1 dominant. In general, TH-1 dominance responds best to antioxidants, including green tea, grape seed extract, pine bark extract, lycopene, resveratrol, and pycnogenol. My patients take a product called:

TH Support Formula

Those who are TH-2 dominant usually respond best to natural antivirals and immune-modulating supplements, including astragalus, echinacea, beta-glucan mushroom, maitake mushroom, glycyrrhizin from licorice root, and lemon balm. My patients take Vira Formula with these ingredients.

Low progesterone (high estrogen) in women age thirty to fifty may lead to Hashimoto's disease, as elevated estrogen levels cause the immune system to become over stimulated and interfere with the conversion of T4 to active T3 in the liver. Obviously, estrogen-replacement therapy or birth control pills are prime culprits of lowered thyroid function.

To compound this potential problem, estrogen-like chemical compounds can also block thyroid function. By binding to the estrogen receptor sites on cells, they cause an increase in circulating estrogen. These chemicals include common environmental pollutants such as PCBs (polychlorinated biphenyls), dioxins, and pesticides. Unfortunately, though no longer produced in the United States, these chemicals are routinely found in our food and water.

Maintaining an optimal detoxification system helps protect us against these chemicals. Along with increasing antioxidants, supplementing with natural progesterone cream. **I highly recommend you work with a functional medicine doctor when attempting to correct TH-1 or TH-2 dominance.**



[Essential Therapeutics TH Support](#)



Numerous studies show the protein gluten, found in grains, to be a common trigger of Hashimoto's and elevated thyroid antibodies.



Some foods, called goitrogens, should be omitted for a while as they hinder iodine utilization.

These included kale, cabbage, peanuts, soy flour, brussel sprouts, cauliflower, broccoli, kohlrabi and turnips.

Viruses and Infections

Hashimoto's is often triggered by a past viral, bacterial, mycoplasma, or other type of infection. CMV (cytomegalovirus), herpes, the Epstein-Barr virus, and mononucleosis are all common causes of the body's immune system overreacting and attacking the thyroid gland. Blood tests (immune panels) will often show elevated antibodies to one or more of these past infections.

Gluten Intolerance

Numerous studies show the protein gluten, found in grains, to be a common trigger of Hashimoto's and elevated thyroid antibodies. Gluten — specifically gliadin — found in wheat, spelt, rye, millet, Kamut, and barley, can, in sensitive people, trigger an immune reaction.

Kenneth Fine, MD, a gluten researcher, estimates that up to 81 percent of Americans have a genetic predisposition to gluten intolerance. Gluten doesn't belong in the bloodstream and once there can cause major allergic reactions, including autoimmune disease, such as Hashimoto's.

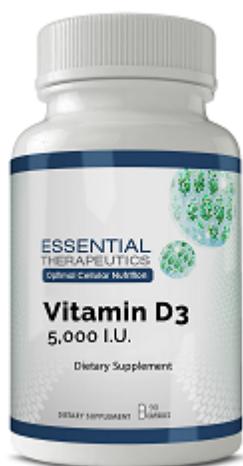
According to Dr. Fine, 35 percent of Americans have gluten intolerance, and long-term repetitive exposure weakens their intestinal lining and leads to intestinal permeability.

This disorder, celiac disease, affects one in one hundred Americans.

Traditional biopsy testing for celiac is the gold standard. Other forms of testing including blood tests, which may or may not pick up gluten intolerance. Therefore a trial period of one to two months avoidance of gluten is recommended.

I'm a firm believer in healing the gut, your window to the world. It's your first line of defense and a crucial part of your immune system. Bacterial or yeast overgrowth, low stomach acid, and gluten intolerance take their toll on your GI system, which once compromised can affect all your other systems, including your thyroid.

I test all my patients for gluten intolerance using a saliva gliadin antibody test and/or blood tests. This isn't a condition that should be missed. Testing is recommended.



[Essential Therapeutics Vitamin D3](#)

Vitamin D3 tablet supply natural vitamin D, and essential fat-soluble nutrient important for normal development of healthy teeth and bones.

Vitamin D3 is crucial for proper mood, maintaining bones, joints, and muscle tone, cell growth, and support brain and nervous system.

According to recent studies, Vitamin D3 may also have Diabetes and Cancer fighting properties ...

[Learn More](#)

Vitamin D Deficiency

A vitamin D deficiency has been linked to poor immune function and autoimmune disease, including Hashimoto's. Studies show that up to 90 percent of people with Hashimoto's have a genetic defect which affects their ability to process vitamin D.

Most doctors don't know or choose not to accept the well-documented studies that show a low body temperature is indicative of euthyroid hypothyroidism.

Iodine Deficiency

The major problem stems from a lack of iodine in the diet. Iodine is one of the essential components of thyroid hormones. Without sufficient iodine, the production of thyroid hormones is limited.

Iodine consumption has dropped dramatically in this country over the past 20 years. This drop is due in part to the depletion of our soils and in part to less iodized salt being used as an ingredient in our foods.

Why are iodine levels so important?

Low levels of iodine mean your thyroid isn't functioning properly. The thyroid helps balance hormones, regulate heartbeats, stabilize cholesterol, maintain weight control, encourage muscle growth, keep menstrual cycles regular, provide energy, and even helps you keep a positive mental attitude.

Women are naturally prone to iodine deficiencies. That's because the Thyroid gland in women is twice as large as in men -- so under normal circumstances, women need more iodine. However, when women are under stress, the need for iodine can double or triple.

The foods we eat contain less and less dietary iodine. For example, back in 1940, the typical American diet contained about 800 micrograms of iodine. By 1995, that amount plunged to just 135 micrograms. That's an 83% decline.

Two thirds of the body's iodine is found in the thyroid gland. Some foods, called goitrogens, should be omitted for a while as they hinder iodine utilization. These included kale, cabbage, peanuts, soy flour, Brussels sprouts, cauliflower, broccoli, kohlrabi and turnips.

Now most doctors will tell you that you get all the iodine you need from iodized salt. However, natural sea salt contains only small amounts of iodine. And I've learned firsthand that many of my patients are in fact very low in iodine.



[Essential Therapeutics Iodine Support](#)

I suggest you use the following home test and see if you, like a lot of my patients, are in fact low in iodine.

How to Self-Test for an Iodine Deficiency

1. Dip a cotton ball into USP Tincture of Iodine. (You can get iodine at the drugstore for under \$1.)
2. Paint a 2-inch circle of iodine on your soft skin, like the inner part of your thigh or upper arm.
3. If the yellowish/orange stain disappears in less than an hour it means your body is lacking crucial iodine and has soaked it up. If the stain remains for more than four hours, you iodine levels are fine.

Selenium Deficiency

The second factor contributing to hypothyroidism is selenium deficiency. You might have heard how important this mineral is to your immune system, but chances are you haven't heard how important it is to proper thyroid function.

That's unfortunate, because the effects of a selenium deficiency are very serious.

As with iodine, our soils have become deficient in the trace mineral selenium. In the last few years, researchers have found that certain selenium-containing enzymes (Iodothyronine 5' deiodinase) are responsible for the conversion of thyroid hormone T4 to T3.

The thyroid produces several hormones, and must produce them in a somewhat balanced ratio. Without selenium, this conversion process is hindered. This is another reason why some patients continue to feel bad even though they are taking Synthroid or one of the other synthetic T4 drugs- T4 can't effectively convert into the more active T3 without optimal amounts of selenium. This process requires several B vitamins (vitamins B1, B2, B3, B5), coenzyme Q10, minerals, such as magnesium, and other substances.

If a person is either deficient or does not have optimal amounts of these substances, then a prescribed thyroid hormone will not work correctly and may even cause side effects.

I recommend my patients take a good optimal daily allowance multivitamin to make sure they get adequate intake of selenium, magnesium, and B-vitamins.



Stress is part of everyone's life every day. However, person affected by hypothyroidism, stress can aggravate the symptoms of hypothyroidism.

Prescription Medications

Antidepressant medications alter the HPA axis by making the thyroid-releasing hormone (TRH) and thyroid-stimulating hormone (TSH) pathways less efficient. Antidepressants also divert L-tyrosine, the precursor for the neurotransmitters dopamine and norepinephrine, from converting into the thyroid hormone T4.

This is a bit ironic, since low thyroid function is a major cause of depression. The drug Interferon typically interferes with thyroid function, and secondary thyroiditis occurs in up to 14 percent of those taking it. Methadone, synthetic estrogen, Tamoxifen, and cholesterol-lowering drugs increase the binding of thyroid hormones to chemicals that inactivate thyroid hormones. Dilantin (Phenytoin) and Carbamazepine (Tegretol) decrease T4 and T3 by about 20 percent.

Chronic Stress And Reverse T3

Stress is part of everyone's life every day. However, person affected by hypothyroidism, stress can aggravate the symptoms of hypothyroidism. When a person is undergoing stressful events – even “everyday” stress – the body produces a chemical called cortisol.

Cortisol is one of two main hormones produced by the adrenal glands and it is necessary and beneficial to the body to handle long-term stress. However, when a person consistently and continually undergoes stressful events, that will start to physically take a toll on how their body functions.

The symptoms of low thyroid (hypothyroidism) and low adrenal (adrenal fatigue) are in many ways mirror images of each other.

Chronic stress raises Reverse T3 and increases the risk of blocking the conversion of T4 hormone (thyroxine) into T3 (triiodothyronine)

Inactive T4 needs to convert into active T3 (four times stronger than T4) for optimal metabolic function (bodily energy). A build-up of Reverse T3 actually blocks the conversion of T4 into T3.

Reverse T3 is initiated by stress. The more stress the more Reverse T3. This sets up a vicious cycle where most likely T4 isn't converting into the more active T3.

Your blood tests may show normal levels, but since T4 is not being converted to T3 within the cells, fatigue and other symptoms associated with low thyroid begin to appear.

Individuals taking synthetic thyroid hormones like Synthroid (T4 only) may continue to have the symptoms of low thyroid for years, even in spite of normal blood tests.

Synthetic (man-made) forms T4 (Synthroid, Levoxyl, and Levothroid) may not be able to convert into the more active T3 thyroid hormone.

Your T4 Prescription thyroid drug- Synthroid, Levoxyl, Levothroid, etc.- may not be converting into active T4 leaving you with many of the symptoms of low thyroid.

You may continue to go back to your doctor year after, get your “normal blood tests” and are told “everything looks normal.”

Meanwhile you’re falling apart and feel miserable as you continue to struggle with low energy, brain fog, low moods, diffuse achy pain, hair loss, and other symptoms associated with hypothyroidism.

Chronic stress may also ignite Hashimoto’s Disease.

Adrenal Fatigue

Low adrenal function is characterized by feeling weak, lacking desire for sex, having dark circles under the eyes, experiencing joint or muscle aches/pains, being affected by low blood sugar, have select food cravings or cravings for salt, experiencing poor sleep, dry skin, discoloration and lines in fingernail pigment, showing marked difficulty in recovering from common colds or temporal situations like jet lag, having lowered immunity to illness, affected by depression and showing signs of premature aging.

Clues to low adrenal functioning include a low blood pressure (less than 120/80), allergies, asthma, breathing difficulties, skin problems (such as acne, eczema, psoriasis, lupus, dry flaky skin), joint or muscle pains, as in arthritis, and emotional problems, such as mood swings, weeping, fears and phobias.

Important: If a person has adrenal fatigue it must be treated along with the low thyroid or the patient won’t see the desired benefits of thyroid treatment.

The adrenal hormone **cortisol is necessary for the conversion of T4 to the active T3**. If the weak adrenals are not addressed, the patient may see little if no benefit to thyroid therapy, actually feel worse and/or develop symptoms of an overactive thyroid gland, such as palpitations, a rapid heart beat, and increased sweating.



A test for adrenal dysfunction is the pupil dilation exam.

To perform this on yourself, you'll need a flashlight and a mirror. Face the mirror, and shine the light in one eye. If after 30 seconds the pupil (black center) starts to dilate (enlarge), adrenal deficiency should be suspected.

Chronic stress and adrenal fatigue are so common in today's society that I find 99% of my patients have low adrenal function. Therefore I recommend all my low thyroid patients take specific adrenal supplements to repair their adrenal fatigue.

Thousands of patients miss out on the life restoring benefits of thyroid replacement due to a missed adrenal insufficiency. What a shame. Especially since the restoration of low thyroid function can yield such amazing health results including, increased energy, better moods, less pain, lower cholesterol, and improved immune function name but a few.

Self-Testing Methods for Adrenal Fatigue

Ragland's sign is an abnormal drop in systolic blood pressure (the top number) when a person arises from a lying to a standing position. There should be a rise of 8–10 mm. in the systolic (top) number. A drop or failure to rise indicates adrenal fatigue.

Example: Someone takes your blood pressure while you're lying on your back. The systolic number is 120 and the diastolic number is 60 (120 over 60). Then take your blood pressure again after immediately standing up. The systolic number (120) should go up 10 points (from 120 to 130). If it doesn't increase 10 points, this indicates adrenal fatigue.

Pupil Dilation Test

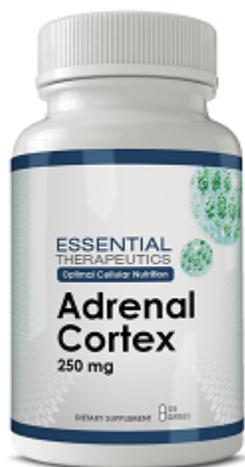
Another way to test for adrenal dysfunction is the pupil dilation exam. To perform this on yourself, you'll need a flashlight and a mirror. Face the mirror, and shine the light in one eye. If after 30 seconds the pupil (black center) starts to dilate (enlarge), adrenal deficiency should be suspected.

Why does this happen? During adrenal insufficiency, there is a deficiency of sodium and an abundance of potassium, and this imbalance causes an inhibition of the sphincter muscles of the eye. These muscles normally initiate pupil constriction in the presence of bright light. However, in adrenal fatigue, the pupils actually dilate when exposed to light.

OK, Where Do You Start?

I suggest you do the home self-tests and see what you find. Do you have low thyroid function and or adrenal fatigue?

Do the Iodine Self-Test. To check for low iodine levels.



[Essential
Therapeutics
Adrenal Cortex](#)

Do You Have a Positive Adrenal Fatigue Self-Test?

Note: if you have low adrenal function I would recommend you take 1 adrenal cortex supplement twice a day with food.

[--> Click here to get my Adrenal Cortex Supplement](#)

Summary -if you have a deficiency in iodine there are thyroid supplements that I recommend to my patients that you can take as well. I would also recommend following up this iodine test, with comprehensive blood work panels as I do for my patients. If you are interested in working with me directly for these labs, you may fill out our health questionnaire, and schedule a new patient consultation (www.fibroconsults.com).

If your adrenal self-test shows your adrenals are weak (99% of my patients have low adrenal function) then add adrenal cortex or adrenal fatigue support formula - 1 capsule twice a day with food.

Low Body Temperature

If you have a low body temperature (97.8 or below) AND low iodine (demonstrated from self testing) then I recommend that my patients use a thyroid glandular supplement.

[--> Adrenal Cortex](#) or adrenal support formula if needed

(most everyone will need to add one of these to get maximum thyroid boosting / correcting results and feel their best).

Do You Want to Feel Good Again?

What would it feel like to have some extra energy? How would you feel about being able to roll out of the bed in the morning, feeling rested and ready for the day?

What would you do if you were happy again? Had more energy, were mentally sharper, had less pain?

Can you imagine how you'd feel if you were finally able to kick start your metabolism and lose that stubborn unwanted weight?

I'm so confident that my clinically proven, doctor formulated formulas will help you feel better than you've felt in years; I offer a 100% 60 day money back guarantee.



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You have nothing to lose but poor health!

Dr. Rodger Murphree is a board certified chiropractic physician and board certified nutritional specialist. He is an internationally recognized fibromyalgia expert. His "Murphree Method," a combination of functional and orthomolecular medicine, has helped thousands of patients get healthy and feel good again.

He's the author of 3 books for patients and doctors including *"Treating and Beating Fibromyalgia and Chronic Fatigue Syndrome," "Treating and Beating Anxiety and Depression With Orthomolecular Medicine,"* and *"Heart Disease What Your Doctor Won't Tell You."*

Dr. Murphree is a frequent guest on local and national radio and television programs including NBC, Fox, and ABC. He writes for several professional and public health related publications. His articles have appeared in The Washington Post as well as peer reviewed professional journals, including, Townsend Letter for Doctors and Patients, Chiropractic Economics, Alternative Fibromyalgia News Magazine, The American Chiropractor, and Nutri-News.

He maintains a busy telephone practice, helping patients all over the world get healthy and feel good again. You can learn more about Dr. Murphree at SuperHealthyHuman.com. (or at: YourFibroDoctor.com)