



# The Thyroid Epidemic

By Jon Gamble | ATMS 1190

How many patients do you see with fatigue, weight gain and obesity, irregular periods, brain fog, hair loss, fibromyalgia, or joint pain? All of these symptoms can be attributed to a single condition - hypothyroidism, but chances are, your patient has had a 'normal' Thyroid Stimulating Hormone (TSH) blood test.

Before the 1970s thyroid conditions were diagnosed from history, the above presenting symptoms, and tendon reflex tests. However, since then the TSH has become the key diagnostic test for thyroid disease. Since less than twenty percent of thyroxin is found in blood, this narrow diagnostic aperture is causing large numbers of patients, with an array of endocrine-related symptoms, to remain undiagnosed.

Consider this common scenario: Jane, a 30 year old woman with two children, despite being on a low carb diet, is obese, has heavy and irregular periods, hair loss and fatigue. Her TSH is 'normal' and her doctor tells her she needs to exercise more and eat less.

As natural therapists our treatments will be far more successful if we suspect a thyroid problem using the pre-1970s diagnostic criteria. When we see weight gain despite sensible diet; hair loss; foggy thinking; temperature sensitivity; fatigue, muscle cramps and pain; constipation, thinning hair and eyebrows, every practitioner should start thinking about hypothyroidism.

Jane has most of these symptoms, plus there is a family history of thyroid disease. In another ten years, her TSH

## Mineral Test Report

	Result	Normal	Low-	Low	Normal	OK	Normal+	High	High+
Calcium	644.0	279.0	598.0						
Magnesium	28.2	30.5	75.7						
Phosphorus	128.2	144.0	199.0						
Silicon	12.9	15.0	31.0						
Sodium	51.7	21.0	89.0						
Potassium	13.9	9.0	39.0						
Copper	36.2	11.0	28.0						
Zinc	158.5	125.0	155.0						
Iron	6.0	5.0	15.0						
Manganese	0.46	0.31	0.75						
Chromium	0.38	0.82	1.25						
Vanadium	0.013	0.009	0.08						
Boron	4.08	0.84	2.87						
Cobalt	0.027	0.025	0.045						
Molybdenum	0.048	0.035	0.085						
Iodine	0.14	0.32	0.59						
Lithium	0.080	0.052	0.120						
Germanium	0.024	0.003	0.028						
Selenium	0.91	0.95	1.77						
Sulphur	51.2	48.1	52.0						

may show hypothyroidism, but that's another ten years of suffering if she is not correctly diagnosed. Oligoscan readings show real pointers to thyroid disease - low chromium and iodine. Selenium and zinc are also essential minerals for normal thyroid function, so low readings can help point to this diagnosis.

Oligoscan tests take only a few minutes, so finding the underlying cause of certain clusters of symptoms is quick and efficient.

Specifically in Jane's case:

- High copper blocks zinc, interfering with thyroid hormone function
- Chromium deficiency causes insulin resistance, contributing to obesity
- Iodine deficiency directly relates to poor thyroid function

- Selenium deficiency aggravates hypothyroidism because it is essential for adequate T4 to T3 conversion, the active form of thyroxin.

This patient did not need to go on thyroid replacement therapy. Our treatment centred on restoring mineral deficiencies and removing her toxicities, one of which was high copper. Her fatigue improved, her weight slowly came down, her hair stopped falling out and her periods became normal.

For more information about using Oligoscan in clinic go to [www.oligoscan.net.au](http://www.oligoscan.net.au)

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