The normal range for Free T4 thyroid hormone levels in the past have been based on statistical norms (called 2 standard deviations). This means that out of every 100 people, those with the 2 highest and lowest scores are defined as abnormal and everyone else is arbitrarily considered to be normal. That means if a problem affects over 2% of the population (as many as 24% of women over 60 are hypothyroid), then our testing system will miss most of them. In addition, our testing system does not take biological individuality into account. To translate how poorly this “2% equals abnormal” system works, consider this: if we applied this approach to getting you a pair of shoes, any size between a 4 and 13 would be “medically normal.” If a man was accidentally given a size 5 shoe or a woman a size 12, the doctor would say the shoe sizes they were given are “normal,” and there is no problem! This is pretty close to an exact analogy for what happens when we overly rely on blood “normal,” and there is no problem! This is pretty close to an exact analogy for what happens when we overly rely on blood test results to determine if the patient needs thyroid hormone?

To give you an idea of the scope of the problem even when only looking at thyroid conditions, let’s look at the situation further. Hypothyroidism, like most other illnesses that affect predominantly women, has been dramatically under-diagnosed. The American Academy of Clinical Endocrinologists (AACE), the nation’s largest organization of thyroid specialists, has now confirmed this. After a 2002 meeting, the normal range for thyroid tests was dramatically narrowed. As noted in the AACE press release:

“Until November 2002, doctors had relied on a normal TSH level ranging from 0.5 to 5.0 to diagnose and treat patients with a thyroid disorder who tested outside the boundaries of that range. Now the AACE encourages doctors to consider treatment for patients who test outside the boundaries of a narrower margin based on a target TSH level of 0.3 to 3.0. AACE believes the new range will result in proper diagnosis for millions of Americans who suffer from a mild thyroid disorder, but have gone untreated until now.”

Before the development of lab testing, most physicians had to rely on the art of medicine to diagnose and treat. They had to come to grips with their underlying insecurities and infallibility, and fall back on their art, mind, and intuition. This required listening to the patient as well as doing an examination. As technology evolved however, we have abdicated this responsibility to technology – resulting in great harm to our patients. We have turned technology into a sort of omniscient deity – putting all of our faith in it.

How many of us believe that something must be so if we see it in print? Do you take for granted what the newspaper tells you? If so, you are a fool! If we believe that everything is fine because the blood tests are normal, then I suspect we are even bigger fools.

How many of us were taught what the normal range actually meant during our training? Although nobody came right out and said it, I was given the strong presumption in medical school that the normal range was derived by scholars who pored over the scientific literature, determining what was healthy enough to allow us to safely presume that there was no problem. It therefore came as quite a shock to me when I looked up the national guidelines for laboratories to see how these normal ranges were derived. For a very large percentage of tests, the normal range is simply based on two standard deviations! Let’s see how this works using thyroid problems as an example.

The normal range for Free T4 thyroid hormone levels in the past have been based on statistical norms (called 2 standard deviations). This means that out of every 100 people, those with the 2 highest and lowest scores are defined as abnormal and everyone else is arbitrarily considered to be normal. That means if a problem affects over 2% of the population (as many as 24% of women over 60 are hypothyroid and 12% of the population have abnormal antibodies attacking their thyroid), then our testing system will miss most of them. In addition, our testing system does not take biological individuality into account. To translate how poorly this “2% equals abnormal” system works, consider this: if we applied this approach to getting you a pair of shoes, any size between a 4 and 13 would be “medically normal.” If a man was accidentally given a size 5 shoe or a woman a size 12, the doctor would say the shoe sizes they were given are “normal,” and there is no problem! This is pretty close to an exact analogy for what happens when we overly rely on blood tests' normal ranges.

Even for tests that have normal ranges based on physiologic function, major problems occur. Over the last two decades, for example, the acceptable upper limit for a TSH thyroid test has dropped from over 12 to less than three. That means that anyone who had a TSH level between 3 and 12 had been told they were normal despite actually being hypothyroid. Even worse, they were often told they were essentially crazy because the test was normal, and inappropriately treated with antidepressants. Again using TSH has an example, other factors also play a role in decreasing its reliability. For example, if the thyroid is under-active because the hypothalamus is suppressed (as is common in fibromyalgia and/or chronic pain), the TSH test, which is the test most often used to evaluate thyroid function, may appear to be normal, or even suggest an overactive thyroid. In fact, it is well known among lab experts (but not physicians) that in hypothalamic hypothyroidism the TSH can be high, low, or normal! Do you still want to rely on only blood testing to determine if the patient needs thyroid hormone?

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**Highly Effective Treatments for Pain and Fatigue**

*by Jacob Teitelbaum, MD*


**Treat the Patient – Not the Blood Tests!**

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"The prevalence of undiagnosed thyroid disease in the United States is shockingly high – particularly since it is a condition that is easy to diagnose and treat," said Hossein Gharib, MD, FACE, and president of AACE. "The new TSH range from the AACE guidelines gives physicians the information they need to diagnose mild thyroid disease before it can lead to more serious effects on a patient's health, such as elevated cholesterol, heart disease, osteoporosis, infertility, and depression."

Now, years after the new directives have been given, doctors are still largely unaware of these new lab guidelines for diagnosis and treatment. Even the major labs doing thyroid testing have not bothered to change the now incorrect normal ranges for both diagnosis and treatment of thyroid disorders.

Simply changing the normal range for the TSH test to "less than 3" increased the number of Americans with thyroid illness from 13 million to approximately 27 million. Unfortunately, over 13 million Americans with thyroid disease remain undiagnosed, and the majority of those receiving treatment are not being dosed appropriately. Doctors do not know that they have not been adequately trained in the proper diagnosis or treatment of hypothyroidism, and the cost in human life and devastating illness is enormous. What makes this especially tragic is how easy treatment is if doctors are given the correct information. Even these new guidelines miss millions who suffer from hypothyroidism.

Let's See What Happens When You Treat the Patient and Not the Blood Tests!

In two studies done by Dr. G.R. Skinner and his associates in the United Kingdom, patients who were thought to have hypothyroidism (an underactive thyroid), because of their symptoms (including pain), had their blood levels of thyroid hormone checked. The vast majority of subjects had technically normal thyroid blood tests. This data was published in the British Medical Journal. Since that time, Dr. Skinner has done another study in which the patients with normal blood tests who had symptoms of an underactive thyroid – those who most physicians would likely say had a normal thyroid and would not need treatment – were treated with thyroid hormone. A remarkable thing happened – well, maybe it wasn't that surprising! The large majority of patients, despite being considered to have a normal thyroid, had their symptoms improve upon taking thyroid hormone (Synthroid®), at an average dosage of 100 to 120 micrograms a day.

These two studies, plus another, which indicated that thyroid blood tests are only low in about 3% of patients whose doctors sent in blood tests (and this is at an HMO where the doctor really suspected that the patient had thyroid problems), confirm what I have been saying all along. Our current thyroid testing will miss most patients with an underactive thyroid. Once again, doctors of decades ago were on target when they knew that one has to treat the patient and not the blood test.

If I Can't Trust Blood Tests, How Can I Know How to Treat Patients?

This is why we went into the ART of medicine instead of simply being a technician. Simply recall the symptoms of hypothyroidism. If the patient has chronic fatigue, heavy periods, constipation, easy weight gain, cold intolerance, dry skin, thin hair, and/or a body temperature that tends to be on the low side of normal, you should consider giving them a therapeutic trial of a low dose of thyroid hormone. As long as the patient does not have underlying angina/heart disease and you follow up with a blood test to make sure that the Free T4 (do not use TSH) thyroid levels are in a safe range (going above the upper limit of normal may aggravate osteoporosis) a trial of low-dose thyroid hormone treatment is usually safe and may be dramatically beneficial. If the symptoms of low thyroid improved on thyroid hormone, it is fair to suspect that the patient has an underactive thyroid. The question to ask to determine if a problem is present despite normal lab tests is "Does the patient have symptoms and/or findings on examination suggestive of the illness and do they respond to treatment?" It is that simple, but don't forget to look for accompanying problems.

For example, in another study, 152 women were evaluated who had symptoms of an under-active thyroid despite normal blood tests. In the first phase of the study, 49 women were given a high-protein, low carbohydrate diet that eliminated sugar, wheat and dairy for one month. This group experienced an 18% decrease in joint pain and a 14% decrease in muscle pain, combined with a 21% decrease in fatigue. All 152 patients were then given 22 days of thyroid therapy using T3, the active form of thyroid hormone. They were given 7/2 micrograms twice a day, slowly increased to 37/2 micrograms twice a day and then tapered off. After 22 days, all of their symptoms decreased by an average of 39%. One week later, they were switched to Armour Thyroid 60 mg twice a day for 3 more months. Fatigue decreased by 60%, headaches by 63%, depression by 73%, insomnia by 69%, joint pain by 58%, and muscle pain by 58%.

Do Faulty Lab Tests Only Apply to Thyroid Hormone Problems?

Of course not! Let's use cortisol testing for adrenal insufficiency as another example. The normal range for a morning cortisol is 6-24 mcg/dl. This range was actually based on an assessment of when cortisol deficiency should be considered a problem and an "officially" low cortisol is probably found in less than one out of 100,000 people. In my experience, most healthy people have a morning cortisol...
Treating Adrenal Insufficiency

tests” to be incredibly unreliable and a waste of time. Other tests of hormonal function, I consider “glucose tolerance. The effect, energy-wise, is like a roller coaster. Many people become shaky and nervous, then dizzy, irritable, and fatigued when they get hungry. They then often feel better after they eat sweets, which improve their energy and mood for a short period of time. Because of this, these people often crave sugar, not realizing that it makes their blood sugar level initially shoot back up to normal, which is what makes them feel better, but then eating the sugar makes the blood sugar continue to soar beyond normal. The body responds to this by driving the sugar level back down below normal again. The effect, energy-wise, is like a roller coaster.

Dr. Jefferies has noted — and again, my experience confirms his finding — that most people with hypoglycemia have underactive adrenal glands. This makes sense because the adrenal glands’ responsibilities include maintaining blood sugar at an adequate level. Sugar is the only fuel that the brain can use. When a person’s blood sugar level drops, he or she feels poorly and it can flare their pain. I recommend diagnosing “hypoglycemia” based on symptoms, and, like other tests of hormonal function, I consider “glucose tolerance tests” to be incredibly unreliable and a waste of time.

Treating Adrenal Insufficiency

People with hypoglycemia can treat low blood sugar symptoms by cutting sugar and caffeine out of their diets; having frequent, small meals; and increasing their intake of proteins and vegetables. Fruit — not fruit juices, which contain concentrated sugar — can be taken in moderation, about one to two pieces a day, depending on the amount of sugar in the fruit. Taking 250 micrograms of chromium a day (present in the Energy Revitalization System vitamin powder) for 6 months often helps smooth out hypoglycemic symptoms.

Treat the Patient!

So How Do I Tell if a Person Needs Adrenal Support?

Going back to what we said before, look for the symptoms of an underactive adrenal. In fact, I suspect that many people suffer exhaustion of their adrenal glands. With the kinds of stresses common in modern society, a person’s adrenal test may initially show hormonal levels that are actually higher than usual, since the adrenal gland tends to overcompensate to deal with stress. Over time, this may exhaust the adrenal reserve, that is, the adrenal’s ability to increase hormone production in response to stress. In endocrinologist Dr. William Jefferies’ experience (and in mine as well), people with either low hormone production or a low reserve often respond dramatically to treatment with low doses of adrenal hormones.

Symptoms of Adrenal Insufficiency

If adrenal glands are underactive, what symptoms might the patient experience? Low adrenal function can cause, among other symptoms:

- Pain and fatigue
- Recurrent infections
- “Crashing” during stress
- Hypoglycemia (irritability when hungry)
- Low blood pressure and dizziness upon first standing

Hypoglycemia deserves special mention. Many people become shaky and nervous, then dizzy, irritable, and fatigued when they get hungry. They then often feel better after they eat sweets, which improve their energy and mood for a short period of time. Because of this, these people often crave sugar, not realizing that it makes their blood sugar level initially shoot back up to normal, which is what makes them feel better, but then eating the sugar makes the blood sugar continue to soar beyond normal. The body responds to this by driving the sugar level back down below normal again. The effect, energy-wise, is like a roller coaster.

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