

THYROID POWER: 10 STEPS TO TOTAL HEALTH

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In certain parts of the world, lack of adequate iodine in the diet is still a primary cause of thyroid deficiency seen in the form of goiter or chronic enlargement of the thyroid gland. Under these circumstances the gland undergoes abnormal growth in an effort to produce enough vitally needed thyroid hormone, which the body must have to survive. In regions of endemic fluorosis with low iodine intake, thyroid deficiency and goiter are sometimes more frequent than in nonfluorotic regions with similar low iodine intake.¹ But where iodine intake is in the recommended range, it has been reported that there is no consistent or significant association between endemic fluorosis and low thyroid and goiter.^{2,3}

Today, in most developed countries, lack of iodine is not a problem, thanks to the widespread availability and use of iodized salt. Nevertheless, low thyroid function or hypothyroidism has become a major health problem in countries like the United States, where it affects about ten percent of the population overall and even more among persons over age 50. In 1999 the T-4 thyroid hormone thyroxine in the form of Synthroid became the nation's top-selling prescription medication. Unfortunately, as the authors of this book point out, low thyroid is often unsuspected and goes untreated. And when the symptoms are recognized and diagnosed, optimal treatment is not always undertaken because laboratory tests frequently fail to indicate how serious the condition might be since the range for "normal" is often so broad.

Well versed in individualized medical care, the authors are strong advocates of holistic medicine. Richard Shames is a graduate of Harvard College and the University of Pennsylvania Medical School. His wife, Karilee Shames, is a clinical specialist and researcher in psychiatric and holistic nursing. Together they have developed a strong program to identify and treat patients with low thyroid function, contending that our modern exposure to hormone disrupters and antagonists, including fluoride, plays a key role in causing various degrees of hypothyroidism to be so pervasive. In their view and that of many others, autoimmune disorders, which are increasingly more common, lie at the heart of many low thyroid conditions.

That fluoride can depress thyroid function was amply demonstrated years ago when it was used to treat patients with hyperthyroidism or an overactive

^aPublished by HarperResource – an imprint of HarperCollins Publishers Inc., 10 East 53rd Street, New York, NY 10022, USA; xv + 314 pp, 2001. Price: US \$25.00; Can \$37.95. For ordering: <http://www.harpercollins.com>. Further information can be found at: <http://www.thyroidpower.com>

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thyroid gland, most successfully by transdermal absorption from very dilute solutions of hydrofluoric acid.⁴ Other research has shown that regular fluoride intake in the range of 5 mg/day, which is now common with water fluoridation, can reversibly inhibit normal thyroid activity, even with a good diet.⁵ As one who personally experienced this very phenomenon, I know only too well how real it can be. Even thyroid extract was of little benefit until I stopped drinking silicofluoridated tap water, at which point the morning fatigue, aching joints, excessive thirst, gastrointestinal distress, and other symptoms soon disappeared without further thyroid medication.

For their part, the authors offer a practical program for diagnosing and dealing with low thyroid function. They explain in detail what types of laboratory tests are available and how helpful they can be if used properly and how misleading they can be if they are not. They have seen many patients with co-existing disorders and allergies which, when treated, also alleviate a hypothyroid condition. At the same time, they emphasize that there are still many unknowns and that seldom are two cases ever the same.

This is a very useful book and is one of the few that recognizes the importance fluoride can play in suppressing normal thyroid activity. One error to be noted is on pp. 294-5, where the suggested daily supplements for selenium and chromium should be 100-200 µg/day, not 100-200 mg/day.

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Published by the International Society for Fluoride Research
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