

THYROID DISEASE HYPOTHYROIDISM

Dr. John Lowe: The Optimal Treatment for Hypothyroidism

Dr. John Lowe Shares His Approach to Optimally Treating an Underactive Thyroid

By [Mary Shomon](#) | Reviewed by [Richard N. Fogoros, MD](#)
Updated June 07, 2017

Share Pin Email

PRINT



David Malan/Getty Images



More in Thyroid Disease

Hypothyroidism

Basics

Symptoms and Risk Factors

Testing and Diagnosis

Treatment

Holistic Treatment

Weight Loss

Conditions

VIEW ALL

The late Dr. John Lowe one of the leading thinkers and innovators in defining optimal treatment for hypothyroidism. Before the tragic loss of this thyroid pioneer, I had the opportunity to interview him for this [series of articles featuring practitioners with expertise in hormone balance and hypothyroidism diagnosis and treatment.](#)

In the course of successfully treating [hypothyroidism](#) (as well as most any other disease), Dr. John Lowe believed that relevant outcome measures are *crucial*.

He said: "How else does the patient or clinician know with reasonable accuracy how well—or whether at all—the treatment regimen is working?"

According to Dr. Lowe, diagnosis came first. In some venues, the clinician is limited in the number of blood tests he or she can order. This may be true, for example, in managed care or socialized medicine. When this is the case, he believes the clinician should order antithyroid [antibodies](#).

On optimizing thyroid treatment, Dr. Lowe offered his thoughts:

Endocrinologist Dr. Robert Volpé made this clear to me. He wrote that a patient may be hypothyroid due to antithyroid antibodies for a few years before the TSH rises and thyroid hormone levels decline. Among people who consume enough iodine, the most common cause of hypothyroidism is autoimmune thyroiditis. Because the TSH and thyroid hormone levels may reveal the hypothyroidism only years after a person develops autoimmune thyroiditis, the proper protocol is clear to me: test thyroid peroxidase and thyroglobulin antibody levels before concerning oneself with the TSH and thyroid hormone levels. If the clinician is free to order these latter tests, that's fine, but the antithyroid antibodies, to me, are far more important.

However, as Dr. Bo Wikland has shown in Thyroid Science, many patients with hypothyroid symptoms caused by autoimmune thyroid disease do not have high antithyroid antibody levels. These patients may also have in-range TSH and thyroid hormone levels. Yet thyroid fine-needle aspiration shows that the patients' thyroid glands are festering with inflamed and antithyroid antibodies. Laboratory tests, then, including antithyroid antibodies, are not particularly reliable.

Dr. Lowe believed that clinicians or patients should order the tests, but if the tests are all in range, he feels a patient shouldn't accept that he or she is negative for hypothyroidism. If the patient had symptoms and signs characteristic of hypothyroidism, he felt that a trial of thyroid hormone therapy was proper. According to Dr. Lowe, many patients, after beginning thyroid hormone therapy, recovered from their symptoms and have a higher level of well-being. They improved despite never having had any lab test results that were consistent with hypothyroidism. For many patients, that is enough for them; they are satisfied with their treatment results.

According to Dr. Lowe, achieving optimal therapeutic results for many patients depended on them rejecting T4 replacement. Said Dr. Lowe:

Instead of using that commercially-driven alternative, they should use one of the generally more effective alternatives. These include T4/T3 combination therapy (with either synthetic or natural thyroid hormones), or T3 alone. And they should ignore their TSH levels when searching for the dosages that are optimal for them—"optimal" in the sense of relieving their symptoms without overstimulation of their tissues. As I said, relief of symptoms and better well-being are sufficient for many patients. However, some patients get optimal results only when they also include physiological measures in their treatment regimen. I know some patients who obtain hand-held indirect calorimeters and actually measure their own basal metabolic rates. I know of no other physiological measurement that is more meaningful and useful. There are other relevant and useful measures, though, such as the basal body temperature, basal pulse rate, body weight, and perhaps the voltage of the R-wave on one's ECGs/EKGs.

In finding their safe and effective (optimal) thyroid hormone dosage, some patients use all of these physiological measures and they estimate of the intensity of their hypothyroid symptoms at close intervals to learn whether a particular thyroid hormone dosage is moving them in the right direction. And if they started out with high antithyroid antibody levels, they measure these again at intervals to ensure that their thyroid [hormone](#) therapy has acceptably lowered the levels. For Dr. Lowe, patients monitoring their responses to thyroid hormone therapy with these tools constitutes the best of outcome testing, which, in his experience, is more likely to provide patients with optimal treatment results.

The late Dr. John Lowe was a long-time thyroid and fibromyalgia researcher and practitioner, and Editor of the journal "Thyroid Science."

Source: Email interview with John Lowe - December 2010

UP NEXT

ARTICLE
A Doctor Shares How to Best Treat Hypothyroidism

ARTICLE
Hashimoto's vs. Hypothyroidism: What's the Difference?

ARTICLE
Is There an Optimal Treatment for Hypothyroidism?

ARTICLE
Thyroid Problems Triggered by Lithium for Bipolar Disease

ARTICLE
The TSH Reference Range: A Guide for Thyroid Patients

CONTINUE READING

ARTICLE
The Optimal Treatment for Hypothyroidism: Kent Holtorf, MD

ARTICLE
Dr. Sara Gottfried on the Optimal Treatment for Hypothyroidism

ARTICLE
Is There an Optimal Treatment for Hypothyroidism?

ARTICLE
Should You Treat Hashimoto's Thyroiditis When Your TSH is Normal?

ARTICLE
Understanding Thyroid Function Tests and Normal Ranges

ARTICLE
What Elevated Thyroid Antibodies With Normal TSH Means

ARTICLE
Reverse T3 Testing in Thyroid Treatment

ARTICLE
The Optimal Treatment for Hypothyroidism: Robban Sica, MD

ARTICLE
The Effects of Having Too Much or Not Enough Iodine on Your Thyroid

ARTICLE
What Happens When You Have No Thyroid?

ARTICLE
Dr. Ted Friedman Answers Your Thyroid Questions

ARTICLE
Hypothyroidism Often Unrelieved by Levothyroxine and Normal TSH

ARTICLE
Learn All about the Blood Tests Used to Diagnose Thyroid Disease

ARTICLE
High and Low TSH Levels: What They Mean

ARTICLE
Postpartum Thyroiditis and Postpartum Problems After Pregnancy

Daily Health Tips to Your Inbox

Enter your email [SIGN UP](#)

Follow Us



Conditions
Living Well
Family
Health Care

About Us
Privacy Policy
Contact

Advertise
Careers
Terms of Use



It's Time to Sign Up for Health Insurance! [What to Know](#)