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Thyroid Disease & Fibromyalgia: The Factor That's Nearly Always Overlooked

ProHealth.com
by Joseph Mercola, MD
February 22, 2012

This information is based on Dr. Mercola's interview* last year with the late Dr. John C. Lowe. Dr. Lowe was a skilled clinical researcher recognized as one of the leading experts on treating thyroid disease and fibromyalgia with natural medicine (for details see Dr.Lowe.com). The following is excerpted with kind permission from Dr. Mercola's educational website (Mercola.com), and was first published Feb 6, 2011. See footnote for much more.**

The Simple Fibromyalgia Treatment that's Nearly Always Overlooked

Thyroid disease, or inadequate thyroid hormone regulation, is extremely common. According to estimates, anywhere from 10% to 40% of Americans have suboptimal thyroid function.

The Difference between Hypothyroidism and Thyroid Hormone Deficiency

Hypothyroidism occurs when you produce insufficient amounts of thyroid hormone or when you have thyroid hormone resistance. As a result, your body cannot maintain normal metabolism, and your ability to convert tyrosine to dopamine, norepinephrine and epinephrine is impaired. This can cause a ripple effect of symptoms, including cognitive dysfunction.

A common give-away that you may be hypothyroid is feeling cold most of the time. This is because your body cannot generate enough ATP molecules to keep the core temperature of your body high enough.

Thyroid hormone resistance began being investigated in the 1950s, yet many endocrinologists still have never heard of it, or believe it's a rare condition. According to [the late] Dr. John Lowe:

"The difference between hypothyroidism where there is a deficiency of thyroid hormone, and thyroid hormone resistance, is that the same amount of thyroid hormone - within the laboratory's reference range - that would maintain normal metabolism in cells doesn't do so adequately.

Those people [with thyroid hormone resistance] need a much higher dosage of hormones - a dosage that would cause most endocrinologists to scream, "You're going to die of heart attack if you don't get off that."

Why Lab Testing is NOT the Most Effective Tool for Diagnosing Thyroid Disease

Unfortunately, many if not most conventional doctors do nothing but look at lab test data when diagnosing thyroid disease, and typically ignore signs and symptoms revealed by the patient, such as dry skin or hair loss. Dr. Lowe and I often refer to these as *extremist medical technocrats*.

However, Dr. Lowe says he's noticed a revival of sorts of the practice to listen to the patient; getting a list of the symptoms; looking at the patient and touching them. This can be particularly valuable in the case of diseases like thyroid disease, which is littered with clinical symptoms.

The exclusive reliance on lab tests is actually NOT advisable in this case.

In fact, Dr. Lowe discusses why these tests may at times be completely useless for diagnosis. For example, based on three decades worth of work in this area, and two rigorous studies, Dr. Lowe has concluded that the traditional testing used does not correlate with the far more powerful assessment of thyroid hormone in your body, which is your *basal metabolic rate*.

[As described later in the summary of Dr. Lowe's treatment protocol, measuring the basal metabolic rate involves recording your body temperature and pulse rate when resting. Usually in hypothyroid patients, these will be too low given their level of cardiovascular conditioning, sex, age, and weight.] For more information about that, please listen to the audio interview with Dr. Lowe, or read through the transcript.

A Forgotten Sign of Thyroid Disease

Dr. Lowe's interest in the thyroid was ignited about 25 years ago. At the time he used myofascial trigger point therapy to treat pain, taught by Dr. Travell who used it on John Kennedy. Most patients responded favorably to this treatment, but some did not get the typical relief and he started wondering why. "I went to Travell and Simons' textbooks [Travell & Simons' *Myofascial Pain and Dysfunction: The Trigger Point Manual*] and found a huge section on perpetuating factors," Dr. Lowe says.

"What can make a patient resistant to usually effective myofascial therapy? Among those were nutritional deficiencies. If patients don't take enough B complex vitamins, various ones can cause neuromuscular hyper-excitability that has to be dealt with. I would give injections of B complex vitamins and would immediately get them on megadoses..."

Rather than 3 treatments it might take 8 or 10, but I was able to release them as 'recovered'. But there were some patients for whom none of those usual tactics worked. They kept coming back. The relapse from pain might be only six hours."

He finally discovered information that linked myofascial pain and trigger points to hypometabolism, especially due to inadequate thyroid hormone regulation.

The standard tests used today to diagnose inadequate thyroid hormone regulation due to hypothyroidism are the free T3, free T4 and TSH. There's also a test called TRH (thyroid releasing hormone) stimulation test. [See "How Your Thyroid Works," and for information on tests/test kits, see www.DirectLabs.com]. Using these tests, Dr. Lowe was able to determine that many of those patients could be diagnosed with *central hypothyroidism*.

"They didn't have a thyroid gland problem per se where the thyroid gland wasn't producing a thyroid hormone, but they had either a problem with the hypothalamus or with the pituitary," he explains.

Some of the clinical symptoms presented by these patients were primarily pain, such as headaches and cervical (neck) or back pain. One such patient became pain-free once she started taking thyroid hormone. That's what got Dr. Lowe started on the path of treating thyroid disease.

Signs and Symptoms of Thyroid Disease

So, if the conventional lab tests are unreliable, what are the signs and symptoms to look for? As stated earlier, there are some 60 different symptoms (including many that correspond to symptoms of fibromyalgia) that are indicative of thyroid disease - although, remarkably, you won't find these in the newer endocrinology books.

Dr. Lowe's web site (DrLowe.com), contains a full list of all the signs and symptoms. Here are a few of the most common:

- **Fatigue** - If you don't have enough dopamine or have too few dopamine receptors due to inadequate thyroid hormone regulation, you end up with extreme fatigue, which is also a common complaint in fibromyalgia patients

- **Hair loss**

- **Weight gain** - Thyroid hormone controls gene transcription for lipolytic enzymes, which lower cholesterol and break down triglycerides and fatty tissues. *If you have enough of these enzymes, they will reduce fat tissues in your body even if you do not diet and exercise.*

- **Dry skin, hair, eyes and other mucous membranes.**

- **Excess muscle tension and trigger points** - For muscles to completely relax, filaments must lengthen and separate, which requires energy (ATP molecules). Low thyroid hormone reduces ATP.

- **Delayed deep tendon reflexes** (slow relaxation phase of the Achilles reflex) - Thyroid hormone controls gene transcription for calcium ATPase. When you hit the Achilles tendon (joints/heel bone to calf muscles) and your foot goes down rapidly and then raises back slowly, it's a sign of hypothyroidism or thyroid hormone resistance.

This is due to lack of ATP molecules to provide the energy for the contractile filaments to separate and relax. Hence you get a visibly slow relaxation phase of the Achilles reflex.

Here again is a classic thyroid indication that does not correlate with high TSH values. Unfortunately, this test (which used to be an established gold standard in thyroid testing) is no longer used because endocrinologists assume high TSH values must be present for hypothyroidism, which is not the case - but lab testing, like drugs, is big business, bringing in billions of dollars.

Thyroid Disease and Fibromyalgia, and the Treatments that Work for Both

Interestingly, inadequate thyroid hormone regulation may be one of the primary underlying factors in many patients with fibromyalgia.

Dr. Lowe explains:

"I had prior training as a research psychologist and was able to pull forth that training and enlist physicians on the research team. It was a loose net research team until it eventually became a non-profit organization called the *Fibromyalgia Research Foundation*.

Seven or eight years ago, I gave a presentation at the Fibromyalgia Coalition International based in Kansas City... I got there late and heard none of the other presentations.

When I gave my presentation, people began saying, "Dr. Lowe, you've used the words 'integrative metabolic therapies' for getting patients free from chronic fatigue and fibromyalgia. It just so happens, every single one of the - at that point, considered *alternative doctors* - have said exactly the same things."

Through their personal, clinical experiences they had come to the same conclusions we had. If they used metabolic integrative therapies, nutritional deficiencies, anti-inflammatory diet, exercise, getting off medications that impede metabolism, and possibly treating cortisol deficiency, possibly balancing sex hormones, and treating the patients with effective thyroid hormone therapy... They got the patients well.

I said the same thing they had said, but my experience was based on rigorous scientific testing. Their experience was based on intuition and the wisdom that comes from listening to patients and working with them."

This is yet another potent testimony to the truthfulness of the theory that health is based on a few fundamental principles, and although you will typically address specific aspects of a disease, the bulk of the therapy is the same for ALL diseases:

- **Eating a nutritious diet** (a low-sugar, low-grain, mainly raw organic diet is optimally nutritious and anti-inflammatory)

- **Exercising**

- **Normalizing hormones**

- **Avoiding medications** (virtually all medications create further imbalances, hence the side effects and deterioration of health).

Creating health really isn't rocket science. It's just "returning to basics," and although it may not be easy, it's rather simple.

Logic and Deductive Reasoning in Medicine - A Novel Idea

Dr. Lowe's research team came to the conclusion that the thyroid was involved with fibromyalgia through the use of a method called "deductively formulated theory," which he calls the "ultimate logic of problem solving." Unfortunately, this method is virtually never used in medicine, and it's a rare scientist who truly understands it.

Dr. Lowe explains it as follows:

"You take competitive theories or hypotheses about what causes something, then use the methods of mathematical physicists to show which hypothesis tops them all out.

Well, there simply is no competitor to inadequate thyroid hormone regulation, which accounts for about 43 of the 46 subjectively verified findings in fibromyalgia - reduced brain blood flow, inhibitory alpha-2 adrenergic receptors, platelets that cause constriction of arterials and cold fingers... The list goes on.

If anybody looks at the method of deductively formulated theory and compares the inane serotonin deficiency hypothesis, which has been thoroughly refuted, there are no competitive theories.

... Hippocrates wrote about people with these symptoms and said, if these people will get a reasonable amount of physical activity, stop eating the trash the aristocrats eat and start eating vegetables and fruits, they'll recover. Nothing has really changed there.

What we learned about fibromyalgia patients is that one set of symptoms - chronic aching and pain that lasts for three months or longer, and abnormal tenderness with associated symptoms (there are 12 of them) - are all classic hypothyroid symptoms. It's just another of what we call a clinical phenotype...

Most [fibromyalgia] patients are either hypothyroid or thyroid hormone resistant."

Thyroid Hormone - The Missing Ingredient in Fibromyalgia Treatment

Dr. Lowe's extensive experience with treating patients with both thyroid disease and fibromyalgia has led him to come to some startling conclusions. One, that thyroid dysfunction is a component of fibromyalgia, and second, that the conventional thyroid test is typically useless in making a diagnosis.

Instead, he recommends simply treating fibromyalgia with thyroid hormone until the symptoms improve.

"We give patients *monitoring forms*. One of those forms is the "20 most common symptoms of thyroid hormone over-stimulation," he explains... Patients record their basal body temperature and their basal pulse rate (basal metabolic rate). The pulse rate in most of these patients is too low for their levels of cardiovascular conditioning. It's under-regulation of the thyroid. Some of them are bradycardic (less than 50 to 60 beats per minute).

If weight is an issue, they measure their weight after getting out of bed before consuming any liquid or solid, along with temperature and pulse rate. We have a lot of symptom severity scales where they estimate the intensity of their symptoms. They fill out this form at least three times a week.

Then, it's easy for us to chart the data on line graphs. We can see, as the dosage increases, are the data points moving in the right direction? Is the temperature rising properly? Is the pulse rate coming up so that it's more appropriate to that person's level of cardiovascular conditioning?"

A one-line summary of Dr. Lowe's research would be that thyroid hormone is the missing ingredient in the treatment of fibromyalgia that is nearly universally overlooked.

- Joseph Mercola, MD

*Ref: audio transcript of Dr. Mercola's Feb 2011 interview with Dr. John Lowe.

** Source:

Dr. Mercola is the founder of the world's most visited natural health web site, Mercola.com. You can learn the hazardous side effects of OTC Remedies by getting a FREE copy of his latest special report *The Dangers of Over the Counter Remedies* by going to his Report Page.

Related Links:

1. "Signs, Symptoms, and Solutions for Poor Thyroid Function" (Iodine is key for thyroid health).

2. <http://articles.mercola.com/sites/articles/archive/2010/01/02/Many-Symptoms-Suggest-Sluggish-Thyroid.aspx> (Many illnesses could actually indicate a problem with your thyroid)

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Iodine

Posted by: glowgirl
Feb 22, 2012

As a sufferer of Fibromyalgia/CFIDS for almost 30 years I have the deepest belief that the thyroid is the issue with this illness. I have not been able to pursue treatment because mainstream is not co-operative with Dr. Lowe's treatment and those docs that will do it charge a small fortune. Also, I am in the middle of reading "Why Do I Still Have Thyroid Symptoms? When My Lab Tests Are Normal", by Dr. Dats Kharrazian, DC. He does not agree that we should be given iodine and claims that it just adds fire to the flames. Chiropractors are popping up that have had Dr. Kharrazian's training and this too is one of those protocols that can end up running \$10,000 by the time one is done with office visits, blood work and supplements.

So, my question or comment here is this. If I were to spend this amount of money and believe me I am at the point that I would stand on the corner with a collection cup just to get treatment, I want to know if anyone out there is familiar with either of these treatments and what they have to say about the use of Iodine.

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my experience

Posted by: christianemarie
Feb 22, 2012

reposting as a comment (not a subcomment) so others can easily view it...

glowgirl, I am certainly empathize and relate to your comments as an FM sufferer, healthcare professional, and Holistic Health Practitioner. I am in the same place you are regarding thyroid dysfunction and I have nodules on both lobes of my thyroid discovered last summer. My endocrinologist wanted to remove my thyroid! And will not treat me for hypothyroidism. I can not afford to see any of the integrative medical providers due to long term unemployment. Also living in an area where the good ones are few and far between and too expensive. I found a Chiropractor that has studied with Dr. Kharrazian and uses what he calls whole food supplements (Standard Process glandular support). I sought him out after trying iodine therapy prescribed by an integrative D.O. I have noticed some improvements in mood, temperature control, sleep while also having a sort of healing crisis that is causing other issues. He tells me that in time these will pass and adjusted thy doses down a bit.

Iodine is NOT for every body!! It was a complete disaster for me resulting in a month of 24/7 insomnia, high anxiety and more issues than I can relate here. If you have not, check out Mary Shomon, Thyroid advocate and author, who has her own website and also writes for About.com. She speaks to iodine therapy and why it fails for some of us with thyroid issues.

Best to ALL on your paths to healing. Chris

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Iodine

Posted by: sydneysider
Feb 22, 2012

I can give you an answer about the iodine.

I was eventually found to have high peroxidase antibodies(hashimoto's). In the end I had to TELL the doctor to do the antibody tests. In the year that followed I consulted a doctor who ran many tests, and found that I was iodine deficient. So I took iodine, and my peroxidase antibodies skyrocketed from 160 to over 1000. I also now have eye, a possible symptom of sjogrens, and one of my antibodies for sjogrens is now positive. It was negative 5 years ago.

So it is my conclusion that taking iodine may be disastrous for those predisposed to hashimoto's, or other autoimmune diseases.

I have read that it may be okay to take iodine after improving selenium levels. I don't know if this is correct, and it wouldn't be something to play around with by yourself.

Taking selenium is helpful for the thyroid, and a good idea to take, and as far as I know, quite safe. Brazil nuts are a good source.

As far as the iodine is concerned, it would be wise for anybody to have their thyroid antibodies checked before taking this supplement. While it is much healthier to have good iodine levels, it appears to be somewhat dangerous for some of us, and perhaps even triggers autoimmune disease.

Take care

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