



Thyroid & Adrenal Research Institute

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Abstract Objective

This study looks at the risks associated with subclinical hypothyroidism and a new management paradigm that optimizes thyroid function based on Resting Metabolic Rate (RMR) and Brachioradialis Reflexometry (BR).

Main Outcome

Brachioradialis Reflexometry (BR) correlates the best with RMR measurements and, in this population, seems to be the best parameter to titrate thyroid dose. Using any form of thyroid therapy, RMR must increase approximately 383 kcalories above baseline values to achieve thyroid adequacy and resolution of symptoms. However, TSH values fall below 0.3 mU/L when RMR is increased only about 139 kcalories above baseline values.

Design

In 563 patient interactions, volunteers were evaluated by measuring:

Thyroid symptoms, age, gender, height, weight, body mass index, calculated RMR, measured RMR, measured brachioradialis reflex intervals, and serum measurements of: TSH, T3U, T4, T7, cholesterol, LDL, HDL, and triglycerides. Some patients also had free T3, free T4, Microsomal (TPO) autoantibody, thyroglobulin autoantibody, ACTH, and prolactin measurements.

Patients that were on thyroid medication received a dosage increase of the same medication. People on no medications were given a choice of thyroid treatments. All patients were evaluated at 30 day intervals and dosages were increased until the BR parameter of: Fire Interval – Pre-fire Interval < 66 msec. was achieved.

Conclusion

Volunteers became functionally normal and thyroid symptoms resolved when their medication doses were titrated using RMR and BR as the primary endpoints. Only 14 of over 800 patient interactions (1.7%) noted symptoms of nervousness, tachycardia, palpitations or insomnia although TSH levels became <0.01mU/L. ACTH and prolactin levels remained normal in patients with low TSH, indicating no suppression of pituitary function.

Key Words: Subclinical Hypothyroid, Brachioradialis Reflex, Management, Thyroid Medication Dosage

Note:

Since the initial study was completed 1,600 plus patient interactions have been completed further validating the above study, Furthermore 2,000 plus random interactions at medical shows have been completed, indicating that the majority of the general population at large have Thyroid disorders, in agreement with Dr's Barnes and Hertoghe findings.



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