HYPOTHYROID, Weak Thyroid

1. The thyroid gland is a bow-tie shaped organ located in the front of the neck.

2. The thyroid gland secretes hormones which are used in regulating metabolism, storage of fat, and placement of calcium into the bone, among other hormonal functions.

3. Signs of a hypothyroid condition include weight gain or an inability to lose weight, always cold or cannot tolerate cold temperatures, heavy calluses on feet, small loss of hearing, low grade depression, and poor quality of skin and hair. Most hypothyroid cases are also fatty acid deficient.

4. Hypothyroid is often diagnosed through the symptoms, blood analysis, as well as through a basal metabolic rate analysis or axillary body temperature. Axillary body temperature is the temperature taken underneath the arm pit. Normal temperature is 97.6. Numbers below 95.6 indicate hypothyroid disease.

5. *THYROID LIQUESCENCE supplies the needed thyroid hormones and fatty acids in an oil suspended blend to help the body to recover from low thyroid function.

6. In cases where the thyroid gland has been removed, *THYROID LIQUESCENCE should be used daily. For a low functioning thyroid, *THYROID LIQUESCENCE should be used for one month to help restore the thyroid gland back to balance. After one month, switch to *THYMUS/THYROID/PARATHYROID for its homeopathic action. *THYMUS/THYROID/PARATHYROID supplies less hormone and is helpful in correcting the energetic imbalances. Don’t instill dependence on the thyroid hormone if the thyroid gland is intact. Encourage its correction (ref. Hyper and Hypo-thyroid study).

HYPOTHALAMUS
PITUITARY
THYROID
PARATHYROID

Points for hypothyroid
1. M-HN-22 (Waiyuye)
2. M-HN-24 (Pangliangquanyin)
3. M-HN-21 (Shanglianquanyin)
4. M-HN-22 (Waijinjin)
5. M-HN-23 (Hongyin)

The pituitary stimulates the thyroid to regulate metabolism and weight displacement. The para thyroid glands regulate Calcium. The THYROID LIQUESCENCE supplies the total range of thyroid hormones in small amounts to naturally help to balance the system.
Edited and Validated By:

Istvan Bandics, M.D.; Budapest, Hungary
Gylla Panszki, M.D.; Budapest, Hungary
Illya Brenner, M.D.; Institute of Oncology, Kiev, Ukraine
Peter Smith, LCH; Cornwall, England
Dima Sakharov, Ph.D.; Kiev, Ukraine
Tony Hughes, D.A.c.; Dublin, Ireland
Peter Bartlett, D.O.; London, England
Attila Kiss, M.D.; Gyor, Hungary
Richard Atkinson, MCSP, State-registered Physical Therapist;
West Yorkshire, England

Christopher Hammond, MB. BS. LCH; Nottinghamshire,
England
Dr. Michael Gerber; Reno, Nevada; U.S.A.

Consultant:

Dr. Simon Gutl, M.D.; Hanover, Germany

Developed By:

The staff of Maitreya; Limerick, Ireland

This study was performed in 1987 at the Survival Center Clinic in Ravenna, Ohio, U.S.A. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeodiagnostica Clinic in Budapest, Hungary, and by the doctors listed above.

HYPOTHYROID SYNDROME

Abstract:

A group of forty-three patients (ages twenty-five to fifty) who had hypothyroid syndrome was studied. Measurements of axillary temperature were made, and circulating levels of T3 and T4 (we converted it for statistical analysis to a T7, which is the ratio of T3 x T4 over 50). These patients were then randomly divided into two groups. The first group of eleven patients received a protomorphogen factor pill from Standard Process known as Thyrotropin (used as control), and the other group of thirty-two received the liquid oil suspension formula known as Thyroid Liquescence.

The control group showed no real change. The Thyroid Liquescence showed significant improvement in T7 and basil temperature, indicating its superiority for treating hypothyroid syndrome.

Key Words:

Hypothyroid syndrome, Thyroid Liquescence, Thyrotropin
Introduction:

Myxedema is the most severe clinical expression of hypothyroidism. In addition to decreased levels of TSH and atrophy of the thyroid gland itself, it may also be precipitated by toxic thyroid autoimmune conditions such as Hashimoto’s disease. Surgical removal of the thyroid, as well as anti-thyroid medications such as propylthiouracil, methimazole and iodides, are common causes of hypothyroidism.

Sometimes even goitrous hypothyroidism can result as a deficiency of TSH or other thyroid hormones or iodine deficiency, among others. Overdosing of carotene or vitamin A can also bring on hypothyroidism.

Signs of hypothyroidism include depression, drop in body temperature, eyelid droop because of decreased adrenergic drive, sparse hair, course or dry hair, and skin that gets course, dry, scaly or thick. Patients become forgetful, their hearing is impaired, their memory is impaired, and there is a gradual change in personality that can lead to what is known as myxedema madness. There is often bradycardia or heart enlargement, and pleural and abdominal swelling can occur. Constipation often results, and numbness in hands and feet are common, though less often this becomes metacarpal tunnel syndrome. This can be caused by a deposition of mucinous ground substances in the ligaments around the wrists and ankles which produce nerve compression, and also can result in thoracic outlet syndrome as well.

Neural reflexes can also be helpful in the diagnosis of this disease because we usually see brisk contraction of various neural reflexes with a very slow relaxation time. There can be secondary effects in the menses cycle, producing menorrhagia. Anemia can also result, and an impairing of the $B_{12}$ absorption and intrinsic factor synthesis has also been documented medically.

Classic treatment has always been through the prescription of either animal or synthetic thyroid hormone. There seem to be some problems with the synthetic thyroid hormone, as it is not fully representative of all of the hormones that could be released by the thyroid. Animal thyroid is a more natural and comprehensive approach, and is used in this paper to study whether animal thyroid can be supplied via low-dose or low-potency homeopathic intervention. Thyroid Liquescence prepared in an oil-soluble base at a 3x potency was selected for use in this study.
Methods and Materials:

All patients chosen for this study had hypothyroid syndrome; all had thyroid glands (none of them were surgically removed). The patient population included six females and five males in the Thyrotrophin group, and nineteen females and thirteen males in the Thyroid Liquescence group.

It was concluded that no patient had any major disturbances in thyroid, pituitary or endocrine function. The patients were chosen because of their moderate hypothyroid syndrome, which included inability to control weight and resist cold; lethargy, depression, low body temperature, and other morphological factors. They were then concluded to have hypothyroid from the blood analysis and axillary armpit temperature.

Two groups of patients with hypothyroid syndrome were given glandulars for one month. They were to follow directions on the label and note their compliance. No other special directions or diets were given to the patients for this four-week period. The body temperature was taken for two weeks prior to the intervention by all forty-three patients to establish an average. At the third week of therapy, body temperature measurement ensued and lasted into the fifth week.

Measurements of body temperature were taken daily under the armpit, first thing in the morning. Blood levels of T3 and T4 were done by standard blood chemistry labs. After one month of therapy, the two-week body temperature was measured and the blood chemistry re-assayed.

At the end of one month blood chemistry was evaluated for the post-test. Patients continued to measure their axillary body temperature for another week. At the end of week five, the average body temperature was then determined. Patients stopped taking the product after one month, but continued to measure their body temperature. The Thyroid Liquescence group reported that there was an elevation. Results show the Thyroid Liquescence to be far superior in efficacy.

Results:

Patients during the test reported better results symptomatically in the Thyroid Liquescence group. These results include relief of minor depression, ability to tolerate cold, higher interest in life, improved hearing, and better general mood. These factors were not operationalized, and thus were not mathematically reported, but were noted by the researcher.

The results of our study show that the Thyroid Liquescence has the ability to stimulate thyroid function, and the ability to compensate for low thyroid in moderate hypothyroid syndrome.
Discussion:

No side effects were generated on either group in our study. We can conclude that homeopathic and glandular therapy might offer a simple, safe intervention on hypothyroid, and may be a better choice than synthetic Thyroxin products. The thyroid products used in the study were full-range thyroid products. The Thyroxin was removed from the Thyrotropin, but the full Thyroxin and all the other hormones remained in the Thyroid Liquescence, thus making this a prescription formula, and perhaps a safer, more gentle formula to use.

Titration of proper dosage is absolutely necessary, and can be accomplished relatively easily by the doctor. The suggested minimal dose of Thyroid Liquescence is ten drops a day. By adding five drops extra a day until the patient sees a decrease in his hypothyroid symptoms, we can help to titrate the patient to the proper dosage.

Indications of too much thyroid hormone include: extreme irritability, tachycardia, palpations and other cardiac arrhythmia; and hot flashes. Seeing these symptoms will alert the patient to possible overdose of Thyroid Liquescence.
HYPOTHYROID SYNDROME

--- BIBLIOGRAPHY ---

BOOKS


**ARTICLES AND STUDIES**

1. **A Practical Definition of Homeopathy.** Maitreya; Limerick, Ireland