



Thyroid Problems and Gluten Intolerance

Is there a link between Thyroid problems and Gluten Intolerance? We reproduce an interview with Dr Barry Durrant-Peatfield

Re-produced here are some questions and answers from an interview with Dr Barry Durrant-Peatfield ♦ "thyroid expert" who makes some interesting links to thyroid problems and gluten intolerance.

I found this article particularly interesting as in my private practice, the anecdotal evidence I have gleaned over the years is that where there are suspected thyroid related symptoms, the clients are more often than not, also intolerant to gluten.

Additionally, if, as the result of the lengthy consultation process at Bromley Health management, and the results of Full Body or Hormone Screening, I have suspected thyroid problems and referred them to their GP to be tested. Regrettably, many return with a negative result. Some actually arrive reporting that they themselves suspected thyroid problems but the medical tests have proved negative.

The assumption is often that "it runs in the family". Co-incidentally, so does gluten intolerance and as described elsewhere on this website, it is a mistake to assume that gluten intolerance is simply an allergy to wheat. It is an inherited condition which is very often (in my experience) a pre-cursor to many other medical conditions in later life. I have lost the reference but I read some research on the internet which concluded that 47% of 7 year olds are currently gluten intolerant and so, the problems that this brings does not always wait until later life ♦ my concern is that much of the problems attached to gluten intolerance is not being identified by the medical profession. Hence, I believe, why my practice is filled with so many clients arriving with "mystery illnesses".

Q.

How many people have thyroid problems?

A.

It may be as many as one in four people.

Q.

What are the early symptoms and how is it diagnosed?

A.

There are many different symptoms but the most common are fatigue, weight gain or weight loss, loss of motivation, loss of sex drive, some degree of low mood and a general lack of "joie de vivre". Some people have a degree of all these symptoms whilst others may only have one.

The standard blood test measures two kinds of thyroid hormone ♦ liothyronine (T3) and throxine (t4) as well as the pituitary hormone thyroid stimulating hormone. TSH tells the thyroid gland to produce

T4, so if you're high in TSH and low in T4 you know the thyroid gland isn't able to produce enough T4. T3 is the active thyroid hormone which is made from T4. If you have a high T4 and low T3 it means a possible deficiency in the enzyme that converts T4 into T3.

The trouble is that these standard thyroid blood tests fail to diagnose people with hypothyroidism in more than half of cases. The chief reason is that many people are adrenally exhausted (stress hormone \blacklozenge adrenaline) and this lack of adrenal hormones interferes with the ability of T4 to deliver its message to the cells which stimulates metabolism (which in turn affects weight). So many people with hypothyroidism look fine on the blood test \blacklozenge meaning that they are making "normal" amounts of thyroid hormone \blacklozenge but in fact, they are suffering from a lack of T4 due to poor cellular uptake. That's why I rely more on symptoms less on these standard blood tests.

Q.

Can you tell me a bit more about autoimmune thyroiditis?

A.

About 50% of people with thyroid problems have this disorder. Basically this means their immune system over stimulates and then attacks the thyroid tissue, leading to hypothyroidism. Ironically, a person with autoimmune thyroiditis may start out being "hyperthyroid", the symptoms of which include wide eyed staring, shakiness, tremors, feeling warm to the touch, frequent bowel movements, nervousness and irritability. If a person is anti-thyroid antibody positive, it's very important to check for and eliminate allergies. *THERE IS A STRONG POSSIBILITY THEY ARE GLUTEN INTOLERANT.*

In most cases, hypothyroidism will self-correct in a year or two. That's why I'm not in favour of immediate surgical removal of thyroid or other medical treatments. Both procedures are very hit and miss.

Q.

How do you treat thyroid problems?

A.

I usually start with diet, supplements and lifestyle changes. All the usual suspects make thyroid worse function worse. Sugar, refined foods, alcohol, smoking. There is some dispute about the effect of caffeine. Fluoride in water is a problem. Fluoride competes with iodine. Thus effectively contributing to an under active problem. Environmental pollutants and hormone like chemicals in non organic produce also contribute to thyroid problems. Exercise promotes thyroid function so much so that some people are pseudo-active because it's the only way they feel slightly normal. Very often this strategy alone will solve the problems.

Q.

In terms of diet is the Brassica family of vegetables anti-thyroid?

A.

It is true that the Brassica family (cabbage, Brussels sprouts, broccoli and kale) inhibit the formation of thyroid hormone with the thyroid gland itself. Soy contains phytoestrogens interfere with T4 reception in cell receptors. Have these foods in moderation. For those people who are Hyperthyroid, these foods might be helpful.

Thursday, 25 January 2007

© 2007 Bromley Health Management