

EXPLORE THE POWER OF IODINE

An old remedy with many new clinical applications

Part I

Common, Misdiagnosed Deficiencies

After the FCA Summer convention in 2007, a physician called me to report that a dry, itchy skin condition that he had suffered from for years cleared up after only two weeks of taking one 12.5mg. iodine capsule daily. As the conversation evolved, he also mentioned that the brain fog that plagued him from time to time also disappeared. In reply to my question if anyone ever suggested that he should try thyroid nutritional support, he answered, no. Neither did he take any nutritional supplements.

There are tens of thousands of people in the USA alone who are currently represented by this one case. Other common symptoms of underactive thyroid are: Constipation, cold extremities (fingers and toes) during the cold weather (or in a highly air-conditioned room), thinning or excessive falling of hair, PMS, fatigue and unexplained weight gain.

As a nutritionist, during the conversation with the above physician, it was easy for me to identify the symptoms as being common symptoms of underactive thyroid, but most physicians still miss it, especially if it is a subclinical condition. According to David Brownstein, M.D., clinical investigator, lecturer and author (1), about one third of hypothyroid patients will respond to iodine alone. Another third may respond to iodine plus other nutritional supplements, along with proper dietary guidelines, and only one third (approximately) would require the addition of natural thyroid hormone in order to restore their thyroid function to optimal health.

Subclinical Hypothyroid, a condition not detected by common lab tests (such as TSH, T3 & T4) is a very common condition that affects, by some estimates, up to 30% of the population. That 30% is in addition to the estimated 10% who are diagnosed by allopathic physicians for clinical hypothyroid. The standard medical approach to hypothyroid condition is to prescribe thyroid hormone, most frequently the synthetic T4 version. From a holistic perspective this approach is about as logical as giving hemoglobin, or red blood cell injection, to anyone with anemia. Thankfully, the conventional approach for anemia is to first check for a simple iron deficiency, or other vitamin deficiency (B12 & Folic acid) or nutrients that influence the utilization of iron, or the production of hemoglobin. Just as hemoglobin, the oxygen carrying molecule in our red blood cells, will be crippled without the iron atom being attached to it, so would thyroxin, the thyroid hormone molecule, be crippled in the absence of iodine atoms needed to be attached to it. If that is the case, why not start with the simple approach of addressing a possible nutritional deficiency (of iodine) first. The experience of Dr. Brownstein and his colleagues, with thousands of patients, confirms this common sense approach to the nutritional supplementation with iodine (just as the case of using iron for anemia). Just as we reserve blood transfusion therapy for the most critical cases of anemia, thyroid hormone therapy should likewise be reserved for cases where simple nutritional intervention is not sufficient.

Many nutritionally oriented chiropractic physicians who are accustomed to evaluate patients with AK or EAV-type technology, have made it a habit to recommend glandular thyroid products as first option for suspected hypothyroid conditions. Most do not even check for the possibility of iodine deficiency. While the approach of the AK specialist is much more sensible than that of the allopathic one, the information presented in this article should help the physician consider a simpler and more balanced approach to the subject of thyroid and endocrine support, from a nutritional point of view.

“The Nobel laureate Dr. Albert Szent Györgi (1893-1986), the physician who discovered vitamin C, wrote: “When I was a medical student, iodine in the form of KI (potassium iodide) was the universal medicine. Nobody knew what it did, but it did something and did something good.” (4)

The rule of thumb in those days was: When in doubt prescribe iodine. The standard dose was 770 milligrams of iodine from KI
Why did iodine fall from grace? – To be continued in Part II.

Fibrocystic Breasts & Ovaries

Another common condition that responds well, and rather quickly, to iodine supplementation is fibrocystic breast disease. Benign breast fibroids may be found in more than 40% of women. In some cases this condition is very painful. Breast and ovarian cysts are considered by some holistic physicians to be a representation of iodine deficiency.

The irony in this case is that most young women will not discuss this condition with their chiropractor, or other holistic practitioner, unless questioned. They will, however, discuss it with their gynecologist, or their allopathic family physician who is not trained to recognize nutritional deficiencies and will not be in a position to offer help other than surgery or temporary relief. The outcome with many patients is that the pain, the suffering and the embarrassment continues for years without being addressed. Because this condition is considered to increase the risk of breast cancer (2), some allopathic physicians recommend that the cysts be removed surgically. A few studies support the clinical experience described in this article, but for the sake of brevity I shall mention just one.

In 1966 Russian scientists reported that in a study group of 167 women suffering from fibrocystic breast disease, the women were given 50mg. of potassium iodide daily during their period. The researchers reported a 71% improvement. Smaller scale studies from the USA support these conclusions. (4)

Ever since I have become aware of the nutritional connection, I made it a habit to ask women, especially those who show some possible signs of hypothyroid, if they have noticed the formation of breast fibroids. I was surprised to see how common this condition is.

Most women with fibrocystic breasts respond very well to iodine supplementation (between 10-150mg. daily) to the point that the fibroids shrink to insignificant level within 3-6 months, according to J.V. Wright, M.D. & David Derry, M.D., Ph.D. (2,3). Just as in the case of hypothyroid, at times other synergistic nutrients will be needed (e.g. Vitamin E & GLA), and in a few cases, bio-identical progesterone is the final answer. May we learn to always consider the simplest solution first.

According to endocrinologist, Guy Abraham, a respected researcher who published several papers on iodine and has a great passion for the subject, all body cells have receptor sites for iodine. In addition, **most hormones in the body (not only the thyroid hormone) will function better in the presence of iodine sufficiency.** This leads us to explore the subject of what is iodine sufficiency.

In the bibliography listed below, you will find some strong arguments to answer the question, why both conditions described above often begin with an underlying nutritional deficiency of iodine that *cannot* be properly addressed if we adhere to the old concept of iodine intake in microgram quantities.

The following recommended government guidelines for iodine intake were designed to reverse and prevent the high level of goiter (enlarged thyroid dysfunction) that plagued the Great Lakes region of the USA up to the 1920's when iodized salt was introduced.

US RDA or Daily Values for IODINE	
Adult Males & Females	150mcg./day
Pregnancy	220mcg./day
Lactation	290mcg./day

Recent studies and decades of clinical experience, along with observations of population groups around the world, point to a need of much higher levels of iodine (3mg.-50mg./day)

Keep in mind that 1mg. = 1,000 mcg.

According to the World Health Organization (WHO), iodine deficiency is the world's greatest single cause of preventable mental retardation. Some **70% of the world's population is affected by iodine deficiency**. By WHO's standards, the above RDA supplementation levels would be sufficient to address the obvious deficiencies related to goiter and mental retardation. However, as we study the Japanese population, and especially some Japanese islanders who thrived on a diet that provides 50-300 times the RDA, a different picture emerges. Many of the islanders who have thrived on a diet rich in sea veggies for centuries (from red, green and blue-green algae that are very rich in iodine) live substantially longer than their own folks who adopted a westernized diet. They are also free of many degenerative diseases of the western world to a much greater degree than their country mates who migrated to the USA and adopted the very SAD – Standard American Diet.

Infant mortality in Japan is the lowest in the world, half of what it is in the USA. Japanese islanders are among the longest (healthy) living people in the world. (4)

Can we attribute all of these benefits to iodine alone? Certainly not. When you read The Okinawa Program (a twenty-year study of centenarians in Okinawa) you realize how powerful the old statement is: "You are what you think and what you eat."

What can we extract from the Japanese model?

With an average iodine daily intake of 12mg.-15mg. (about 100 times the RDA) they are largely free of fibrocystic breast disease, which appears to be directly related to iodine deficiency. Physician and researcher, David M. Derry, M.D., Ph.D., adds that the Japanese low cancer rate is also related to iodine sufficiency since studies have demonstrated that iodine (like selenium) promotes apoptosis (natural programmed cell death).

Why Are We Deficient in Iodine?

A Multi-Dimensional Issue

- A)** Fear of using iodized salt on medical advice, especially those with hypertension. Keep in mind that even iodized salt is very low in iodine based on recent recommendations of some physicians that specialize in clinical nutrition. (Abraham, Brownstein, Wright, etc.)
- B)** Less than 50% of households in the United States use iodized salt.
- C)** Exposures to chemicals and toxins (goitrogens). Goitrogen is a substance that decreases iodine uptake as well as inhibits iodine from binding where it is needed. They include:
- Chlorine in pools, cleaning products, water supply, steam from dishwasher, sucralose (Splenda).
 - Fluoride in water supply, toothpaste, dental treatments, mouthwash.
 - Bromide in some soft drinks (Mountain Dew & some Gatorades), baked goods (they used to contain iodine but it was replaced with bromide in the 1970's). *
 - Pesticides, fumigant of produce, and some medications.

D) The American diet is typically a land based diet, which is **deficient in iodine**. By comparison, **Japanese** and other islanders have a diet rich in sea veggies that is high in iodine (**higher by a factor of 100- 300 X** the RDA for Iodine)

* When the American diet was more heavily fortified with iodine, only one in 20 women developed breast cancer. Today it is more than twice as high. (4)

These statements have not been evaluated by the Food and Drug Administration.

Bibliography:

- 1) *Iodine, Why You Need It, Why You Can't Live Without It*, 3rd Ed., by David Brownstein, M.D. (Medical Alternative Press, 2008),
- 2) *Breast Cancer and Iodine*, by David M. Derry, M.D. (Trafford 2001).
- 3) Nutrition & Healing, November 2002 Newsletter by Jonathan V. Wright, M.D.
- 4) Iodine for Health, Article by Donald W. Miller, Jr., M.D., Cardiac Surgeon and Professor of Surgery at U. of Washington, Seattle, WA

Part II & III of this article with the subtitle, THE WONDERS OF IODINE, will describe historical uses of iodine in allopathic, naturopathic & homeopathic medicine; why is iodine believed by some to be the most important mineral for internal hygiene and for a well balanced endocrine system; the role iodine may play in cancer prevention and therapy and much more.

Part II should be available soon

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[WE WELCOME YOUR COMMENTS](#)

Please send comments on this article to hhpmail@aol.com on the subject line, please enter: Iodine Article Comments

One of our colleagues wrote:

"I read the article. I think it is an excellent review. It is well written, concise, easy to understand and I liked it. You did a good job."

Fred...

The above review is from
F. Srebnick, D.O., R.Ph.

A retired holistic osteopathic physician with a background in pharmacology.