

"Wilson's T3 Thyroid Syndrome"

- Wilson's Thyroid Syndrome' describes a population of patients who have normal thyroid blood tests (TSH/T4), and yet experience symptoms of low thyroid and low daytime oral temperatures. (< 97.8').
- Low average daytime oral temperatures (<97.8)
- Frequent history of childbirth, fasting, dieting, or high stress, causing impaired peripheral thyroid metabolism. Can be associated with high cortisol and malnutrition (low albumin, low selenium)
- Presumably (> Low T3/rT3 ratio)
- Dr. Denis Wilson popularized the use of T3-sustained release.

THE GOAL IS TO TX THESE PTS SO THEIR TEMP COMES BACK TO NORMAL AND THEY FEEL BETFER.

WILSONS ARGUMENT IS THAT THE LOWER A PATIENTS TEMPERATURE, THE LESS FUNCTIONAL ARE THE ENZYMES. HE SAYS THE ENZYMES SLOW DOWN DUE TO CHANGING SHAPE THRU CURLING UP FROM LOW ENERGY.

**** SEE THE SEPARATE WORD DOCUMENT BELOW ON "T3 PROTOCOL" REVISED ****

- Patients with low daytime temperatures and 'hypothyroid' symptoms may respond to T3 therapy.
- Order T3 Starter Pack:
 - 7.5, 15, 22.5, 30 mcg sustained-release T3 x 20 each.
 - plus 37.5, 45 mcg x 14 each (if necessary)
- Rx: start w lowest dose T3, give every 12 hours, each day progressing to next higher dose, etc.
- Baseline oral daytime temperatures
- Gradual increase in dosage, every 1-2 days
- Stop dose increases if:
 - Temperature goes up to normal or
 - Symptoms improve significantly or
 - No change in symptoms or temperature even after going up in dose to 60 mcg q12h
- Rx: ~ 30 days at that dose, q12h
- Reduce dose if:
 - Aggravations occur, such as racy heart, insomnia.
 - Give "test dose" of T4 12.5mcg to stabilize the T3, this commonly calms down the blood level fluctuations.
 - If it fails to stop the aggravation then you really are at too high a dose of T3 and go down

WHEN SX'S GET BETTER AND I FIE TEMPERATURE GETS BETTER, YOU STOP AT THAT LEVEL UNTIL NO FURTHER IMPROVEMENT FOR AWHILE

IF PT MAKES IT ALL THE WAY UP TO 60MCG Q12H W/O ANY IMPROVEMENT, THEN NEED TO WEAN THEM DOWN AND APPROACH THE CASE FROM A DIFFERENT ANGLE AS ONE OR MORE OBSTACLES TO CURE ARE STILL PRESENT. MAYBE IT'S LIVER, MAYBE NUTRIENTS, MAYBE SOMETHING ELSE.

- Unstable or rapid T3 metabolism sometimes causes racy symptoms while taking T3
- A test dose of T4 (125 mcg) is given when an aggravation occurs.

- If the symptoms are caused by T3 instability, the symptoms will typically resolve within 20 minutes of test dose.
- Patient then resumes the T3 protocols as before.
- If symptoms not resolved, patient is instructed to reduce T3 dose.
 - Recycle T3 back down.
 - Reduce dose in opposite direction, every other day.
 - After reach dose discontinuation, stay off of T3 completely for -4 days, then
 - Repeat cycle back up again as before.
 - As a rule, the dose required to produce an effect gets lower each cycle.

Goal: To produce sustained improvement and increased temperatures without dependence Rx T3. PATIENTS WILL HATE YOU FOR REDUCING THEM OFF OF THE T3 BUT IF IT WORKED THEN THEIR T3 LEVELS WILL BE FINE AS THEIR THYROID AND METABOLISM HAS RESET SO THEY DON'T NEED THE T3 SUPPLEMENTATION ANYMORE. YOU MUST USE THE NUTRITION, DIET, AND HERBS TO ENABLE "THE BEST SUCCESS POSSIBLE FOR THIS TX. OFTEN AT THE END OF THE 2ND OR 3RD ROUND, USUALLY ON ABOUT THE 3RD DAY, THE THYROID KICKS BACK INTO FUNCTION AND SEE TEMP COME BACK TO NORMAL WHERE-UPON THEY ARE NOW DONE W/TX.

Naturopathic "Wilson's"

To improve T4 to T3 metabolism, correct treat the cause:

- Mind-Body, stress, Life-style
 - Modulate cortisol rhythms
 - Diet, exercise, sleep
- Nutritional support
 - Selenium, Zinc
 - B12, Antioxidants
 - EFAs
- Herbal support:
 - Withania, Guggul, Ginseng, Bacopa