

Magnesium's Impact On Thyroid Health

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I want to share some information that really got me excited; you see Biotics Research has some of the best thyroid support bar none in the industry. And if you haven't gotten acquainted with the protocols developed over the last 25 years by Dr. Harry Eidenier and his team, you have a treasure awaiting you.

There is a link to the right for a few Tuesday Minutes that will summarize his perspective. I actually put them in order so you can get a mini, and I mean mini, course on thyroid.

But I just learned a correlation that makes the information even more exciting. Because patients are drinking more fluorinated, chlorinated water and consuming bromine from dough conditioners, iodine levels are depleted. And as you know, T4 has 4 molecules of iodine.

Dr. Eidenier taught me years ago that a selenium deficiency can cause thyroid malfunction. In fact, if you give



someone iodine and they feel better but then they feel worse after a few weeks, it is probably due to low selenium levels becoming even more depleted as iodine increases. All of a sudden the body has the iodine it needs and the need for the other cofactors involved in thyroid conversion increases.

We need selenium among other things to convert T4 to T3, the active component. You have probably read as I have that by giving selenium and vitamin E you can drop thyroid antibodies 50%.

Austrian researchers, Drs. Roy and Helga Moncayo, have been measuring thyroid levels and the minerals selenium and magnesium on thousands of patients over the last 10 years. They found selenium to be important, but it didn't yield lasting results. They then looked at mitochondrial function and found magnesium to be a bigger part of the picture, particularly as it relates to iodine utilization by the thyroid.

It's no secret that we as a nation are low in magnesium even by the ridiculously low RDA. The suggested magnesium RDA for adult men is

400-420 mg per day, for women 310 -320 mg per day. More is needed if pregnant or breast feeding. The average American is woefully deficient.

Now if we add physical or emotional stress which depletes magnesium even further, and the proton pump inhibitors that reduce HCL which is needed to utilize magnesium, bioavailable levels are further decreased.

Drs. Roy and Helga Moncayo tracked thyroid function, thyroid appearance on ultrasound and thyroid symptoms. They then took eleven patients with an elevated TSH (the range was 2.3 - 21, the average was 7.67), and gave them 400 mg of magnesium citrate for 6 weeks. That translates into 64 mg of elemental magnesium. Every patient had a drop in TSH. The average drop was by 5 points, resulting in an average TSH of 2.67 after the treatment! The highest drop was from a TSH of 21 to a TSH of 4! WOW that's a huge drop.

As a side, one of my colleagues shared the largest drop he had seen using Dr. Eidenier's protocols was from 256 to 4 in 8 weeks.

Most of us are familiar with the minerals needed for optimal thyroid function: selenium, iodine, zinc and manganese, which is more of a pituitary mineral. But based on the work of Drs. Moncayo we should add magnesium if blood serum levels are below 2.2 mg/dl. Normal lab ranges for magnesium are 1.6 - 2.6. You can see a link to their work.

Dr. Vasquez developed a high potency formula called Potassium-HP with magnesium to meet the increased 4,200 mg dietary recommendation for potassium. Each teaspoon provides 1200 mg of elemental potassium as citrate and 120 mg of elemental magnesium as citrate and malate. One half teaspoon yields the dosage used by Drs. Roy and Helga Moncayo.

Drs. Moncayo feel the importance of the citrate molecule in mitochondrial function has been overlooked. They state "the citrate molecule acts as an energy gauge, a powerful sensor and regulator of cell energy production. Citrate is an important carrier of acetyl groups from the mitochondria to the cytoplasm."

Dr. Vasquez says "the citrate molecule is a major alkalinizing factor and promotes natural detoxification."

So in addition to the already successful suggestions made by the balancing body chemistry group summarized by Dr. Eidenier, we can add ½ to 1 teaspoon Potassium-HP with magnesium to take advantage of the citrate magnesium connection.

By the way, for a few challenging cases Drs. Moncayo added CoenzymeQ to support energy pathways. So consider CoQ-Zyme 100 Plus for an additional mitochondrial boost.

CoQ-Zyme 100 Plus not only has 100 mg of emulsified CoQ, which is like 300 mg of the dry forms of CoQ, but has the phosphorylated B vitamins needed by the Krebs cycle.

Fatigue is a huge problem. Using thyroid as an entry to assess and treat fatigue by doing a thorough blood panel with complete thyroid profile is a win-win for both patient and doctor.

By the way if you would like to attend a live seminar by Dr. Eidenier, see the links to the right. I think he has forgotten more than I will ever know. I learn more every time I hear him present, sometimes just from the off handed comments he makes about clinical cases.

Thanks for reading this week's Tuesday Minute edition. I'll see you next Tuesday.