

SPEECHES – Questions and Answers - TPA-UK Meeting 18th April 2009

Introduction by Afshin Adibi – owner of International Pharmacy, San Francisco, California.

My name is Afshin Adibi. I have a website internationalpharmacy.com. I sell prescription drugs from the United States to anyone in any country that needs it, and luckily the UK government allows personal import of medication which is very good and that is how most of you can get your medication from overseas.

Basically there was a big shortage of Armour up to last year and it was very difficult to get Armour. Lower strengths were available - higher strengths were not. It was very difficult for a time as the price was going up but my main concern was to have enough Armour for everyone to have. But now there is no shortage in America and there is plenty of Armour.

I have lowered the price a little bit and I will try to lower it some more. But this problem with the VAT is really really bad but it is out of my hands and I really cannot do much about it. We are trying to brainstorm to see if there is anything I can do my end to help but please don't take your anger out on me (*laughter*). I will be there for a very long time.

I had a big fight with the Board of Pharmacy and different agencies in the United States and I am glad to say that I won - so hopefully it is all over and my website is going to be around for a very long time. I had plans of moving the business overseas where it would truly be an international pharmacy but right now the name is a misnomer as I can only sell American drugs. I cannot sell anything else but I will be staying in America for a while and you don't have to worry about that source going away. The only concern would be the UK government ... deal with them. Any questions you have I will be around. I will be at Sheila's house afterwards - I will be happy to answer.

I am very glad to be here and meet some of my customers. I appreciate your business and hope to be around for long.

Modern Medicine, Modern Drugs and the Stone Age

Dr Barry Durrant-Peatfield

It is an extraordinary thing that the belief most people have in the wisdom and judgement of our doctors remains, on the whole, untouched, in spite of repeated and glaring evidence of lack of both: shown time and time and time again. A senior doctor remarked, quite recently, that doctors should be regarded as truthful and reliable as used car salesman. Doctors get wacky ideas about all kinds of things, and eventually can't be dislodged from them – doctors simply hate being wrong – or powerful governing bodies, enjoying a monopoly of belief, will not accept any doctor believing or doing anything which goes against the current fashion. And Gordon and me have suffered with this.

History is littered with examples. What trouble did William Harvey get into (he was in the time of Elizabeth 1st) when he pointed out that the heart pumps blood around the body? Or Ignuz Semmelweis, who suggested obstetricians, washed

their hands on leaving the dissection room to attend to mothers in childbirth. (He was vilified so terribly, he went mad.) For how long were doctors convinced that bleeding one's already sick or dying patient would make them better? When the patients died, it was easy to convince the families that the death had been inevitable; and that the doctor's fumbling incompetence actually represented the highest standard of care. Examples are so many; it becomes boring to repeat them. Would you be surprised that this scenario is repeated time and again, endlessly today; and that we allow ourselves to become needlessly ill by treatment, however convincing the doctor seems to be, which is obviously wrong and stupid. And that doctors and pharmaceutical companies and food manufacturers continue to get away with it, making us ill, and continue to profit.

We know about The Great Thyroid Scandal, don't we, hopefully? The apparent wilful determination of doctors and endocrinologists (relying on tests which may be wrong for all sorts of reasons), to diagnose hypothyroidism, preferring 'other illness' or depression; and their widespread incompetence in its treatment. As you know I have been drawing the attention of sufferers for years now and so has my friend Gordon...

Bad as the scandal of misdiagnosis and mistreatment of hypothyroidism is, there are others. Western society, ladies and gentlemen, is now more ill than it ever was. A hundred years ago you had a 1 in 30 risk of dying of cancer; do you know it is now 1 in 3. Up until the 1920s heart attacks were almost unknown; now it is a terrible scourge. Some 800,000 people languish without hope or dignity from the terrible evil of Alzheimer's disease – it's a disease of the 20th century, and our authorities tell us it will worsen. Autoimmune diseases, lupus, rheumatoid arthritis, hypothyroidism, all continue to increase. We get remorselessly more fat, more diabetic, more ill as a result.

Why? What's going on? Why are we getting less and less healthy, in spite of amazing sums of money thrown into our health services? In spite of endless health checks, health advice – we get less and less well.

Is it something we cannot help as our populations increase with age? Are we all increasingly doomed by forces over which we have no control?

Wait for it! You may not be surprised to know that much of western civilisation is at the receiving end of a monstrous conspiracy, no less terrible because it has its motivation and driving force rooted in ignorance, deliberate distortion and political correctness. Overall broods the malign influence of a vast drug industry, whose purpose is to treat, but never prevent or cure; an equally vast food industry, whose purpose is to feed us foods with the goodness distorted and leached out of them. All to provide unending, self-replication of almost inconceivably enormous profits. But no one dare say anything; we are now so steeped in propaganda that even to question the correctness of what we are told can bring the heavens down upon us: with vilification of careers and loss of jobs.

All right, let's start with drugs.

What group of drugs are daily in the public eye and will be advised by your doctor within a few minutes of most consultations? Well I can think of some. At the top of the list are statins; not far below are antidepressants and psychotropic drugs; then we have pills for blood pressure; and then vaccines and inoculations. There are others; dozens of remedies for arthritis; for indigestion; and of course for infection. And in the wings, brooding with endless menace, the cancer industry,

now worth billions of pounds, and (this beggars belief) no nearer a resolution than 60 years ago.

Statins are predicated on the belief, held frequently by nutritionists who should know better, and doctors who know only what they are told, that cholesterol is wicked and evil and the root of all ills – notably, of course, heart attacks, strokes and blood pressure.

There are studies, a few, funded by drug manufacturers, suggesting that we should have a lower cholesterol than nature has intended for us; but there are hundreds of other studies, carefully ignored, showing that low cholesterol is certainly quite undesirable, and the lower it is, the more likely are other illnesses, and causes of death, to beset us. This is the great cholesterol scandal; to question current belief is unthinkable. In vain does one point out that our need for cholesterol is so great, that we make 80% of it ourselves? Our brains and nervous systems and immune systems demand cholesterol. It gets into arteries and blocks them, we are told. But it is a fellow traveller alongside damage to arteries from other causes – high blood sugar, high insulin levels, environmental toxins (smoking, PCBs, dioxins, and others).

Once the endothelial lining has been damaged cholesterol may effectively worsen the damage. But it does not cause it. The biggest prime cause of the arterial damage relates to the toxic effect from high glucose and high insulin levels. Which at root, of course, is down to our excessive carbohydrate food intake, combined with other environmental toxins. Reducing cholesterol actually does not help; and low cholesterol levels are associated with an increase in death rates from other causes – cancer, autoimmune disease, progressive neurological diseases. We are told that too many fats in our diet will cause cholesterol. But cholesterol is an alcohol, not a fat; it is transported by molecules made up of fat and protein (lipoproteins), but that is the only connection.

Medicine today is almost hysterical about reducing our cholesterol; our 'need' for statins is drummed in to us from all sides. One government charlatan said (and I remember him saying it about 9 months ago "we ought to have them in our water supply" so deep has the canker spread. But statins have all sorts of side effects, and many people feel quite unwell when taking them. (They originate from a violently poisonous Chinese shrub, after all) – bet you didn't know that. The advice has to be – don't take them whatever the compulsion and the brainwashing. We need our cholesterol, and the older we are, the more we need it.

There is an almost equally hysterical demand that we should reduce our blood pressure – often nowadays, to ridiculous childhood levels. Big problem is that you can never be sure what the blood pressure is – the worse place to have it taken is in a busy doctor's surgery. Most people I see on blood pressure medication are having too much, which can cause coughing, breathlessness, cold hands and feet and other troubles. Again doctors feel compelled to treat blood pressure, even if it is hardly raised at all. As we shall see, correction to the diet may be all that is necessary. Certainly doesn't need the vast range of tablets a doctor is going to throw at you.

We shall look later at how many other conditions may respond to more natural eating; and indigestion, osteoarthritis, rheumatoid arthritis are going to be included. One of the great problems of our time is diabetes; we all know people with diabetes, either insulin dependent (Type I) or the non-insulin dependent Type II. Here's something to ponder – wild animals don't get diabetes (domestic ones do – but look how we feed our pets).

Diabetes is a disease of civilisation; it's the way we eat. It is possible to prevent, and indeed cure diabetes without medication. But a vast industry has grown to provide medication for diabetics – worth billions of pounds. If you ran a multimillion pharmaceutical company making medication for diabetes, would you prefer to treat the illness – knowing that no-one can ever get better from the treatment; or prevent it?

Similar is the cancer industry. As we said, cancer is on the increase, and all the money spent on research has not helped in the slightest to understand why we get it or prevent it. But the constant testing, the sophisticated diagnostic devices; these are ever present and get more and more clever. But we die in torment just the same. The hugely expensive chemotherapy and deep X-ray radiation therapy do not even lengthen our survival time since they undermine what defences we have left. Have you any conception how many people, researchers, pharmaceutical companies and doctors will lose out if suddenly a grand cure is found? Since this won't happen we must do the better thing – and prevent it.

One last example: inoculations and vaccines. Another enormous money spinner. Anyone who dares to suggest that there may be undesirable side effects very quickly loses his job at the hands of medical authorities. We are exhorted to have our flu vaccine. Didn't help this winter, did it; because the flu strain is a new mutation – as it always is – and the vaccine was for last year. Doctors are paid to give it, pharmaceutical companies paid to make it. Many of us (myself included) actually get flu after the shot.

If perhaps I have cast some doubt into your mind about modern medicine, well - it's about time. We are all victims of a vast industry, designed to ensure we get ill and then require 'treatment' for the rest of our lives. But - we have it in our power not to get ill; not to need these elaborate and expensive treatments. The clue lies in the steady increase in obesity, rampant in the USA, and now seen more and more in the UK. No, it's not because we are genetically programmed to get fat; it's self-induced. We are doing it to ourselves! What is worse, we are being told by medical authorities, governments, and the food industry, how to eat 'healthily'; we are at the receiving end of increasing and remorseless propaganda. And they've got it wrong, painfully and fatally wrong. Probably it's too late to get anyone to admit their fault – but we can stop listening and do something about it ourselves.

We're not designed to eat as we do today; we were evolved to eat differently. Before some 10,000 years ago, when the rot started with agriculture, we were hunter-gatherers. Our food was mostly meat and fish, with, for a treat, fruits and some vegetables. On feast days, someone would shin up a tree and raid a bees nest for honey. Our insides are designed for this. With a small caecum, a large intestine there mostly for water re-absorption, we were poorly able to process vegetables and fruits, and so subsisted on our favourite diet of those times, meat, especially fatty meat, organ meats, fish, eggs when we could get them, insects and grubs. We can digest meat fine in our small intestine; we have bile to deal with fat – but we can deal with only a limited amount of vegetable matter. So: we had our protein, we've had our fat; what about carbohydrates? Well, we didn't get much at all – fruit and veg which we picked or rooted from the soil, and the aforementioned honey.

We didn't get fat; our teeth didn't rot, we kept our eyesight and we didn't get heart attacks, rarely cancer if at all, and so long as we didn't fall off a cliff, get eaten, or drowned, we lived out our natural lives, with the minimum of

degenerative illness. None of this happened until carbohydrates started to take over our diet; most particularly, during the agrarian revolution. We became farmers and evolved ways of growing wheat and other crops. And so began our love affair with carbohydrates. The amount we eat spirals steadily, urged by a dotty nutritional industry which tells us that this is what we must have if we are to be healthy. Instead of a few percent, the amount recommended, and what we eat may be more like 60% or 70%.

What do we do with this extra carbohydrate we are not designed for? These sugars and starches turn into glucose – more than we need by far – and the pancreas has to make more insulin to drive away the build up of glucose which rapidly becomes toxic to the health of tissues (ie arteries) by making it enter the cells of the body. The cells don't need all this – so it gets turned into fat. The extra insulin doesn't do tissues any good either. Eventually the pancreas overloads, and may start becoming exhausted; and the tissues become less sensitive to insulin. The build up of glucose and insulin in the blood; the increased conversion of glucose makes us fat, and causes syndrome X (you may have heard of) or the metabolic syndrome – which is one step below Type II diabetes.

It's the carbohydrate that does the damage; it's what we eat most of; it's what we are told to eat. And it's killing us.

It's the one great big lie in the bonnet doctors and far too many nutritionists have. We need, we must have - more carbohydrates. If only we ate more, and exercised, had our '5 portions' we would get well. We wouldn't, and we don't. Some p***** in government said it, there is no proof of it anyway, there is no papers on it.

Our great enemies are cereals of all kinds, bread, sugar, cakes, biscuits, manufactured foods of all kinds, together with the leavening of vegetable oils, hydrogenated fats, trans fats, so called fat free foods (which make up for fat by adding carbohydrate), pop drinks, too much fruit (fruit sugar, fructose, is especially hard on our insulin production) and most prepared foods.

To survive, to not get ill, and this applies to all who are reading this, we simply have to get back to basics. We are designed for meat and fats; our insides cannot cope with too much vegetable and fruit. People live on vegetables and fruit but they are struggling even if they don't know it - we don't have herbivore intestines. Don't go for lean meat – we need the fat. Don't go for skimmed milk – the goodness has been lost. Full cream, jersey milk – unhomogenised – or cream should be preferred. Eggs are a great food – going to work on an egg was a great idea – now frowned upon by politically correct doctors and nutritionists, because of cholesterol in the yolk. Organ meats, eg liver, are especially desirable.

What then? Organic.

Go for a ratio of 10-15% carbohydrates; protein up to a quarter; fats, the remainder 60-70%.

And not to forget daily exercise, to utilise all that has been consumed.

About the Royal College of Physicians Guideline on the Diagnosis and Management of Primary Hypothyroidism

By Dr Gordon Bruce Skinner

Right, I will go on after that little repost to Barry. Sheila asked me to talk about this heap of b***** from the Royal College of Physicians (*laughter*). It IS a laughing matter, but it is serious because it could put people back 20, 30 years in their treatment and is actually a serious matter - and it is bad (I am going to come on to why it is good). It is bad because - I don't know if anyone here plays Bridge - but this is what is called the finesse. They haven't executive authority, they haven't any ability or authority to lay down guidelines so they are not liable to, they are not vulnerable to criticism in a sense, however, family practitioners and endocrinologists, en bloc, will believe or perceive to believe that that be the case. So my concern, and Sheila's concern, and many patients who have talked to me are concerned, is that family practitioners and endocrinologists now will say that our College says we mustn't give you Armour we mustn't treat you if your blood tests are normal - a great faux Par

And this is a problem. And I think we have to face it and do something about it.

Now there are a few good things in it, as I said, the document itself is SO bad that it's attackable. Secondly, it's kind of child like - it has a kind of child like adversariality and, for example, it says people are doing things 'brackets 'outside the NHS 'close brackets'

Now, you may believe in the NHS, you may not, that is not the issue - it is not appropriate, to quote their favourite word, in a document of this nature. It has nothing to do with the rights and wrongs of treating patients, so it is obviously some little petulant sort of utterance, by people who shouldn't be really making these statements.

Now the other thing which is kind of in favour here, is that many of us, and unfortunately those delightful Welsh girls are not here, these twins Coralie and Donna, who managed to flush out a very interesting response which was, I quote "it's not appropriate for us to comment on the contents of this document ". What a load of b****! Why is it not appropriate? It is appropriate enough to influence medical treatment but it is not appropriate enough to discuss it. I mean, that is just so ridiculous. That is a weakness that says - we know we are right, we don't want to discuss it and that's the end of it... but it is not the end of it.

Now - I have suggested four ways forward here.

...which I have to talk about and which will need more discussion about and we are going to have to rely more heavily on groups like Sheila's group, and I would like to take this opportunity of saying that Sheila has done a superb job.

Dr. Peatfield: *Here here well done Sheila.*

Everyone else: *Much clapping.*

Dr. Skinner continues: I meant to say that last year but unfortunately I was sitting beside Howard and..... too much wine.....

I think there are four strands to this. First of all, we have to make the academic argument, and we have done that a number of times, but we have to request a forum of public debate, and we have to request this argument through a public

fora of some sort. I am not quite sure how to do that at the minute. Otherwise .. <inaudible>.. being ignored . The objective is to ask this College to retract, or significantly modify what they are saying. I mean this is serious. I know because I see patients every day - well not every day - who say "*my doctor is following the new guidelines*"

I will go back to that. It is nonsense - they are not guidelines and so on and so on, but it is going to be a major influence unless we do something about it. Now if we formally somehow through one group or another group ask for a public fora, if they say no, it doesn't come across terribly well. If they say yes, it is an acknowledgment there is a problem.

We need to do that I think.

The second thing is to examine the security of their evidence. This means in rather fancy words to discredit the thing. We need to know who commissioned these guidelines? **Are** they guidelines? Have they talked to NICE who are the National Institute of Clinical Excellence? May we see the minutes of these meetings? Who initiated this paper? We all know of course who initiated it, a group of strange societies who jollied them in some sort of way to make this pronouncement.

What worries me to some extent is that there are some fairly intelligent and balanced people in these groups and I can't believe they actually looked at the stuff and said yes yes - that's a very important paper let's put it out. For example, you know I can keep on all night with these examples, but let's consider one of them. My old mum who worked in a shop in Glasgow wouldn't have got .. <inaudible>..

One of the major pronouncements is that thyroxine should be used because there is overwhelming evidence.

There is, of course, NO evidence whatsoever - but let's ignore that for the minute. There has never been a trial of thyroxine versus any other preparation.

It then goes on to suggest that Armour thyroid, which in my experience has helped thousands of patients, is flawed because we don't know the proportions of T4 to T3. How ridiculous is that. Let's say they are slightly wrong, we don't know what the test.. <inaudible>..themselves but how can you contemporaneously, (*that means at the same time Barry just in case you have fallen asleep*), how can you say you should use T4 only - and at the same time say the proportion of T4 to T3 is flawed in another preparation. It's so crassly ridiculous. That's what makes me suspect there is a window of opportunity here.

No one with an iota of intelligence has considered this stuff.

So I think the second strategy should be to ask, and also ask NICE, BMA, the independent doctors and the GMC – have they been consulted before this document came out? The answer is they haven't been of course - but let's continue.

Now the third thing I think is that we should formally ask, and this is something that certain endocrinologists will say must never be done, it's terrible - a trial comparing thyroxine, Tertroxin and Armour thyroid, because there's this very strange phenomenon if .. <inaudible>.. for some bizarre reason, thyroxine is obviously better, it could be, it could not be, but it needs to be trialled, but what mustn't be said is that Armour thyroid is bad - for no reason whatsoever.

Now if the Royal College declines such a trial this won't make sense, because they have actually produced a document proclaiming the opposite. So I think what we need to think carefully is to write these letters to these different bodies, I am prepared to draft them, if you wish. Then I think the next thing is the doomsday scenario, so to speak, it is a bit dramatic. Let's say the Royal College go away.....Are you still there Barry?

Dr. P: " *I am paying the greatest attention - you know that*".

Dr. Skinner continues:

I think what we need to do is this, and this is a difficult area because people are a bit funny, I think if they say "we are not interested- let's keep patients unwell" - we need a world register of thyroid patients which has to cut across all the thyroid groups.

Now people that run groups, and indeed I run a charity, tend to go slightly mad, they think finally that the charity is more important than the group and its objective. That is a strange tendency, which I have even felt myself - and must be ignored.

If we are to come to it we have to ask who is liable for this mischief. Now, as I said, the Royal College is running a finesse. They are not liable for anything - they are an educational scientific institute and unfortunately at the end of the day, and I can't tell you how many patients I have seen in this situation, if a woman has been 25 years in awful health, a million food intolerances, family has broken up, no libido, no energy, no job, she has actually a reasonable case for claiming negligence. I never thought it would get to this stage, but that is where it has got to and if we can't get any sense out of anyone I think we will have to go down that route. I don't want to go down that route, because I myself am a doctor, the last thing I want to do in a sense is to do something like that but the problem with ... that group and that is something we will have to talk about again, the end point of litigation is not the Colleges that produce this load of rubbish the GP's and maybe the endocrinologists

My perception of this, if we are really pinned down to that, if we can get about 30,000 people, all these different associations, they don't have to do anything, just put all the names on a register and if the bit comes to the bit, they will have to pay £20 we will have sufficient money. It has to be a test case litigation. We don't want to do that but I am not sure what we will do otherwise because Sheila and I and a lot of other people, Thyroid UK, Barry here, he's to some extent sacrificed his career, he's not poor now, of course, - I'm looking forward to a round of drinks later Barry. (laughter)

I think we might have to do that, I don't know. I don't want it to come to that but it might have to, but the very existence of such a register will have some sort of value because my worry is that basically a crowd of crackpots from Keighley, that lunatic Skinner involved and there's Peatfield and all these women are neurotic and menopausal. I am not kidding you, I have heard these people speak and it is not good enough. You are all tax payers one way or t'other and I think you deserve a bit better.

So that I think is something to think about, because if there were 30,000 with sufficient finance to do something about it -that's where I think it has to go.

I think in the first instance we should attempt a reasonable argument. We need to have a retraction or a significant modification of what this College are saying and that is percolated and addressed to the GPs and endocrinologists. Failing that, I think we have to think of a more serious way forward.

Thank you Sheila.

QUESTION AND ANSWER SESSION:

Sheila: Has anybody got any questions? If you have, please stand up and we'll all try to be very quiet, because the mic lead isn't long enough. Please ask anything you like – well...within reason.

(Track 5)

Dr. Peatfield: *Hello Elizabeth, how nice to see you.*

Q1: Elizabeth (Chairperson of the National Pure Water Society): I couldn't hear the title of Barry's speech and I was very anxious to hear it.

Dr. P: *Well I was mumbling it but I just made it up as I was coming here. What I have got written down is Modern Medicine, Modern Drugs and the Stone Age.*

Elizabeth: Thank you very much.

Dr. P: *It wasn't very good was it? I might change it.*

Track 6

Question 2.

Q: Obviously we are getting the thyroid now from America. Thank you very much. So, in America, is it thyroxine that is normally used or is it other thyroid medication?

A Afshin: *Levothyroxine is a synthetic used 99% of the time because it is cheaper, and I suppose if it works for you it is ok to try it first, but you have to have the other option as well if it works better.*

Q: So Armour is still prescribed in the US

A. Afshin: *. Very little. Very little. Not much at all.*

Q. Can I come in on that? I read that Synthroid, which is the American thyroxine, is more expensive than Armour.

A. Afshin: *Well the generic version is cheaper. Levothyroxine, the generic version, is much cheaper than the brand Synthroid and the brand Armour, but between the two brands Synthroid is more expensive than Armour. Slightly more.*

A. Dr Peatfield: *The trouble with generic thyroxine is that very often it is p**s***. It is c***, especially the stuff that we have in this country. You just wonder where on earth they make it because it's so bad.. <inaudible>.. And the criticisms applied to Armour which is that it is uncertain, is completely untrue. It's our generic thyroxine which is so awful. I don't know what it's like in the States. The only branded one in this country worth having is Eltroxine, and the only branded one worth having in your country is Synthroid, isn't it?*

A. Afshin: *Yes, yes. That's one of the brand name drugs that people don't switch easily. Like usually if you are taking a brand name product and a generic comes out the doctor says switch automatically. With Synthroid, most endocrinologists tell you don't switch generic brands, even if you're good with one brand, stick with that one brand, so I think that endocrinologists in the US know that generic brand at least functions as a generic. But they tell you if a generic works for you and you stabilise on it, stay with it.*

Q: Hmmm!

A.Afshin: *That's the first choice...in America.*

Track 7:

Q: I wanted to know what Barry's (*Dr Peatfield's*) plans were about his Broda Barnes type Foundation he wanted to set up?

Dr. P: *Thank you for asking. One difficulty of course is that any doctor that I teach is going to get got at, so it can't be doctors, so it is going to have to be nutritionists and other continental therapists. This is difficult because I am so busy I haven't got time to do it. What I have recently decided to do, and I have already started, is to write an amazingly easy do it yourself manual, much more easy to follow than my present book, so that anybody in this country who can read can actually make themselves better and I want to leave this as a legacy for me. Perhaps in due course then, and some of the heat gets down, I can start doing proper teach-ins and seminars for complimentary therapists but the problem is purely a practical one. There is only me and I can't do two or three things at once. Thanks for the question.*

Q: So would the Broda Barnes Foundation be interested in setting up something in the UK?

Dr. P: *You will have to ask them*

Q: Because that would save you having to do it wouldn't it?

Dr. P: *Yes, that's right, I never thought of that. Never thought of that (laughter)*

Q: Would the Broda Barnes Foundation in the States be interested in setting up a branch in the UK

Dr. P: *The trouble is that they are going to have to employ doctors and they would be got at in the same way as Gordon and I and other doctors have been got at. Somebody has got to change the climate first so at least we are not considered some quacks or charlatans, that we actually know more about it than most of the doctors themselves and at least we are honest about it, whereas they are dishonest and they have got there own agenda.*

Sheila: But these present people are going to die - aren't they?

Dr. P: Yes

Track 8

Q: According to an article in the Daily Mail this week, they are trying to stop importation of any medication or supplements from the USA because of the misuse of slimming pills and body builder stuff. I didn't read the whole article and I was going to bring it with me, but I thought that somebody might have seen it anyway and brought it, but apparently that's a movement on what they are trying to do.

Woman's voice to Afshin: Have you come across this?

A. Afshin: *No, not from the UK. Some countries talk about it from time to time. It is a political issue it seems - and it takes a long time to make such change.*

Woman's voices: **<inaudible due to lots of static>**

Q: I am in a worse position. My GP has said I am not to take anything that he doesn't prescribe in the dose that he prescribes, otherwise he will not be my GP, and therefore I have to stop taking Armour which I was quite happy taking and doing extremely well. I managed to find a doctor who started to give me a little bit of T3, very cautiously, giving me a third of what I'm having on the Armour but I have no choice – and I don't know what to do? And he just refused if I don't take his dose of thyroxine ...

A. Dr Peatfield: *Can't you get some yourself elsewhere and not say anything?*

Q: Yes, but I keep having to have weekly blood tests and.....

A. Dr P: *You can wangle that! Most people ... If you stop the tablets a few days beforehand....*

Q: Yes, I tried that. My TSH was quite low. It's always been

A. Dr P: *Well we're always saying that low TSH suits some people and although they don't like it, giving you a normal TSH is going to condemn you to permanent illness.*

Q: Absolutely. He will not look at my T4 and T3 that are low in the range

A. Dr P: *Well he's a tosser. Go somewhere else.*

A: I don't know where to go.

....<inaudible>....

Track 9:

Q: Can I ask Afshin - Do people in the USA have the same trouble as we do here of obtaining Armour Thyroid?

Afshin: *Not that I know of. There is no such organisation in the US that I know of.*

Track 10

Q: Is there actually an ideal TSH level or is it different for everyone?

A. Dr P: *It's different for everyone. The present TSH levels are simply statistics. Some people just run much better on low TSH. I mean I've been on Armour myself for over 20 years. I never ever had one blood test in my whole life. Not even in the beginning. I know how I feel. My TSH is probably 0.00001. I don't care. As long as I'm ok.*

Q: <inaudible> so there's no point then?

A. Dr P: *That's right. It's not a good test anyway.*

Track 11:

Q: For diagnostic purposes - does the presence of positive autoantibodies falsely elevate T3/T4 readings?

Dr. P: *"No."*

Q: Given hypothyroid clinical signs and symptoms - in the absence of an elevated TSH, is the presence of thyroid autoantibodies (TPO and/or TgAB above the ref range) diagnostic for Hashimoto's disease?

A. Dr. P: *Yes, nothing else will do it.*

Hashimoto's disease is the thyroid being damaged by one of two sets or both sets of antibodies. Whether or not they are actually ill with it doesn't necessarily, but most of them are, or got sub clinical hypothyroidism, but they have still got Hashimoto's disease.

Q: Even if the auto antibodies are below the reference range?

Dr. P: *Ah, that is not what I have said.*

Q: Sorry - that was the second part of the question.

Q. Dr. P to Sheila: *What did she say?*

Sheila: She is asking if any number of antibodies, whatever the result, even if it is below the reference range - does that mean they have Hashimoto's?

Dr. P: *Everybody has a certain amount of antibodies to some extent but not enough to do any harm, it is only if it is above a sort of base line level, and you know if you have got it, it goes well up and there is usually no doubt about it. They say anything more than say 60 it is usually hundreds. It is not a problem practically.*

Q: So if it is below the reference range it is not a problem..... reference range differs very much, some say 50 some say 100.

Dr. P: *I know, but the thing about this Christina, is that it doesn't really matter because the treatment is the same anyway. You know, if they are hypothyroid you treat them whatever the antibodies don't you.*

Q: The problem is if you are not having the right blood test, sorry, not the right results. and you happen to be over say 20 are you or are you not?

Dr. P: *It depends on your symptoms. If you have got hypothyroid symptoms then you are hypothyroid whatever the tests say. And your temperatures and stuff. So you treat if you are ill and not if you are not.*

Q: Unfortunately our doctors don't treat our thyroid unless the figures add up in their books - even when we have all the symptoms.

Dr. P: *What I am saying all the time is it is up to you. Unless you take responsibility for your own health you are going to be ill for the rest of your life. You have got to do it yourself.*

Q: Yes, I do agree with you, but this is easily said and not so easy to do, particularly for people who have no medical knowledge.

A. Dr. P: *That is what you have to do. You cannot rely on the doctors they don't care enough and they are only concerned with evidence based medicine so called and their crummy guidelines and unless you fall between certain levels you are not going to be treated so if you are hypothyroid you have got to treat yourself.*

Q: Yes, this is what I am learning, we need to know what to do if our doctors don't agree with us and refuse to treat us

A. Dr. P: *Well you don't get him to agree - you just do it yourself.*

Q: I came to you two years ago and you were no quite sure and you diagnosed me subclinically hypothyroid. I did an adrenal test saliva test and that came back not quite right but not very bad and your comments at the time were that taking two or three months of adrenal extra should correct it and I would be OK but a year after I still had some problems. Then a year later I got NHS diagnosed and put on thyroxine and I have been on that for a year and now I have put myself on Armour but still my adrenals are not working properly because my blood pressure is still dropping about 10 to 20 points from sitting to standing.

A. Dr. P: *Are you still taking the adrenal support Christina? How much and for how long?*

Q: One scoop a day.

A. Dr. P: *Double it. It may not be enough. If you are still unresponsive to thyroid or Armour, your blood pressure still drops you are likely to be adrenally deficient and you must adjust your dose accordingly.*

Q: It is a question of money for one thing.

A. Dr.P: *Well I can't help that I am afraid.*

Q: I was on NAX and that wasn't enough I personally for me I find the Adrenal Dynamite is better but...

Dr. P: *I have got some on my breakfast room table. I usually take NAX but if I am going to have a bad day, or listen to lots of people or something, ha ha ha. I didn't today because I was looking forward to seeing you all but I would have done if I was going to have a very busy clinic. I take the Adrenal Dynamite but you have got to do it consistently and if it is not working and your blood pressure still drops badly and you do your adrenal test and it is still crap, you are going to have to have something a bit stronger.*

Q: So what should I do?

A. Dr. P: *Well you can stop it for a few days.*

Q: Would that be enough?

A. Dr. P: *What you are trying to do is to see not what they are like, not what the diagnosis is, you are looking to see how good your treatment has been so you only stop it for a day then what you get is what you got is what you then are and if it still all your adrenal parameters the cortisone and DHEA are low you have got to have some DHEA and some cortisone. Most people need a couple of scoops of Dynamite Adrenal.*

Q: On the scale of things, and reading how bad other peoples symptoms are, I am not *that* bad generally, I am coping well

A. Dr. P: *Well if you are all right don't worry about it.*

Q: In those two years in spite of first taking NAX and now Wilson's Dynamite, my BP still drops from sitting to standing and my pupils are still very unstable and that I understand this to be a serious adrenal symptom. I am perfectly all right as long as I don't physically exert myself - when I do (even just pushing the Hoover about), my pulse starts racing (~150), and I have a high pulse rate to start off with (~80-100 at rest).

A. Dr. P: *You are short of adrenals Christina your adrenals are low and whatever process it is that has been damaging your adrenals, and it may have been an autoimmune process, so if you have got Hashimoto's or a tendency towards it, it may be an autoimmune process and it's progressive and you don't get any better you have just going to have to go on adjusting the treatment accordingly.*

Q: So you are first of all saying I should try doubling the Adrenal Dynamite?

Dr. P: *First thing.*

Q: OK

Dr. P: *Best before one, keeps you awake otherwise.*

Q: Yes, thanks

Q: (Inaudible)

Sheila: Could you please repeat the question, as we could not hear it?

Q: The taste of the new Armour is pretty awful. To me it tastes like chalk whereas the other one tasted very sweet but was bearable.

Sheila: I did write to you about that and said that Afshin is not responsible for the manufacture he is just the supplier.

A.Dr. P: *Mix it with honey.*

A. Afshin: *They changed the manufacturing procedure and there is a new coating on the pills and I am sure that is what is causing it. The old pills they are saying were not as stable and they had a hard time getting them approved because the pills were not coming (inaudible).... In other words when they were doing tests the thyroids were all over the place so they had to enhance their manufacturing procedure, that's why the higher strengths were off the market for many many months. They kept delaying the release because they would have a batch ready which would not get approval then another batch ready and wouldn't get approved, so now they have changed the manufacturing procedure and there is definitely a coating on the pill and that could be causing the different taste.*

A. Dr. P: *Why don't you just swallow them?*

Track 12

Q: I just wondered, I did send you an email asking about the T3 and Cytomel. Cytomel is quite expensive, I wondered whether it was coming down.

A. Afshin: Yes

Q: It is quite expensive and I just wondered that say the Armour price is coming down and I wondered if that would happen with Cytomel as well.

A. Afshin: *Cytomel. They just raised their price but the good news is there is a generic available now. Their patent ran out. Right now there is only one manufacturer for the generic so their price is just slightly lower than the brand name. But as more generic companies start bringing the product, getting the product approved, competition goes up and price will go down tremendously. So I'm betting in 3-4 months the price of the generic liothyronine would be \$20 - \$30 a bottle.*

Another Q: I find I have ordered through you and it was quite nice much better than the UK.

A. Afshin: *Cytomel is a good product but they have just raised their price, but since the generic is available hopefully that will work the same as the brand.*

Q: I'll keep an eye out.

Sheila: Do you know what's happening to T3? Why is it so hard to get hold of?

A. Afshin: *There is no problem with Cytomel. The generic companies can make <inaudible>. They had a patent on the product so only one manufacturer could manufacture it, so the price was high but the patent ran out so now the generic companies can make it, any company can make T3 once they get the approval.*

Sheila: My members are having great difficulty in getting T3.

A. Afshin: *From where?*

Sheila: Anywhere.

A. Afshin: *They should come and buy from me!*

<laughter in background>

Sheila: There used to be a lot of different places where you could get T3 and now you can't.

A. Afshin: *Cytomel brand or was it a different brand? Cynomel maybe? But in the US there is no shortage at all. No shortage at all.*

Sheila: Right. So you can get it into the UK?

A. Afshin: *Yes, of course I can. Anything else? Yeah, no problem at all. I get a lot of orders for T3 from the UK.*

Track 13.

Q: .I think it is only a sub-section of patients who have a problem with the synthetic thyroid, there are a lot of people quite happy on thyroxine and don't seem to have a problem certainly my endocrinologist thinks it is only a sub-set who have the problem, so if you are going to plan a trial how would you do that. If you just planned a general trial the problem will be that probably most people would be fine on the thyroxine so it wouldn't prove anything. It only seems to be about the people it doesn't work for that need the Armour. So you would have to kind of ...<inaudible>...your trial somehow wouldn't you, then you would only be trialling it against people that thyroxine didn't work for anyway\

A. Dr. Skinner: *Yes, that's quite right that you would need adequate numbers to cover that possibility. Yes, a perfectly good point.*

Q: So how would you actually go about that?

A. Dr. Skinner: *That isn't actually the question that was being propounded by the trial. The question was comparing random patients Armour versus thyroxine for example, you're actually addressing..... attention to a sub-set and I agree with*

you entirely you would have to identify a sub-set who don't respond well to thyroxine and then compare that, it is quite difficult, I agree with you definitely.

Q: ..<Inaudible>..

A. Dr. Skinner: <inaudible>... *happy to let it drift on now. It is quite a difficult trial to do but it is not impossible. You assemble patients who have not responded to thyroxine at the right dose ..<inaudible>.. has this kind of caveat in it, and compare it to people who continue with thyroxine and ..<inaudible>.. Armour introduced. That's where you have to do that trial. It is doable. At the minute, you see, the philosophy is that because for some reason thyroxine- after it was introduced somehow because there has been no trial, thyroxine is better - which is nonsense.*

Q: What's the difference between thyroxine and Eltroxin?

A. Dr. Skinner: *None. It's a franchising thing. I always took it as a different franchise thing.*

Q. ..<Inaudible>..

A. Dr. Skinner: *Well there shouldn't be a difference in the thyroxine content according to the ..<inaudible>.. regulations. There may be a difference in the fillers.*

Q. I have been on thyroxine for about 17 years and have been on Eltroxin for about 3 and no difference .

A. Dr. Skinner: *So you are agreeing with me?*

Track 14

Q: I wanted to ask, not about Armour thyroid, but about Nature Throid. My wife takes Nature Throid but she can't take the Armour thyroid. I was just wondering whether there had been any change in the actual manufacture of it recently because she started to react to it and she has taken it for a long time.

A. Afshin: *I'll have to ask the manufacturer. I know they are not making the higher strengths. I don't know why. They were telling me there was a shortage of raw material, but that's not the case anymore. Even one grain, they are out of stock now until March I believe or May. So they are having a hard time with the manufacture. I don't know what they are doing. I have to ask them if they have changed anything. As far as I know they haven't changed anything, but I have to ask them.*

Q: The potency of these tablets. Does it degrade all the time?

A. Afshin: *I guess if you take it by the expiration date it should be perfectly fine. After that, it's not like milk, where the product turns bad. If anything, maybe the potency decreases slightly, but I personally take expired medications all the time and I haven't expired.*

~~~laughter~~~

*But I think after listening to your body, if something is not working for you, then I think you should make a change.*

Q: I was wondering if she has an allergic reaction to it. We were wondering or not whether she was actually becoming allergic to the medication. She has done before.

A. Afshin: *They have another brand called Westhroid*

Q: That didn't help either

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## **Track 15**

Q: I was wondering whether there was any correlation between the type of diet Dr. Peatfield was talking about and me wanting T3 because for about 15/20 years I was perfectly OK on thyroxine alone and I went on the Atkins diet for three years and kept to it strictly, I didn't lose an awful lot of weight on it but I did find that that is when I started to have the trouble with my thyroid getting worse and the thyroxine didn't seem to be working any more and after having various private tests done it looked as if I had just stopped converting to T3 and started needing the T3. I wondered whether there was any correlation between the type of diet, which is protein, fats, very low carbohydrate, and needing the T3.

A. Dr P: *I do not think there is a strict correlation Lilian but the longer you have been ill for the more likely that your 5-iodo-L-tyrosine conversion enzyme is going to get weaker and despite the fact that you have ..... support your 5-iodo-L-tyrosine gets less and less effective and sooner or later you find yourself on some T3. I find these days more and more people need T3 much worse than it used to be what it is due to I do not know but it must be something to do with our diet.*

Q: They did put on the bottom of the test, I had a 24 hour urine test as well, that one of the conditions of not converting, they said malnutrition, I didn't have any of the other things wrong with me, I could not understand the malnutrition, as I thought the Atkins diet was very high in nutrition.

A. Dr. P: *No, it is very low in carbohydrate of course.*

Q: Yes, that is right.

A. Dr. P: *But that may have been enough to trigger it Lilian. It would not have been a prime cause on triggered it you know. As we go on and on and on we do need more T3 many of us that's why the Armour helps so much because there is T3 in it but after a while sometimes even that's not enough. Are you on T3?*

Q: I have recently managed to find an endocrinologist who agreed with me although he doesn't agree with the amount I know I need but he has put me on 10mcg a day.

A. Dr. P: *Oh Pathetic - that's pathetic.*

Q: As soon as he put me on thyroxine only my hair was falling out ... every morning

A. Dr. P: *You were just becoming hypothyroid because none of it was going in. The wretched man should, you should go to him one day and say you have taken the extra and I feel fantastic and convince him and then perhaps he will give it to you but you have got to state your case very strongly or get some spare from Afshin.*

Q: I have actually got some Armour but he stopped me having it.

A. Dr. P: *And some spare T3*

Sheila: Go back on to Armour

Dr. P: *The Armour may be enough but it may not though*

Q: I was on 5 grains and doing beautifully.

A. Dr. P: I suspect you need more T3 from what you are saying. You can go on the Armour but might need supplementary T3.

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## **Track 16**

The last question involved discussion on raising funds and all thyroid support forums joining forces. This is not for publication at this time.