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STAMFORD CENTER FOR NATURAL HEALTH

Dr. Daniel Heller

Newsletter for Patients and Friends

My research into natural health continues! In this newsletter I revisit an old favorite, **Vitamin D**; I'll also review some remarkable research that shows a connection between **pesticide exposure and diabetes**. Additionally, I discuss **hypothyroidism**, which is very common; can be missed by lab tests; and which many doctors, myself included (before now!) have been overly reluctant to diagnose.

Diabetes and Pesticide Exposure

When we think of pesticides, most of us think of eating conventionally grown fruits and vegetables; increased risk of cancer, perhaps particularly breast cancer; and of the effects of these poisons on infants, babies, and farm workers. Recent medical research, though, reveals a surprising connection – **people with higher body burdens of “persistent organic pollutants” (POPs) seem to have a higher risk of diabetes**. A study in the July 2006 edition of “Diabetes Care” found that: a) older people usually have a higher body burden of POPs, simply because of the gradual accumulation of POPs in their tissues - indicating that the risk is not only from single severe toxic exposure; and b) **obese people** (who are usually thought to have a higher risk of diabetes) **who had no detectable POPs appeared to have a near zero risk of diabetes!**

A high plant-content, low animal food diet may offer protection from diabetes not only because of its low fat and high fiber content, but because eating lower down on the food chain reduces your pesticide exposure. Organically raised animal products thus are not only better for the environment, they are better for you!

While more research is needed to verify these findings, it appears that the correlation between diabetes and obesity may partially depend on POPs body burden, and that **POPs may interfere with the body's sensitive insulin-glucose mechanism** – so that environmental pollution may be a powerful cause of diabetes and insulin resistance.

How can you prevent accumulation of POPs in your body, and how can you get rid of the ones that are there? First, don't use pesticides and herbicides around the house, and ask to be informed of when they are used at your work or in your apartment complex; Avoid conventionally-grown animal foods and oils (POPs tend to be oil-soluble and will be absorbed more readily from fats and oils, and animal foods are the main source of POPs) and substitute organic eggs, chicken, beef, olive oil, milk and cheese whenever possible; the same goes for organically-grown fruits and veggies; **eat plenty of fiber and green vegetables and cruciferous vegetables** (the cabbage-broccoli family) to keep your liver healthy so it can eliminate toxins properly; and don't overeat refined sugar and bad fats (saturated, trans, fried foods) which are impediments to the liver's detoxification tasks.

These measures help prevent POPs from building up in your system, but we are all exposed to POPs, and some of us are more genetically or biochemically susceptible to their build-up and their effect. **If you want to remove the POPs that are already in your body, I suggest you come in to undertake a liver detoxification program.** The detox programs that you buy in a box in the health food store have some benefit, but are not custom-tailored to your needs. If you can't come in for a detox protocol, however, it helps to: sweat, either through exercise or sauna; have regular bowel movements, and even to undertake a series of colonic irrigations (a type of enema) to assist your bowel and liver's detoxification capacity.

Regarding Type I diabetes, don't forget the Danish study in which infants were given 1000 IU/day of Vitamin D – 2.5 times the government's RDA for adults! – and the incidence of Type I Diabetes was cut by 80%! To hear more about Vitamin D – read on.

Thyroid Correction

In January, I attended a four-day conference on the use of nutrition in medicine. Much of the information covered was a review of naturopathic medical school nutrition class, and many of the principles and protocols are already part of my practice. But I learned a tremendous amount, and in particular the information on hypothyroidism and thyroid lab tests was a revelation for me. I've titled this section *Thyroid Correction* for two reasons: **correcting low thyroid function, even when thyroid lab results are normal, will help many problems seemingly unrelated to the thyroid** (see below.) The second reason is that I've told many of you that if your TSH (*Thyroid Stimulating Hormone*) blood level was normal, your thyroid is fine. I am now convinced that **the TSH test, while helpful, should not be relied on exclusively** to determine whether a person is hypothyroid; and that doctors fail to recognize many cases of hypothyroidism because of an over-reliance on lab tests that, quite simply, are not capable of detecting every case of low thyroid function.

I have pointed out to many of you that the range most medical doctors consider as normal for TSH is inaccurate and includes many hypothyroid cases. The normal range on the test is usually .4 – 5.5. I have always been convinced that anyone who tests consistently above 4 is hypothyroid, and that results above 3.5 are equivocal and should be retested. In fact, in 2003 the American Association of Clinical Endocrinologists' recommended that the normal range be narrowed so that the upper limit of normal be revised to 3.04. However, I now realize that **many people with completely normal Thyroid tests, including TSH, T3 and T4**, are hypothyroid and will benefit from treatment (the state of Connecticut does not allow naturopathic physicians to prescribe medication such as thyroid hormones; however, in some cases other natural treatments may work to support the thyroid sufficiently, and in any case diagnosis comes before treatment – I am happy to diagnose you correctly, even if the legal environment may require that I refer you to a medical doctor for treatment.)

If you have several of the symptoms listed below, I encourage you to come in for an evaluation. If you have several of the symptoms mentioned below, and your medical doctor has either not considered your thyroid as the cause or has told you your thyroid is NOT the cause because you have normal lab results, I encourage you to come in to review whether low thyroid function might in fact be a cause of your symptoms.

The symptoms of hypothyroidism can be quite vague (one of the reasons I and other doctors have been hesitant to make the diagnosis in the absence of lab indications.) Many of its symptoms can be caused by other conditions: frank diseases, **food allergies, vitamin or mineral deficiencies, hypoglycemia, adrenal fatigue**, and others that may overlap with, or mimic, hypothyroidism. Still, a combination of these symptoms is often present in people with "mild" hypothyroid disease.

Coarse, dry, or thinning hair
Cold extremities, intolerance to cold
Constipation
Decreased libido
Depression
Dry, rough skin
Edema (Puffiness in the skin)
Fatigue / Weakness / Sluggishness
Headaches
Heart Disease
High Cholesterol
High Blood Pressure
Hoarseness

Infertility
Low Body Temperature
Memory loss
Menstrual Disturbances
Muscle aches
Polycystic Ovarian Syndrome
Poor mental concentration
Skin Problems
Thyroid Hormones Low Normal
TSH High Normal
Weight gain

Hypothyroidism is often not detectable based on lab results: the lab's normal range for the most common test, TSH, includes many who have a low-functioning thyroid. And many people with completely normal thyroid lab tests may be hypothyroid.

Hypothyroidism that is undetectable by laboratory tests is not uncommon, as you can see by the list of common symptoms (though again, most people with the above symptoms are not hypothyroid.) However, for those who are hypothyroid, other treatments will not work well, and treatment for the thyroid, including replacement of thyroid hormone to bring it back up to a normal, level will often give a patient a new lease on life and return them to a more normal level of health. I am very excited to help more people who have been frustrated by not finding an answer for their health problems, because in quite a few of those cases, I think a low-functioning thyroid may be a cause of the problem.

More on Incredible Vitamin D

Research continues into Vitamin D, and the results are very surprising. It appears that **the majority of babies born to African-American mothers in the Northern U.S. are Vitamin D deficient** – meaning they are at risk of developing rickets! If you thought such vitamin deficiencies had been conquered by advances in medical technology and the great wealth of our country, think again. What is more, the mothers of such babies are as Vitamin D deficient as their children; babies of Vitamin D-deficient mothers were more likely to have this problem if they were breastfed; and as you may know, breastfeeding advocates, obstetricians, and pediatricians usually insist on multivitamins that contain only “medically-approved” (read: inadequate) levels of Vitamin D.

The ideal source of Vitamin D is, of course, the sun. But not just any sun – **in our area, the sun will only help you produce Vitamin D in the midday hours during May – September.** New research shows that you don't even have to be in direct sunlight, as previously believed. If you are in shade or dappled sunlight outdoors, sunlight will bounce off of roofs, buildings, leaves, the earth, and hit your skin and you will manufacture Vitamin D (but it will take longer to get the effect than direct sunlight – on the other hand, you're more likely to be in indirect sunlight than direct sunlight.)

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The two most important things to know about Vitamin D: it acts more like a hormone than a vitamin, meaning there are Vitamin D receptors in our brains, on our immune cells, in breast and colon and prostate tissue – which is why **adequate Vitamin D levels have been associated with decreased risk of cancer as well as type I (childhood onset) diabetes**, and why low Vitamin D is being shown to be associated with depression, chronic pain, and other health problems. The second most important thing to know is that **the darker your skin, the harder it is for you to manufacture Vitamin D from sun exposure**. The lowest Vitamin D levels I've seen have almost universally been in African-Americans, Africans, South Asians, and Southeast Asian. Vitamin D as a nutritional supplement is usually easier than getting adequate sun exposure – and I'm happy to discuss proper dosing with you.

Best of Health,

Dr. Daniel Heller

P.S. In ten years of newsletters, I have not managed to mention all the conditions I've had success treating, so here is a brief list (you can find it on my website also.) **Asthma. Allergies, PMS, Ulcerative Colitis, Irritable Bowel Syndrome, Menopausal Symptoms, Carpal Tunnel Syndrome, Attention Deficit Disorder, Arthritis, Migraines** – and many more. I'd be happy to discuss how naturopathic medicine can help any of your health concerns

P.P.S. You can read or download my old newsletters from my website: **drdanielheller.com**. On the top right, click "Health Resources"; the left hand column contains newsletters going over five years, and they are listed by topic. At the bottom of the right hand column are some interesting health links you may enjoy.