



**Metis Research, Inc.**  
**A West Virginia Non-Profit Corporation**

---

Members of Scottish Parliament:

[petitions@scottish.parliament.uk](mailto:petitions@scottish.parliament.uk)

Re: **PE01463 Effective thyroid and adrenal testing, diagnosis and treatment**

Re: **Left? Right! Hypothyroidism?**

Dear Members:

When the driver asks, "Left?" and the passenger replies, "Right!" is there clear communication? Does "right" mean go to the right, or does "right" mean correct, go left? The same problem exists with hypothyroidism. A study [1] found two classes of definitions for hypothyroidism. The first class (thyroid-centric) consisted of variations on the linguistically correct meaning of hypo-thyroid-ism. The second class (symptom-oriented) consisted of variations on the supposedly equivalent variations on the clinical consequences of deficient thyroid hormones in the body. Apparently, the speakers at the October 1 meeting used the first definition class and ignored the second.

The study [1] of definitions on the internet found 29 citations for the linguistically proper, thyroid-centric definition; 22 citations for the popular symptom-oriented definition; and of these 11 of each were cited together as if they were equivalent. Indeed, the UK hypothyroidism authorities have different views as the British Thyroid Association cites the symptom-oriented definition [2] and the Royal College of Physicians cites the thyroid-centric definition. [3] Nonetheless by text analysis, [4] both are only about thyroid gland deficiencies. However, both also exceed their scientific basis [5] to proscribe all T3-containing hormone replacements for deficiencies outside of the endocrine system and functionally subsequent to the thyroid gland.

The problem that faces the petitioners is not the usual hypothyroidism case, but their mimics caused by deficiencies of the functionally subsequent, post-thyroid physiology. [6-8] However, contrary to medical practice philosophy, science respects counterexamples. [9] There are patients-counterexamples from medical science [10,11] and presently. [12,13] Further, my wife, Linda Pritchard, her mother, and some of the Thyroid Patient Advocacy trustees have had the unfortunate experience of having to regain their health more than once. Consequently, their experiences satisfy the logic of the Challenge, De-challenge, Re-challenge test. Indeed, contrary to endocrinology dictates, triiodothyronine (T3) therapies do properly care for some patients.

Unfortunately, endocrinology insists upon ignoring medical science as illustrated plainly in one of the anti-T3 meta-analyses, [14] which systematically dismissed all medical science that was not derived from Randomized Clinical Trials. Among the

dismissed studies are the warnings that thyroxine does not mitigate the symptoms of hypothyroidism in all patients; [15,16] the verification of euthyroid hypometabolism, a mimic of hypothyroidism; [17,18] post-thyroid physiology; [6-8] and a study and proper care of endocrinology's failures. [11]

Quite unfortunately, if medical practice guidelines stipulated their definition of hypothyroidism and maintained logical consistency, this matter would not exist. [1] But logical consistency is incomplete [5] as all T3-containing therapies are proscribed without universal scientific support. Consequently, patients having deficient post-thyroid physiology continue to suffer.

The Scottish Parliament, indeed governments everywhere, owe their citizens the opportunity to receive proper medical care and particularly when the necessary medications are available. And to further this end, Sheila Turner's vast experience and potential testimony should be requested.

Sincerely, Eric K. Pritchard, M.Sc.

## Endnotes

1. Pritchard EK, The Linguistic Etiologies of Thyroxine-Resistant Hypothyroidism, *Thyroid Science* [www.thyroidscience.com](http://www.thyroidscience.com) – click on *debate*. Last accessed 12/25/2006
2. "Hypothyroidism – clinical features and treatment," Patient Information from the British Thyroid Association, 2007, at [www.british-thyroid-association.org/info-for-patients/](http://www.british-thyroid-association.org/info-for-patients/)
3. The Royal College of Physicians, The Diagnosis and Management of Primary Hypothyroidism, November 2008, Endorsed by the Royal College of General Practitioners made on behalf of numerous endocrinology associations
4. Scalia A, Garner BA, *Making Your Case - The Art of Persuading Judges*, Thompson/West, 2008, pg 44 (Antonine Scalia is a US Supreme Court Justice.)
5. Pritchard EK, Reducing the Scope of Guidelines and Policy Statements in Hypothyroidism, *Journal of Orthomolecular Medicine*, Volume 28, Number 2, 2013
6. Refetoff S, Dewind LT, DeGroot LJ, Familial Syndrome Combining Deaf-mutism, Stippled Epiphyses, Goiter and Abnormally High PBI: Possible Target Organ Refactoriness to Thyroid Hormone, *J Clin Endocrinol Metab*, 27:279, 1967
7. Braverman LE, Ingbar SH, Keinwem S, Conversion of Thyroxine (T4) to Triiodothyronine (T3) in Athyreotic Human Subjects, *The J Clin Invest*, 1970, 49
8. Wrutniak-Cabello C, Casas F, Cabello G, Thyroid Hormone Action in Mitochondria, *J Molec Endocrin*, (26) 67-77, 2001
9. Popper, KR, *Conjectures and Refutations*, 1963, pgs 33-39 excerpted on the internet at [www.stephenjavgould.org/ctrl/popper\\_falsification.html](http://www.stephenjavgould.org/ctrl/popper_falsification.html) and reprinted Routledge Classics, 2003, pgs 43-51
10. Goldberg M, The Case For Euthyroid Hypometabolism, *Am J Med Sc* October, 1960 pgs 479-493
11. Baisier, WV, Hertoghe, J., Beekhaut, W., *Thyroid Insufficiency? Is Thyroxine the Only Valuable Drug?*, *Journal of Nutritional and Environmental Medicine*, Vol 11, No. 3, 2001, pages 159-166
12. Sheila Turner and many of the trustees of Thyrod Patient Advocacy, a UK Charity.
13. Thyroid Patient Advocacy Patient Counterexample Registry
14. Grozinsky-Glasberg S, Fraser A, Nahshoni E, Weizman A, Leibovici L., Thyroxine-Triiodothyronine Combination Therapy Versus Thyroxine Monotherapy for Clinical Hypothyroidism: Meta-Analysis of Randomized Controlled Trials, *J Clin Endocrin Metab*, 2006, 91(7): 2592-2599
15. Kirk E, Kvorning SA, Hypometabolism: a clinical study of 308 consecutive cases, *Acta Med. Scandinav.*, Suppl. 184. pp 3-83. 1947
16. Means JH, *Lectures on Thyroid*, Cambridge, Harvard University Press, pgs 48-49, 1954

17. Goldberg M, The Case For Euthyroid Hypometabolism, *Am J Med Sc* October, 1960 pgs 479-493
18. Goldberg M, Dagnosis of Euthyroid Hypometabolism, *Am J Obst & Gynec*, 81(5): 1053-1058, 1961