



# Townsend's New York Observer

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## Dr. Raphael Kellman on the Need for TRH Testing for Low Thyroid

Dr. Raphael Kellman, an holistic internist with an office on Manhattan's Upper East Side, believes that Americans are dealing with an epidemic of low thyroid disease – which routine tests, he says, often fail to detect.

For the past 10 to 15 years, doctors have interpreted three blood tests to see if the thyroid is low: TSH (thyroid stimulating hormone), which measures the circulating level of TSH in the bloodstream at one point in time; T3; and T4.

T3 (triiodothyronine) and T4 (tetraiodothyronine, or thyroxine) are hormones produced by the thyroid. T3, the more active hormone, is produced in much smaller quantities than T4.

The primary function of these hormones is conversion of food into energy and regulation of the body's other systems. A deficiency in the production (or absorption) of thyroid hormones can cause a decline in the body's metabolic reactions and lead to a plethora of symptoms. The most common include fatigue, weight gain, low body temperature, depression, and dry skin. But low thyroid function can also produce more far-ranging symptoms, potentially affecting all of the body's organs and cells.

If the thyroid is low and does not produce enough T3 and T4, the pituitary gland, a gland in the brain that controls the thyroid, begins to produce more TSH. One main way that physicians detect a low thyroid is to check the TSH level. If it is high, they suspect hypothyroidism.

### The TRH Stimulation Test

Dr. Kellman has evaluated some 13,000 patients over 15 years for low thyroid with a test that fell out of vogue after most physicians switched to the TSH and T3 and T4 assays. It is the TRH stimulation test. TRH stands for thyrotropin releasing hormone, secreted by the hypothalamus gland in the brain. When TRH is released, it stimulates the pituitary gland – also in the brain – to release TSH, and the released

TSH stimulates the thyroid to produce thyroid hormones. Due to various mechanisms, a low thyroid can read normal on routine tests, but for sure there will be high levels of TSH built up in the pituitary, which will be released by stimulation with TRH.

The TRH test must be done by a physician who knows how to perform and interpret it. The physician first draws blood for a baseline TSH reading, then injects the patient with TRH. About a half hour later, the physician takes a second blood sample and has it retested for TSH.

Information available on the Internet warns that the TRH test should be used with caution in anyone with asthma, chronic obstructive pulmonary disease (COPD), heart disease caused by inadequate blood flow to the heart, reduced activity of the pituitary gland (hypopituitarism), and pregnancy.<sup>1</sup>

### Patients Chiefly Helped by the TRH Test

Three groups of patients appear to have benefited most from Dr. Kellman's continuing use of the TRH stimulation test.

The first group are those with unexplained symptoms (fatigue, weight gain, depression, brain fog, hair loss, etc.) but totally normal thyroid blood tests – even with TSH as low as 1.5. Outright hypothyroidism may take as long as 20 years to develop. With the help of the TRH stimulation test, Dr. Kellman has been able to diagnose hypothyroidism when the onset of symptom precedes abnormal laboratory values. This group qualifies as a result of the TRH test for appropriate therapeutic intervention.

The second group are elderly people who experience fatigue, depression, and dementia. Doctors, relying on the routine tests for hypothyroidism, which don't always pick up a low thyroid, associate these symptoms with the degenerative aspects of aging.

Using the TRH test, Dr. Kellman has found that the symptoms mentioned above may actually be caused in the elderly by hypothyroidism, which responds within weeks to treatment with Armour Thyroid (a type of hormone replacement therapy from natural porcine sources) and pure T4. (Dr. Kellman gives this compound generally for low thyroid.) Dr. Kellman has restored elderly patients diagnosed with dementia to normal mental functioning

When Dr. Kellman refers to an epidemic of thyroid disease, he includes conditions not ordinarily regarded as associated with or caused by hypothyroidism. In his practice, TRH testing has revealed that many children with autistic spectrum disorder (ASD) also have low thyroids. Children with ASD with low thyroid constitute the third group of patients benefiting from TRH testing by Dr. Kellman. It should be noted that some Lyme disease patients have low thyroids, too.



Dr. Raphael Kellman

Numerous studies, Dr. Kellman points out, have shown a relationship between low thyroid and coronary artery disease. A low thyroid, even when subclinical, can cause inflammation, abnormal production of cholesterol carrier particles, dyslipidemia, and vascular dysfunction. It can raise homocysteine levels.

Because of the relationship between coronary conditions and low thyroid, Dr. Kellman believes that it is crucial to pick up hypothyroidism as soon as possible. The connection, he thinks, is too often overlooked, then diagnosed way too late. The TRH test keeps Dr. Kellman vigilant in detecting a low thyroid before it can lead to coronary artery disease.

Dr. Kellman can cite scientific articles that support continuing use of the TRH test.<sup>2</sup> He has published an article in *Life Extension* magazine on thyroid deficiency, describing the TSH, T4, and TRH tests.<sup>3</sup> Last year, when Dr. Kellman added the lipid-based nontoxic chemotherapy developed by Dr. Emanuel Revici (1896–1998) to his integrated medical practice, I published a column in *Townsend Letter* on this development to perpetuate Revici's cancer treatment (April 2009).

That Dr. Kellman is in the minority at present in his belief that routine tests for low thyroid are not routinely accurate recalls to mind a similar situation in Lyme disease, wherein the vast majority of the medical profession follow two main serologic tests developed by the Centers for Disease Control and Prevention (CDC) in diagnosing Lyme disease. There is

a growing body of evidence that these CDC guidelines are badly outdated, resulting in the failure to diagnose Lyme in as many as 9 out of 10 infected people.<sup>4,5</sup> Dr. Kellman says that more physicians are now beginning to doubt the validity of the routine tests for low thyroid.

### Hazards of New Computerized Radiation Treatments

In late January this year, the *New York Times* began a series of reports that exposed the "dark side" of new radiation treatments for cancer. It makes for scary reading. An editorial, "Radiation" (Jan. 27, 2010), appeared soon after the series opened.

Here are the web links to the individual articles. I consider this exposé required reading:

- "Radiation Offers New Cures, and Ways to Do Harm": [www.nytimes.com/2010/01/24/health/24radiation.html?ref=health](http://www.nytimes.com/2010/01/24/health/24radiation.html?ref=health)
- "As Technology Surges, Radiation Safeguards Lag": [www.nytimes.com/2010/01/27/us/27radiation.html?ref=health](http://www.nytimes.com/2010/01/27/us/27radiation.html?ref=health)
- "They Check the Medical Equipment, but Who Is Checking Up on Them?" [www.nytimes.com/2010/01/27/us/27sideradiation.html?ref=us](http://www.nytimes.com/2010/01/27/us/27sideradiation.html?ref=us)
- "Case Studies: When Medical Radiation Goes Awry": [www.nytimes.com/2010/01/27/us/27RADIATIONSIDEBAR.html?ref=us](http://www.nytimes.com/2010/01/27/us/27RADIATIONSIDEBAR.html?ref=us)

### Notes

1. Shomon M. The TRH stimulation test: is there a place for this challenge test? [Internet article] About.com Guide. Updated: July 24, 2007.
2. Eldar-Geva T et al. Subclinical hypothyroidism in infertile women: The importance of continuous monitoring and the role of the thyrotropin-releasing hormone stimulation test. *Gynecol Endocrinol.* June 1, 2007.
3. Kellman R. Thyroid deficiency; preventing a metabolic meltdown. *Life Extension.*, September 2004.
4. Cohen MA. Lyme disease: impact of the CDC surveillance criteria on patients. *Townsend Lett.* June 2004. (St. Martin's Press, NY, 2009).
5. Weintraub P. *CURE UNKNOWN: Inside the Lyme Epidemic.* Chapter 53. New York: St. Martin's Press; 2009.

Marcus A. Cohen's "baptism" in the whirlpools of medical politics dates to 1984, when he served as government and media liaison for patients under alternative cancer therapy. Subsequently, he has advocated broadening plausible treatment options for patients unresponsive to conventional care. A *Townsend Letter* columnist since 2004, he has reported and commented on a wide range of health-care topics; he is also the author of a paperback, *Lyme Disease Update*, published by the Lyme Disease Association in 2004.

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