

**PE1463/RR**

Eric Pritchard Email of 26 February 2014

Dear Mr. Howlett,

I must take issue with MSP Matheson's letter to Mr. Stewart, MSP. Routinely, when medicine claims there is no evidence, it really means there is no evidence that medicine cares to acknowledge. This issue is further complicated by the lack of stipulation of definitions for critical and readily misunderstood terms. Both of these issues are examined in my editorially acclaimed "landmark" medical journal article. ([tpauk.com/images/docs/reduce-scope-final.pdf](http://tpauk.com/images/docs/reduce-scope-final.pdf) OR Journal of Orthomolecular Medicine, volume 28, number 2, 2013.)

Evidence-based medicine is two-faced. The public face is medicine's effort to provide the best evidence to physicians and patients. The private face defines the best evidence as that pharmaceutical produce via expensive randomized clinical trials. In particular, the meta-analysis of numerous randomized clinical trials that claim improperly that T3 is ineffective flies in the face of its greatest activity of all thyroid related hormones, which was first demonstrated by Drs Gross and Pitt-Rivers in the early 1950's. Please see the quotes from Sackett, et al., and other citations in my above cited and hyperlinked paper.

Dr. Grozinsky-Glasberg, et al., demonstrate the philosophy of evidence-based medicine in their selection of evidence in Figure 1 (<http://press.endocrine.org/doi/pdf/10.1210/jc.2006-0448> ). Summarily, every study that was not based upon a randomized clinical trial was dismissed. This amounted to 98% of the papers. My paper points out the substantial papers not considered:

1. Not all patients are properly cared for with thyroxine only (Drs. Kirk and Kvorning, 1947 and verified by Dr. Means, 1954)
2. Euthyroid hypometabolism was demonstrated and reported by Dr. Marshall Goldberg in 1960.
3. The post-thyroid physiology was discovered circa 1970 by Drs Refetoff and Braverman and their respective staffs. Further, the intracellular energy production was discovered in that same time frame.
4. Drs. Braverman and Utiger edited "The Thyroid" in 1991, which describes these discoveries and indicates the consequences of deficient T3.
5. Drs. Baisier, Hertoghe, and Eeckhaut studied patients failed by endocrinology and properly cared for them in a follow-up. (*Baisier, W.V.; Hertoghe, J.; Eeckhaut, W.*

(September 2001). "[Thyroid Insufficiency. Is Thyroxine the Only Valuable Drug?](#)" (html). Journal of Nutritional and Environmental Medicine **11** (3): 159-166. }

6. Drs Goldberg and Baisier, et al., produced 72 patient counterexamples, i.e., those whose lives were improved by a T3 therapy, which is contrary to Dr. Grozinsky-Glasberg, et al., report of T3 inactivity.

7. There are many living, testifying patient counterexamples today in spite of efforts by endocrinology and the General Medical Council to keep these people suffering for the rest of their lives. Please contact Sheila Turner at Thyroid Patient Advocacy for she and others in Thyroid Patient Advocacy are counterexamples.

8. Some patient counterexamples have had to regain their active, attractive lives more than once. Consequently, they logically fit the challenge, de-challenge, re-challenge (CDR) test. Indeed, T3 does help some people.

Nonetheless, the above would be claimed by modern medicine as being no evidence. Indeed, modern medicine like older medicine also dismisses the experiences of patient counterexamples. This makes medicine the only science that ignores counterexamples. Other sciences learn from them. But medicine merely continues its mistakes.

Medicine continues its mistakes because it has yet, unlike all other sciences, to adopt the philosophy of Sir Karl Popper: Science is best proven by the lack of counterexamples. The "science" (junk science) of T4-only therapy for the symptoms of hypothyroidism does have counterexamples. These counterexamples, then limit the scope of the T4-only therapy dictate by the Royal College of Physicians, the British Thyroid Association, and other endocrinology and thyroid associations internationally.

In other words, Mr. Matheson, MSP, words of pity upon the victims of continuing symptoms of hypothyroidism in spite of medicine's dictated care are misguided at best. Medical science has answers if only it were examined. The errors made by medical practice are just below the surface and quite available to those who care to look.

Further, in the position of Minister for Public Health, Mr. Matheson, MSP, should be quite interested in solutions to these problems instead of dismissing them. Indeed, the endocrinology community should be quite interested in this medical science instead of ignoring it.

Sincerely,

Eric Pritchard