DISEASE CLUSTERS   Clinical Observations

----- David L. Watts, Ph.D., Director of Research --

Health conditions often occur in groups or clusters. A patient may present himself or herself with a major complaint, such as headaches for example, but he may also have a variety of other complaints which he feels do not have the same degree of importance. A health survey of twenty-five individuals who complained of migraine headaches revealed other underlying conditions including depression, fatigue, anxiety, insomnia, constipation, and hypoglycemia. Thirty patients whose major complaint consisted of anxiety were also found to suffer from fatigue, depression, constipation, insomnia and migraine headaches. The following are additional examples of disease clusters associated with major disease processes.

Hyperthyroidism and Parkinson's Disease

An article appeared in the September 3, 1988 issue of "**Lancet**", "Parkinson's Disease After Antithyroid Treatment", in which researchers studied ten patients suffering from Parkinson's disease. Every patient was found to have hyperthyroidism. Clinical assessment included the findings of high free thyroxin (T4) and trilodo-thyronine (T3) levels and/or low thyrotropin (TSH) levels. In all cases, the Parkinson's disease was being treated with levodopa or other medication. Their neurological condition apparently overshadowed their thyroid problem. They reported that after the hyperthyroid condition was treated, the Parkinsonian condition improved dramatically in all patients. The improvement was observed without any increase in Parkinson's treatment, and in some cases the treatment for Parkinson's disease was actually reduced.

Through HTMA studies, the incidence of hyperthyroidism in individuals with Parkinson's as well as other neurological diseases has been obvious. In our recent survey of 9 patients with Parkinson's disease we also found the following co- existing symptoms, which include hypertension, glaucoma, anxiety, colitis, alopecia, and insomnia.

Neuropsychiatric Disorders

The article "Neuropsychiatric Disorders Caused By Cobalamin Deficiency In The Absence Of Anemia Or Macrocytosis" that appeared in the June 30, 1988 issue of "**The New England Journal Of Medicine**" reported the relationship of cobalt deficiency in patients with mental disorders. Following cobalt therapy, the neuro-psychiatric disorders improved markedly.

Through HTMA studies, we frequently see hyperthyroidism in some types of psychiatric problems, particularly manic-depressive disorders. Cobalt (vitamin B12) may produce an improvement due to its effect of decreasing excessive thyroid activity. For further information on thyroid, you may order "Nutritional Interrelationships to the Thyroid."

Vitamin B12 and Multiple Sclerosis

Vitamin B12 (cobalt) deficiency has also been found in patients with Multiple Sclerosis (MS). As mentioned previously, many neurological diseases are found with concomitant hyperthyroidism. Increased thyroid activity can contribute to a B12 deficiency, or increase its requirements. It is common to see a tendency toward hyperthyroidism in MS patients; therefore, B12 would aid the condition again, due to its thyroid lowering affect.

We can see from these reports that hyperthyroidism may be a clinically unrecognized problem in the above conditions.

Diabetes and Thyroid Failure

It is common to find hypercholesterolemia in diabetic patients. Elevated cholesterol levels contribute to circulatory problems and heart disease in diabetics. It is also common to find a HTMA pattern of hypothyroidism individuals with adult onset diabetes.

A study appearing in "***Hormonal Metabolic Research***", "Hypercholesterolemia in Diabetics with Clinically Unrecognized Primary Thyroid Failure," reported significant reductions in serum cholesterol levels in diabetic patients undergoing thyroid therapy.

Cytomegalovirus (CMV) in Diabetics

A study reported in "***Lancet***" shows an increased incidence of CMV infection in diabetics. Evidence indicates that viruses can induce diabetes in certain circumstances. It is not uncommon to find that a viral infection often may precede the development of diabetes

We have found through HTMA studies that viral infections also suppress the thyroid gland.

Conclusion

These are but a few examples of disease clusters. It is evident that many abnormal health conditions are multi-casual in origin, including not only individual nutritional status but neuro-endocrine imbalances as well.

Many times a disease overshadows the treatment of a patient as a whole. Treating the disease is of course important, but recognition and consideration of other contributing factors should also be assessed. HTMA is one of the best screening tools in evaluating multiple systems of an individual, including neuro-endocrine and nutritional status.