



Dark-Field Diagnosis and Thyroid Disorders

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The thyroid gland is often referred to as „the forgotten organ“, and rightly so. Hardly any other illnesses are incorrectly diagnosed and treated so frequently as are those of the thyroid. That is all the more astonishing, given that this butterfly-shaped organ situated just below the larynx has a vital role to play.

General

The thyroid produces hormones, which are vitally necessary for the metabolism, and thus, the well-being, of the person. Disorders may present as changes in the thyroid itself, such as enlargement („goitre“), nodules, cysts, or even thyroid cancer. If the thyroid produces too few hormones, then this amounts to an underfunction (hypothyroidism); if excessive amounts of thyroid hormones are produced, then we speak of overfunction (hyperthyroidism). At the same time, our attention must focus not just exclusively on the thyroid gland itself, but also on the superior organs that direct its function: the hypothalamus and the pituitary.

The excretion of hormones from the thyroid is guided via a control circuit. The hypothalamus secretes TRH (thyrotropin-releasing hormone). TRH stimulates the pituitary to give off TSH (thyroid-stimulating hormone). The effect of this TSH is to cause increased production of the thyroid hormones T3 and T4. These pass into the bloodstream, where they develop their action. Since these hormones reach the hypothalamus and the pituitary via the blood, and since these glands have special receptors which monitor the level of T3 and T4 in the blood, the production of

T3 and T4 is either inhibited or stimulated.

Normal levels for adults are considered to be:

T3	0.9 - 1.8 ng/ml	or	1.4 - 2.8 nmol/l
Free T3	3.5 - 8.0 ng/l	or	5.4 - 12.3 pmol/l
T4	5.5 - 11.0 µg/dl	or	77 - 142 nmol/l
Free T4	0.8 - 1.8 ng/dl	or	10 - 23 pmol/l
TSH	0.3 - 4.0 mU/l		

However, these laboratory parameters should only be regarded as guidelines, whilst attaching great significance to the tendency followed by the development of a parameter, even though the reading still lies „in the normal range“.

Diseases of the Thyroid

According to a study carried out by Prof. Reinhard G. Bretzel in 2004 for the German Endocrinology Society (DGE), thyroid diseases affect men and women equally. From the age of 45 onwards, one out of every two German citizens suffers from a disease of this kind. The incidence of hypothyroidism is about ten times greater than that of hyperthyroidism. In this connection, every year, about 100,000 surgical interventions and about 60,000 radio-iodine treatments are carried out. Thyroid diseases alone account for the annual loss of 1.8 million working days, resulting in a loss to the economy in the region of 1.1 thousand million euros. No supporting evidence was found of a German north-south divide in this respect.

What makes thyroid diseases problematic, is probably the fact that they conceal themselves behind a multitude of symptoms, some of which are contradictory. These may include: weight loss or gain, fluid retention, headaches, dizziness, nervousness, irritability, aggressiveness, apathy, lack of drive, tachycardia, sore throats, hot flushes, sensitivity to the cold, high or low blood pressure, doughy or dry skin, falling hair, loss of libido, sterility, goitre, or no visible changes in the neck, dry cough, disturbed sleep, panic attacks, weakness, „burn-out“, eye disorders, hormonal disturbances.

Very frequently, the thyroid patient is not questioned and examined thoroughly enough; instead a hasty diagnosis is made on the basis of individual symptoms, and a symptomatic treatment is carried out. Unfortunately, it may also frequently happen that prejudices regarding certain types of job or groups of people find their way into the symptom picture by interpretation.

Case Example from Practice:

A 33-year-old primary school teacher came to consult me in utter despair. A short while previously, she had finished a stay of several months in a psychiatric ward. Prior to that, she had experienced an escalation of symptoms such as weight-loss, frequent diarrhoea, restlessness, disturbed sleep and nervous irritability. At that time, she was experiencing her work at school with the children as nothing short of a burden, as something to be endured „because she needed the money“. Her family life too was suffering because of her

perpetual irritability and feeling of „burn-out“. Antidepressants having proved ineffective, whilst „calming her down“ but not improving her condition, she accepted her G.P’s advice and was referred for psychiatric treatment.

When she came to consult me, she summed up the outcome of these previous treatments as follows: „None of it has really achieved anything.“

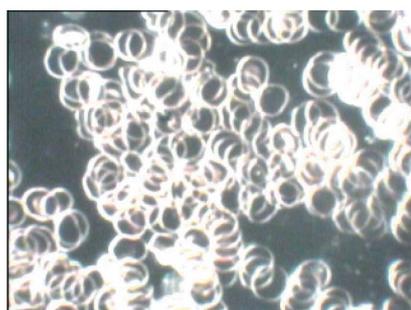
Among the measures I carried out was a darkfield investigation of her living blood. A slight agglutination of erythrocytes was evident (rouleaux formation, Fig.1), as well as a normal quantity and motility of symprotites, a slight degree of filite formation (growth forms of *Mucor racemosus* and sign of chronic over-acidity), symplasts of *Aspergillus niger* (frequently encountered in diseases of the thyroid gland), and a quantity of sporoid symprotites (dry proteins) coloured blue, which are an unambiguous pointer to the thyroid. The *Aspergillus* symplast too was speckled with many sporoid symprotites, notably blue ones (Fig.2). This blue colouring, it should be noted, is not the „cornflower blue“ - as often described - but rather a soft pastel blue. If this blue coloration is found in sporoid symprotites or crystals, or at the edge of the preparation, further investigation of the thyroid should **always** be carried out.

The darkfield blood image does not permit any unequivocal pronouncement as to whether we are dealing with an over- or under-function, an auto-immune disease or simply a disposition towards a disease of the

thyroid gland. However, if such phenomena are visible in the blood-image, combined with appropriate symptoms, then any further investigations and consequent treatment must be concentrated on the thyroid.

In this patient’s case, as described, I had the parameters for T3, T4 and TSH tested in the laboratory. It was a clear case of hyperthyroidism. I prescribed as follows: in the mornings 8 drops of MUCOKEHL 5X, in the evenings 8 drops of NIGERSAN 5X, twice daily 15 drops of SANUVIS and twice daily 2 CITROKEHL tablets, as well as Mutellon drops (10 in the morning, 10 in the middle of the day, 30 in the evenings.).

Additionally, for a period of five weeks she was given the following injections: once a week MUCOKEHL 5X 1.0 ml + SANUVIS 2.0 ml. i.m., once a week NIGERSAN 5X 1.0 ml. + CITROKEHL 2.0 ml. i.m., and twice a



Figs. 1 and 2

week RECARCIN + her own blood i.m. Her problems showed visible improvement. After five weeks, a darkfield progress check showed no *Aspergillus niger* symplasts remaining. The quantity of blue-coloured sporoid symprotites had reduced substantially. The patient was feeling fantastic and enjoying the sensation of being alive again. She was glad that her problem was not mental but something organic that was treatable.

The oral medication was continued for two more months. Mutellon was tailed off after eight weeks. Treatment was concluded three years ago. Since then, the patient has been free of all complaints. To prevent any return of her disorder, she is trying to avoid stressful situations and ensuring a healthy balance in her life.

One thing in this case that was interesting was that, despite clear symptoms, her thyroid had **never** been examined previously. The mere fact that she worked as a teacher sufficed for her to be placed in the „emotional“ pigeonhole without further investigation. Somebody who attended one of our seminars once said, by way of a joke, „‘Teacher’ isn’t a profession, ‘teacher’ is a diagnosis“. Probably this opinion is actually widespread, and this does an injustice to a whole profession. Moreover, it frequently means that they miss out on the correct treatment.

Auto-immune Diseases

Auto-immune diseases may run their course in the thyroid area. In this article, I shall only deal with

Grave's disease and Hashimoto's disease. If the darkfield blood image shows - besides blue-coloured sporoid symprotites or crystals - an increase in leucocytes, particularly monocytes, many of which occur in clusters, then we should suspect an auto-immune disease. That should then be clarified by further appropriate laboratory tests.

In **Hashimoto's disease**, an auto-immune inflammation of the thyroid, the body's own immune defence system attacks the tissue of the thyroid, hindering its hormone production *inter alia*. This can involve shrivelling of the thyroid (hypotrophic form) or result in it growing (hypertrophic form). Over the years in the course of this chronic disease the thyroid suffers a progressive loss of function; c.25% of sufferers exhibit other auto-immune diseases as well.

As causes we need to consider: genetic predisposition, infections, an excess of iodine (e.g. medicines, contrast media containing iodine, iodised cooking salt, hormonal changes (puberty, discontinuing „the Pill“, following delivery or miscarriage, the change of life)), or emotional stress.

Typical symptoms are: tiredness, chilliness, weight gain, difficult

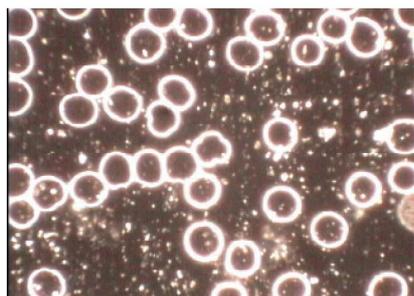


Fig. 3

concentration, depression, dry skin, pains in muscles and joints, and in women disorders of the monthly cycle. However, other complaints are possible.

Frequently in Hashimoto's disease the sugar metabolism is disordered, and this takes the form of insulin resistance. This may then develop into type II diabetes.

Both sexes may be affected by an imbalance of the sex hormones; in women, for instance, this may manifest as disorders of the monthly cycle, masculine hair growth and tautness of the breasts.

At the present time, orthodox treatment is limited to complementing the missing thyroid hormone, whilst avoiding iodine (iodised salt, sea fish, medicines and contrast media containing iodine).

In the case of **Grave's disease** the auto-immune illness likewise attacks the thyroid tissue, but this results in hyperfunction. Those particularly affected are women over the age of 35. Possible causes include genetic factors, viral infections and other external factors (incl. radioactivity). The antibodies (TSH-R-AK) which are formed have a stimulating action on the thyroid. Grave's disease affects about 1% of the population.

Typical symptoms of this disease are: protruding eyeballs (exophthalmus), enlargement of the thyroid (goitre), tachycardia, restlessness and loss of weight. The thyroid hormones can go seriously off the rails in this condition, provoking a

„thyrotoxic crisis“, which may prove fatal.

Treatment

When these diseases are treated on a purely symptomatic basis the results are often unsatisfactory, besides which side-effects may occur.

With the aid of darkfield diagnosis we can penetrate beyond the symptoms which are hitting us in the eye and find the real cause of the illness, enabling us to commence an appropriate form of treatment.

A further case example from practice:

The patient was a 28-year-old woman, well-groomed appearance, happily and harmoniously married, with an 8-year-old son and in full-time employment. She was complaining of premenstrual syndrome which had been worsening for several months with severe breast pains, depressive mood-swings, lengthy spells of spotting and increasing discontent and tiredness. Her gynaecologist had recommended hormone therapy, but she had refused this. Her darkfield blood image showed - alongside a normal quantity of symprotites - an elevated number of sporoid symprotites (Fig.3) - an indication of an increased porosity of the gut, and of these a large number were coloured blue (pointing to thyroid involvement). As well as this, a large number of erythrocytes were present in various sizes (indicating anaemia). Her G.P. had checked out the thyroid parameters for T3 and T4, and these were normal. On the basis of that

he excluded the possibility of thyroid disease. The treatment I gave her was as follows: Vitamin C 1000 mg tablets, one daily, to boost her disordered iron processing, Regacan tablets (one twice a day), Mutaflor capsules (one once a day), and Mutellon drops (15 drops in the mornings and 30 in the evenings). Four weeks later, she reported that, already, the latest cycle had passed with considerably fewer disturbances than all the preceding ones. She was feeling more contented, more active, and was sleeping very well once more. Regacan and Vitamin C were continued for a further four weeks in the same dosage. She was to take the Mutellon drops as and when she felt in need of them. A check-up three months after treatment had begun revealed that she was feeling in excellent shape with no further problems in her monthly cycle. Hardly any sporoid symprotites remained in her blood image, only a few blue discolorations, and the variations in the size of the erythrocytes had vanished. We were able to terminate the treatment.

One final example will serve to show how illnesses, which initially do not suggest any link with the thyroid, are later recognised as such and can be successfully treated:

At the beginning of 2007, I was consulted by a 57-year-old man who was a project leader with a building company. In his work, he was subject to stress on a daily basis, and up to that point he had dealt with it well, but now he was in a situation which he found intolerable. For three weeks „an

attack of flu had been simmering away inside his body and it wouldn't come out“. Prior to this, too, flu-like symptoms had occurred, although these had since decreased. At the moment, despite his temperature being normal, he constantly had a sensation of being fevered, especially from the throat upwards, sore throat, pain in the limbs, changed bowel habit, flatulence, eructations, nausea after meals, dizziness, one-sided headaches, night sweats, shivers, cold, clammy hands and feet, and the feeling that „all his energy-reserves were exhausted“. He was smoking 10-15 cigarettes a day, and recently, he had been aware of a constant light pressure on his heart. In his previous history, he had had cancer of the testicle, which had been operated on in 1989 and treated with radiotherapy. As well as that, there had been an episode of pancreatitis, and also hot and cold nodes in the thyroid gland, which - according to his doctor - did not represent a problem. His tonsils and adenoids had been surgically removed many years previously. The pathological investigation ordered by the G.P. had shown elevated bilirubin levels, an ESR of 4/8, slightly elevated cholesterol, slightly elevated GPT, slightly elevated HBA1C, creatinine level marginal, leucocyte count slightly up, TSH 0.01(!). The G.P. was going to prescribe him antibiotics, but the patient refused them. On enquiring how his thyroid was, he was told „everything was fine“.

His darkfield blood image yielded the following results: narrow, sinuous rouleaux (Fig.4), (indicating over-acidity, obstruction to the blood-

flow, lack of oxygen, intestinal overload), a severely elevated quantity and activity of symprotites and spermites (indicating acute infection, inflammation or allergy), orange-coloured sporoid symprotites (= pancreas), reddish-brown sporoid symprotites, glowing red edge to the preparation and microthrombi (= disordered liver function), massive blue sporoid symprotites (Fig.5 - thyroid) and *Aspergillus niger* symplasts (Fig.6).

Initially, he was given MUCOKEHL 5X drops, NIGERSAN 5X drops, SANUVIS drops, Hepatodoron tablets, Paidoflor tablets, Mutaflor capsules, an inhalation treatment with ionised oxygen, magnetotherapy and injections of Vitamin B12, Folic acid, Vitamin C, Thym Uvocal, Hepar Hevert and Metavirulent. After a week, he was feeling better and went back to work. To address the general restlessness and problems in getting to sleep, he was given Mutellon drops. This medication was maintained for two months, and the treatment was complemented with Dorn Therapy. The patient made an excellent recovery, was better able to handle the stress, felt full of energy again, and the headaches and pains in the limbs had disappeared. Once again he was able to face the future with optimism.

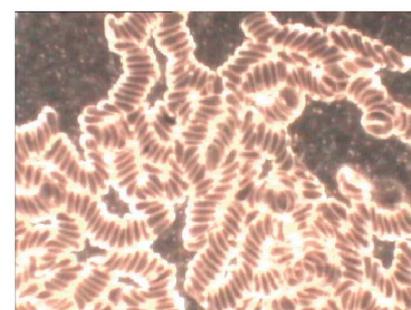
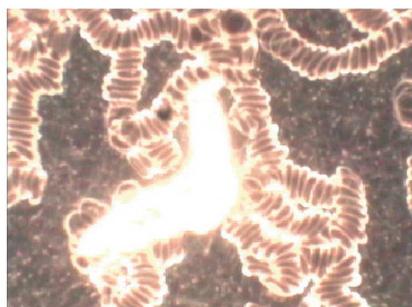
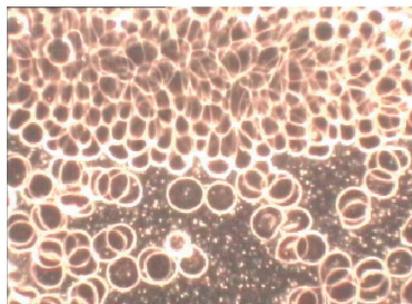


Fig. 4



Figs. 5 and 6

Seven weeks after treatment had commenced, he had a darkfield check-up investigation. This showed that no rouleaux remained; however, there was still a substantially increased quantity and activity of symproites and spermites, and a raised leucocyte presence, particularly monocytes, which in a number of cases were clustered together, as if „baked“ (see Fig.7).

After his medication had been reduced and following a three-week interval in treatment, dictated by his work, the patient turned up again with symptoms similar to those at the beginning of the year. Overall he was feeling better, but particularly after the NIGERSAN 5X drops had been discontinued, the „feverish feelings“ in his head had returned with a vengeance, and also he was feeling increasingly weak. As his cervical lymph-nodes were

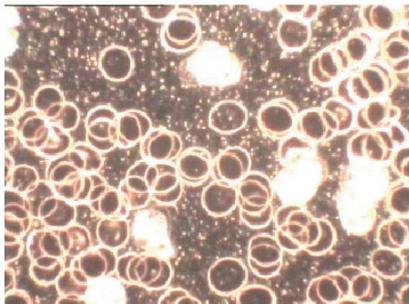


Fig. 7

chronically swollen („had been for years“) and the darkfield image still showed numerous leucocytes and symproites, I had laboratory tests carried out in order to eliminate Hodgkin's, leukæmia, etc., and to establish the thyroid levels once again. The test results showed: elevated monocyte count, elevated GPT levels (albeit better than three months before), slightly elevated cholesterol (likewise better than in January), CK-NAC slightly elevated, T3 and T4 within normal range, TSH 0.15 mU/l (marginally indicative of hyperthyroidosis). All the other parameters were within normal range, and none were marginal. The treatment with ionised oxygen, magnetotherapy and Dorn Therapy were continued, likewise the Vitamin C and Hepar Hevert injections. Additionally he was given SANKOMBI 5X drops, LATENSIN 6X capsules, USNEABASAN drops and RECARCIN ampoules to be injected combined with his own blood. After one week, the feverish sensation and the sore throats had disappeared, his energy steadily increased. The treatment

continues. The patient is feeling decidedly better.

Summary

With the number and frequency of cases of thyroid disease, darkfield diagnosis is an excellent aid in order to:

- provide an indication of thyroid involvement
- facilitate a distinction between an inflammatory and/or autoimmune condition, using various phenomena
- ascertain whether symptoms which suggest other diseases may be attributed to the thyroid
- check as to whether the medicinal focus is the best
- make appropriate recommendations regarding lifestyle (e.g. avoidance of stress), if - in the course of a medical check-up - a predisposition to thyroid disease is detected.

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