

PE1463/UU

Eric Pritchard Email of 1 May 2014

Dear Mr. Howlett,

There is absolutely no doubt that there is more to this petition than initially stated for lack of definitive terminology and an improper preference for using terms people know even if it is wrong. I recognized this definition problem years ago in my paper, *The Linguistic Etiologies of Thyroxine Resistant Hypothyroidism*. Further, as noted in my paper advocating "Reducing the Scope of Guidelines and Policy Statements in Hypothyroidism", there is ample medical science to demonstrate the existence of physiology between the thyroid gland and the production of symptoms that can adversely impact the levels of thyroid hormone in the peripheral cells. Deficiencies there produce the same symptoms as thyroid gland deficiencies.

The breadth of these symptoms or their seeming lack of connection is caused by most basic feature of the body, cells and their mitochondria. The thyroid hormone T3 up regulates the cellular respiratory cycle, which begins in the cell and then moves into the mitochondria to the Krebs Cycle and the Electron Transport Chain. There, the adenosine diphosphate (ADP) and a phosphate are reunited to form the energy currency of the cell, adenosine triphosphate (ATP). ATP leaves the cell to power its function and support functions. It powers muscle contraction and metabolism and enables cellular receptors. In short without ATP, you die. Obviously then, if your T3 levels are low, your ATP levels will be low, and you will have lots of diverse health issues.

In the ancient text "The Thyroid" edited by pioneers Braverman and Utiger, and published in 1991, there are several chapters on the issues that can exist with deficient T3.

Now to address this myth of dose variability. This has been claimed against Armour Thyroid for years and years. Yet they are certified by USP. A woman I know takes it without a single problem. Another woman takes a synthetic T3, Cytomel, without problems. I believe that this notion stems from a decades old dirty trick against desiccated thyroid. This trick was to replace desiccated thyroid with some substance that had iodine in it. The test at that time only checked on the iodine content and not for either T4 or T3. Consequently, the bogus stuff tested OK, but it was a therapeutic failure - as intended by the tricksters.

I hope for the approximate half percent of Scottish citizens, mostly women, that this matter is taken seriously and quickly so that these afflicted folks can return to active, attractive lives. When the woman I know and the other woman finally got the proper

care, it took them only two weeks to feel better, but after years of improper, debilitating care.

Finally, if you would like a lay expert with years of practical experience to testify, please contact Sheila Turner.

Sincerely,

Eric Pritchard