

Fixing your Thyroid with HCG

by
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I was recently contacted by a girl I used to know, who was taking GH, Steroids and Thyroid meds. It seems that she went to her doctor, had a blood panel done, and her thyroid levels were as low as the test could measure. And unfortunately, I was contacted to help her fix this problem, out of the blue...

But what I uncovered in my research is going to become a part of "Thyroid-PCT" for both men and women, and it's going to involve a compound that we've been using for (regular) Post-Cycle Therapy (PCT) for years.

I'm talking about HCG (Human Chorionic Gonadotropin), oddly enough. And dishearteningly, since she happens to do her 'research' at places that ubiquitously and *powerfully advocate* total nonsense, she didn't even know that HCG is a medication indicated for females, not males; she'd only seen it spoken about as an ancillary or PCT compound for men. I will wager that most people who do know what HCG is commonly used for typically wouldn't ever suspect it could be used as a thyroid function stimulator.

Now, the thyroid gland is quite resilient, and usually recovers its function reasonably quickly...but since she had been using several drugs, all of which affected her thyroid in one way or another, her thyroid didn't recover within the usual 6-8 weeks after cessation of her thyroid meds. In fact, it didn't do much of anything.

First, I'll tell you a bit about how she got in this mess, and how the thyroid gland functions. As is very common with women who use anabolics, she didn't do anything resembling traditional PCT after her Thyroid/Steroid/GH cycle; she just stopped taking everything and figured she'd recover. The first time she tried that (on her first cycle, several months prior), severe depression followed, as did some losing some of the gains she'd made. This time, however, she was using quite a bit more drugs, and her thyroid didn't recover at all as a result. More severe depression followed, which I thought at the time to be a result of totally removing the androgens from her body (low androgen levels are associated with depression). Now I believe it to be from the psychological implications of the non-receptor mediated effects of thyroid hormones (1). As usual, she had a look on the various websites and forums on the internet looking for some kind of solution...and predictably, knowing the various boards she frequents (*read: wastes*) time on, she found no acceptable answers. Luckily, she avoided listening to the usual *Liturgy of Incompetence* that usually gives advice on the internet, and didn't cause herself further damage.

After explaining what the number in the test meant relative to her thyroid function ("you're screwed"), I told her that the thyroid gland basically secretes two hormones: thyroxine (T4) and triiodothyronine (T3). T3 is usually considered the actual physiologically active hormone, while T4 is just thought to be converted into T3 by deiodinase. Roughly 80% of T3 is generated from this conversion. Secretion of T4 is regulated by Thyroid Stimulating Hormone (TSH) which is produced by the pituitary gland. I'm sure at this point, most people will see that something that acts on the Hypothalamic-Pituitary-Testicular axis may also act on the thyroid, since both are influenced by the pituitary. Anyway, TSH secretion is in turn controlled

through release of Thyrotropin Releasing Hormone (TRH) which is produced in the hypothalamus (2).

But if the pituitary is involved with thyroid regulation, maybe certain meds that we use to regulate and restore it for traditional PCT could be used for Thyroid PCT? At first this seems like an off-the-wall-idea, perhaps even a bit weird or *chaotic*; but remember, I like theories (and people for that matter) to be nice and logical, and to have some kind of intelligence and integrity backing them. Thus, *I have no stomach for chaos or for anyone who does.*

So now, by figuring out that much of the thyroid's action is regulated by the pituitary (and looking at compounds that could operate in that nexus of effects), I found HCG; but, even though my logic seemed sound (funny how it always does to me), I wanted to be 100% sure about this. That's when I ended up taking a close 'molecular' look at HCG.

The HCG molecule actually 'looks' similar to a TRH molecule! In 'real' medical terms, HCG is a glycoprotein hormone that has structural similarity to TSH (3). Right, so if Human Chorionic Gonadotropin has structural similarity to TSH, and TSH stimulates your thyroid, then couldn't we use HCG to make your body produce some T4; and then if T4 goes up, we should raise T3 also. And if we're getting our bodies to produce T3, then we've fixed our thyroid! So there's my theory: HCG can kick-start your thyroid into eventually producing the thyroid hormones, and ultimately T3.

So here's what I dug up to support my theory that you can use HCG to help your thyroid begin functioning again quickly after a cycle:

In one study, performed on rodents, HCG was found to induce expression of a thyroid-cell growth-promoting gene (4) During pregnancy, excess HCG can cause hyperthyroidism (5) through cross-talk with the TSH receptor (6). In fact, at the time of peak HCG levels in normal pregnancy, serum TSH levels fall, in an exact mirror to the rise of the HCG peak. This reduction in TSH clearly suggests that HCG causes an increased secretion of T4 and T3 (7), if we simply realize that this is just a probable mechanism for maintaining thyroid homeostasis. Often, Hypothyroidism is even seen as a possible result of the development resistance to HCG (8); concomitantly, if your thyroid gets too high, your body will begin to lower its sensitivity to HCG, to compensate and attempt to lower thyroid levels (9). All of this clearly points to the ability of HCG to stimulate the thyroid to begin producing T4 and ultimately produce some T3 again, and getting your thyroid back to normal.

Now, some of these studies were done on women, and men simply do not have the high responsiveness to HCG that women do (remember, HCG is a very important hormone in both conception and pregnancy for women). Very large doses of HCG still produced definite thyroidal iodine release (TIR) response in normal men, but it is only a weak thyroid stimulator when thyroid function is normal (10). I am, however, confident that if thyroid function is low, both men and women will find HCG to be a very potent stimulator of their Thyroid Gland, and can use it to quickly regain normal thyroid levels after use of thyroid medication. As a quick jump-start for your thyroid, I would suggest 1,000 IU per day for 10 days to two weeks, to stimulate production of T4 and to normalize your thyroid as quickly as possible.

So what happened to the girl who originally contacted me for help with her thyroid? Well, I gave her a list of various supplements to use, and some other advice for normalizing her

thyroid. Hopefully this piece finds its way into her hands somehow, because I think it's the final piece of the puzzle for her recovery; well, that and not frequenting terrible boards.

References

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