

The Early Diagnosis and Treatment of Hypothyroidism

In Oriental medicine, hypothyroidism is classified as a deficiency syndrome of qi, yin or yang -- usually of the kidney -- and this must be differentiated. Treatment can include long-term acupuncture and herbal medicine. It may be a functional disorder; the result of a weakened immune system; or it may be produced iatrogenically by Western treatment such as a sequel to the treatment of hyperthyroidism. In Western medicine, it has two differentiations - primary and secondary, of which the former is the most common. Primary hypothyroidism is thought of as an autoimmune disease induced through chronic inflammation of the thyroid gland, also known as Hashimoto's thyroiditis. This variety occurs most commonly in women. Secondary hypothyroidism is caused by failure of the hypothalamus to regulate the thyroid gland, or lack of secretion of thyroid stimulating hormone (TSH) from the pituitary gland. Laboratory evaluation is needed to differentiate these two varieties. Low levels of TSH exist in secondary hypothyroidism, whereas very high levels of TSH characterize primary hypothyroidism due to the fact that there is no feedback inhibition of the pituitary gland.

Signs and symptoms of the early diagnosis of primary hypothyroidism may be non-detectable except through blood analysis as in the case of the patient described herein, and hence, its more common clinical differentiations will not be described here. Standard Western treatment generally involves life-long hormonal replacement therapy with synthetic hormones or animal protomorphogens. In Oriental medicine, hypothyroidism is classified as a deficiency syndrome of *qi*, yin or yang -- usually of the kidney -- and this must be differentiated. Treatment can include long-term acupuncture and herbal medicine.

In my clinical experience I have treated many patients with hypothyroidism, but never as their major complaint. Such patients came for other health problems and accepted the diagnosis and their medication as a reality. They did not want it treated directly, nor did they have any interest in its possible remediation. Last year, I had the unique opportunity to treat a patient with an early diagnosis of primary hypothyroidism within three weeks of detection. The reason for this propitious early treatment was related to the vigilance of the patient, who I have been treating for the last eight years (initially for the effects of stress on her health, and later for health maintenance and other minor problems). She always sought Oriental medical treatment for the resolution of her health problems; this case was no exception.

On July 26 of last year, she came to see me following her annual exam with her physician. At that time, she reported to her doctor that she felt she had been suffering from a "flu" for about three months, which was characterized by fatigue; sore throat; cough; and congestion. Her doctor, on a hunch, ordered blood work that revealed her thyroid stimulating hormone (TSH) level was 9.02: an amount almost twice the normal range of 0.40-5.50. He diagnosed her condition as primary hypothyroidism, wrote a prescription for Levoxy, and made recommendations for future appointments and periodic testing. However, he was very cooperative and supportive of her medical choices and encouraged her

to receive Oriental medical treatment since he knew it to be her preferred approach.

When she came to see me three weeks later, she did not have any overt, classical signs or symptoms of hypothyroidism. Subjectively she was experiencing tenderness in her neck. I conducted what I call a thyroid evaluation by gently palpating the following points bilaterally for tenderness: local points in the proximity of the thyroid gland, ST9 (*renying*) and LI18 (neck *futu*), and KI3 (*taixi*), the source point of the kidney, indicating kidney deficiency. All were tender. In my experience, they may suggest a subclinical or clinical hypothyroid condition. I administered a treatment, the protocol is found in the following chart. Its effect is to regulate and tonify the *qi* and yang; vitalize the blood; and stimulate and strengthen the immune system.

About a week later, she returned for a treatment and said her neck felt good. The treatment was repeated. Two weeks later, she returned for her third treatment. Overall she felt better and described the previous treatment as a "jump start," an analogy I think accurately described the treatment plan and its desired effects. On August 25th, her TSH levels were retested. They had almost halved from 9.02 to 4.98 and were now in the normal range of 0.40-5.50. Her doctor wrote on the lab results, "Great news!" She received three acupuncture treatments over the next three months and then had a follow-up retest that revealed that the TSH levels were now a little lower (4.83). Her doctor pronounced the thyroid as normal and said "Great." My recommendation was to have her see me three to four times a year for health maintenance and continued monitoring of the past problem.

For clinician convenience, my treatment protocol follows. It includes the points used, their locations and point energetics, as well as the specific needle technique employed.

In conclusion, while only based on this one case, I do believe that the key to the successful resolution of this disorder was the early detection, diagnosis and treatment of the problem, augmented with high patient compliance, and of course the profound power of the medicine.

Hypothyroid Protocol			
Points used	Location	Energetics	Needle technique
GV20 (<i>baihui</i>)	Standard Chinese location - 7 <i>cun</i> within the anterior hairline, on the midpoint of the line connecting the apexes of the two auricles.	Central reunion point - elevates the yang, benefits the marrow (brain function, i.e. hormonal function)	Puncture 0.3-0.5 in. horizontally in the direction of the meridian, i.e. towards the face. Tonify.
Yintang	Standard Chinese location -- midway between the medial ends of the two eyebrows.	Reflex point of the pituitary gland which controls the thyroid gland	Puncture subcutaneously downward towards the nose 0.3-0.5 in. Tonify.

Naganos	Find the ulna bone. Slide over it radially as you move towards Chinese LI10 and 11. The Naganos are a group of four points located between the ulna bone and the large intestine meridian. They are located about one fingerbreadth apart as you move distally from the elbow crease. Palpate each point deeply one at a time on each arm, looking for the most tender point on each arm. These are the points to be needled	This group of four points are the Japanese equivalent to LI11 (<i>quchi</i>) and LI10 (<i>shousanli</i>) and have similar energetics. They are powerful <i>qi</i> and blood tonics.	Slowly insert perpendicularly to a depth of 0.5-1.0 in. Do not look for <i>qi</i> - search for a gummy, sticky feeling with the lift /thrust action of the needle. Do not tonify or disperse. Mechanically lift and thrust through the sticky area. Repeat 2-3 times. These points have a strong bearing down sensation on the arms and may be achy during and after treatment.
Navel	Locate eight points equidistantly around the navel like points on a compass at a distance of 0.5 <i>cun</i> from the center of the navel.	According to the <i>Nanjing</i> , the navel pertains to the spleen, hence it can treat spleen problems. Because spleen is the figurative mother of the lungs, it can treat lung pathology. As the figurative grandmother of the kidney, it can treat the kidney. Thus the cumulative effect of the points is to treat the three major organs pertaining to <i>qi</i> : the spleen, lung and kidney.	Puncture obliquely towards the navel 0.5 in. Tonify.
Kidney 7 (<i>fuliu</i>)	Standard Chinese location - 2 <i>cun</i> directly above KI3 (<i>taixi</i>).	The metal point, therefore the tonification point of the kidney. Regulates the <i>qi</i> of the kidney, especially of the yang.	Puncture perpendicularly 0.3-0.5 in. bilaterally. Tonify.
Spleen 6 (<i>sanyinjiao</i>)	Standard Chinese location - 3 <i>cun</i> above the tip of the medial malleolus on the posterior border of the tibia on the line connecting the medial malleolous to SP9 (<i>yanglingquan</i>).	Group <i>luo</i> of the three leg yin - improves circulation, vitalizes the blood and tonifies liver, spleen and kidney.	Puncture perpendicularly 0.5-1.0 in. bilaterally. Tonify.

Insert needles in the order presented above. Retain the needles approximately 15 minutes. All needles are tonified after the *de qi* sensation is obtained. I use a small amplitude of rotation as my tonification technique with #1 (36g), 1 inch (30mm) needles. Remove needles in the same order as they were

inserted.

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