Hypothyroidism Revisited

Almost one year ago, I had the unique opportunity to work with a patient who received a diagnosis of primary hypothyroidism. As I described in an earlier article (see the July 2001 issue of *Acupuncture Today*), this case was successfully treated through minimal intervention with only one acupuncture treatment. The patient's thyroid stimulating hormone levels (TSH) more than halved from 9.02 to 3.98 microunits per millileter, falling within normal limits (0.40-5.50) after three treatments. My analysis in regard to its significant reduction was a combination of factors: early detection of the problem; correct Chinese differentiation and treatment of the disorder; a high level of patient compliance; and the effectiveness of the medicine. As of the patient's last evaluation last year, she has continued to maintain normal thyroid hormone levels and is in excellent health.

Upon reading that article, another patient sought me out who had a similar diagnosis. She was a 61-year old female diagnosed with hypothyroidism one month prior to consulting me. Her TSH level had recently risen from 4.50 to 6.37. Apart from high cholesterol, for which she was taking medication that worked, relatively speaking, she was very healthy. Her overall Chinese presentation pointed to spleen and kidney *qi* and yang deficiency with concomitant liver *qi* stagnation due to blood deficiency as evidenced through longstanding cold hands and feet; sensitivity to exogenous cold; gas; thinking too much ("overthinking"); minor seasonal allergies; and a feeling of incompleteness with bowel movements. Her tongue was slightly pale, with paler sides and cracks. Her pulse was superficial, wiry and weak in the lung and heart positions.

A physical examination by way of palpation revealed bilateral tenderness at ST 9 (*renying*), diagnostic of thyroid conditions, and Japanese KI 3 (*taixi*), referred to in Japanese acupuncture as the thyroid confirmation and treatment point. As the *yuan* source point, KI 3 balances the kidney yin and yang, comprising the kidney *qi*, which was deficient. This could be construed, among other things in Western parlance, as hypothyroidism.

The first treatment was administered and consisted of needling *yintang*, the pituitary gland reflex, to adjust the secretion of thyroid stimulating hormone; ST 25 (*tiantu*) bilaterally, to balance the *qi* and blood; and KI 3 (*taixi*), to tonify the kidney *qi*. All insertions were performed with a #1 gauge, one-inch Seirin needle. *Yintang* was inserted 0.5 *cun* transversely downward; *tiantu* perpendicularly 0.8 inches; and Japanese KI 3 (which is identical to Chinese KI 5) transversely and posteriorly toward the heel 0.3 inches. All points were tonified with a slight clockwise turn of the needle. Needles were retained for about 15 minutes.

The patient's abdomen in the *dantian* area was puffy and vacant, indicating kidney *qi* deficiency. Palpation for a pulse at CV 6 (*qihai*), where the *qi* of the two kidneys communicate with each other, was imperceptible, further supporting the deficiency of kidney *qi*. (If interested in these concepts, see *The Art of Palpatory Diagnosis* for more information on abdominal diagnosis and Japanese point location, energetics and treatment.) A prescription of ginseng and astragalus (also known as *bu zhong yi qi tang*, or "support the central *qi*") was prescribed for a period of one month with a dosage of two

pills twice daily: one dose in the morning and one in the afternoon. The general purpose of the formula was to tonify the *qi* of the spleen and kidney, and to raise the yang.

After one month, the patient reported a feeling of well-being and decreased gas. Her blood work revealed a decrease in TSH levels from 6.37 to 5.10, now within the normal range. Her doctor recommended a six month blood work follow-up; I concurred with the doctor. I likewise advised that the patient receive a minimum of one acupuncture treatment per month to maintain and/or further decrease the TSH level. During those times, further herbal evaluation and prescribing could be made based upon presenting signs and symptoms.

In summary, I am encouraged by the responsiveness of this disorder to Oriental medical intervention. As in the first case, I surmise that its efficacy is primarily related to early detection and appropriate differentiation and treatment. I urge patients who receive such a diagnosis to seek qualified Oriental medical care and comply with practitioner recommendations to prevent a life-long dependence on synthroid and the possible devastating sequelae of hypothyroidism.

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