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A mind–body treatment for hypothyroid dysfunction: A report of two cases

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A B S T R A C T

Purpose: For many years hypothyroid dysfunction has been treated with standard medical approaches yet some seek newer experimental conservative approaches. This paper describes the management of a new conservative approach to management in two individuals who sought treatment from a practitioner specialising in a new integrative mind–body based treatment. The purpose of this study is to present two case studies of the management of hypothyroid dysfunction using the mind–body neuro-emotional technique (NET).

Method: The study was set in a private practice setting in Sydney, Australia. Two cases had been diagnosed with primary hypothyroidism by independent medical and laboratory based assessment, of which conservative management had not resolved the symptoms. Both cases underwent a schedule of NET as a modality to treat their hypothyroidism.

Results: Objective measures such as thyroid stimulating hormone and T_4 levels were reported, along with more subjective measures such as feelings of tiredness and general well being. In both cases, there were improvements in TSH and T_4 levels, both returning to normal levels.

Conclusions: Thyroid dysfunction has been effectively treated by conventional medicine for many years. Changes in thyroid dysfunction after a course of NET have been described. As the standard medical model is associated with some adverse effects such as long-term medication use and potential side effects, all natural, non-invasive approaches to management should be reviewed. Further research into this mind–body therapy is recommended to evaluate its potential effectiveness for this common condition.

1. Introduction

For many years, thyroid dysfunction has been effectively treated by conventional medicine. However, anecdotal evidence on mind–body therapies such as the neuro-emotional technique (NET) reports relief from symptoms related to thyroid dysfunction. NET is a truly holistic approach used to help re-establish balance in the body, making use of neuro-mechanisms of speech, general semantic, and emotions, as well as chiropractic principles, laws of acupuncture's meridian system, muscle testing, cutaneous reflex points and principles of traditional psychology.

The exploration of mind–body medicine has evolved over the past 25 years, but the pioneering studies into the mind and body interaction was conducted by Walter Cannon in the 1930s,[1] and also by Hans Selye in the 1950s.[2] The central mind–body tenet recognises that the mind plays a fundamental role in a person's health, and that any presumed separation of the mind from the body is false. It acknowledges the powerful emotional, mental, social, spiritual and behavioural factors which can directly affect health. Research has investigated how psycho-physiological connections between the brain and nervous, hormonal and immune systems have been linked to sudden cardiac death, diabetes, cancer and overall susceptibility to illness.

The purpose of this paper is to discuss two interesting case reports on the management of thyroid dysfunction with NET. It aims to introduce a description of the NET intervention, and stimulate thought for further research into the effects of NET on thyroid dysfunction and to provide an alternative to standard management.

2. Case reports

The personal information of both patients has been de-identified, and an identifier number prescribed. They gave consent for the publication of personal health information in print and electronic format (without divulging personal identifiers).

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2.1. Case 1

A 41-year-old female Caucasian interior designer initially presented to the clinic on August 18th 2000 with low back pain and sore feet. The past medical history included tonsillectomy as a child and two curettes (terminations), one in 1980 and another in 1985. Also noteworthy was the complaint of chronic tiredness in the afternoon. She stated that the chronic tiredness caused her to sleep early each night. She received manual therapy (chiropractic) for the low back pain and sore feet, which resolved her symptoms. The patient continued to complain of tiredness. On November 6th 2000, a thyroid function test was performed to investigate the possibility of a thyroid dysfunction as the cause of her tiredness. This testing revealed TSH levels were elevated (13.99 mIU/L range 0.36–5.00) and free T_4 was low (8 pmol/L range 12–20) (Table 1) which was reported as consistent with primary hypothyroidism. Once diagnosed, a mind–body treatment called the neuro-emotional technique (NET) was commenced to rectify the chronic tiredness and attempt to affect the thyroid function.

2.1.1. NET treatment protocol

The patient was initially evaluated for an appropriate, intact, healthy muscle that could resist the examiner's mild testing pressure. The anterior deltoid muscle was chosen as the muscle for the test on the basis that it has demonstrated test retest reliability.[8] This muscle was tested with the patient in the sitting position. The patient was instructed to raise the arm anteriorly to 90°, the elbow locked in extension with the palm parallel to the floor. The patient was asked to resist the examiner's pressure, which was directed inferiorly at the level of the wrist (the patient was instructed to stabilise the shoulder during the muscle test, in the anterior held position). The first author served as the examining and treating practitioner. The patient practiced resisting the examiner's pressure several times until the patient was familiar with the vector and timing of the muscle test application.

The muscle testing protocol was practiced several times to familiarise the patient with the procedure. After the practice sessions, the patient reported that she was comfortable with the procedure. The patient was then asked to concurrently relax, whilst contemplating her thyroid levels rising whilst she was being muscle tested. A weakening of the deltoid muscle was observed at this time.

The patient was asked to continue pondering a concept which produced ongoing weakness, whilst the practitioner attempted to counteract the points by contacting several specific skin points at the wrist. These points were derived from acupuncture tradition, and are located at the wrist. These points are referred to as: meridian access points (MAP) by Walker.[3] Strengthening of the previously described weak muscle was observed when the examiner contacted the triple heater point MAP at the wrist. Walker alleges that this region correlated to the triple heater acupuncture meridian. Walker associates the triple heater meridian with thyroid dysfunction and several emotions including: (muddled thinking, paranoia, feelings of loss andvulnerability, anxiety, emotional instability) (henceforth referred to as "the emotions") and the spinal segments C1, C4 and C7. A positive response in this region of the wrist indicates that "the emotions" may be associated with the concept being pondered.[3]

The examiner's hand was then removed from the wrist and the patient was tested whilst contemplating the emotions. A muscular weakness was observed. The patient was then asked to relate the emotions to a concept or event. The patient was muscle-tested whilst pondering each event said to be associated with the emotion.

Muscle weakness was perceived when the patient associated the emotions to an event that occurred at the age of 35 years, the event (a marital problem) was said to cause a similar state of fatigue, tiredness and stress. Whilst the patient pondered the emotion and the event said to be associated with it, a mechanical force, manually assisted, short-lever adjustment was used to adjust the bilateral transverse processes of C1, C4, and C7, the segments during inhalation and exhalation.[3] After the intervention, no alteration of muscle resistance was noted on retesting when the original concept was contemplated.

After application of the treatment, the practitioner then confirmed the success of the procedure by retesting the meridian entry point, whilst pondering the event and associated emotions, to show that the muscle tested strong after the treatment. The pre-treatment response to this test was for the muscle to go weak on testing. The reader will note that this process results in direct feedback on the "success" of the procedure. A feedback that is immediately apparent to the patient. The treatments are often supported by additional nutritional or homeopathic support using a similar procedure.

The treatment was scheduled for 8 weeks at a frequency of twice per week. After 8 weeks of treatment, the patient reported a subjective improvement in tiredness, stating that she felt an increase in energy levels and was happy with the results of the treatment. Follow-up testing of thyroid function was performed on January 17th 2001. TSH level was 5.81 mIU/L and free T_4 level was 12 pmol/l.

The follow-up testing was compared to baseline values taken on November 6th 2000. The results of these tests (Table 1) indicate a good improvement in TSH (13.99 pre/5.81 post) and T_4 levels (8 pre/12 post). There was an important improvement in objective measures in the complement of thyroid function since the first testing. These objective changes were complemented by the subjective changes noted in the patient at week 8.

Long-term follow-up was undertaken in September 2008. The patient continued to maintain the improvement without further medication since the first follow-up (Table 1). The patient provided verbal consent for unidentified data to be reported in a journal publication.

Table 1
Thyroid hormone values for case 1, pre- and post-NET intervention.

	Reference range[a]	Pre-NET intervention	Post-NET	September 2008
TSH (mIU/L)	0.30–3.50	13.9	5.81	1.45
T_4 (pmol/l)	9.0–19.0	8	10	13.1

TSH, thyroid stimulating hormone; NET, neuro-emotional technique; T_4, free thyroxine.
[a] The reference range of the laboratory that performed the tests.

2.2. Case 2

In the second case, a 27-year-old Caucasian female business analyst presented to the clinic of the first author on March 6th 2000 with ongoing thyroid problems, which included fainting spells and dizziness for one year. Thyroid disorder had been previously diagnosed one year beforehand as the cause of these symptoms. There was an otherwise unremarkable medical history. The patient had been on Orixine tablets but had removed herself from the medication because "the problem had come back" whilst she was taking them. The patient was sent for thyroid function testing prior to commencing NET treatment. These results are given in Table 2.

The patient was treated using NET on four occasions, on March 6th, 8th, 14th and April 28th, 2000. After the fourth treatment, the patient stated she felt much better and stronger. She subjectively reported that she was no longer fatigued and was satisfied enough