

The Chinese Medical Model in Thyroid Disease

By Leon I Hammer MD.

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Abstract: This is the third in a series of papers whose purpose is to apply the Chinese Medical Model to complex clinical problems. In this paper an attempt is made to show that thyroid disease is dependent for its expression on the vicissitudes and correspondences of many organ systems, which correspondences and considerations the Western Medical Model is not recognized or studied.

This paper uses the Chinese Medical Model to study thyroid gland dysfunction. The medical histories of two patients are presented as a relevant part of the discussion. Though our main focus is thyroid disease, all aspects of these patients' complaints are presented in detail. They are all part of the same person and the same root cause. It is important to our purpose to demonstrate Chinese medicine primarily as a thought process. Therefore, disparate medical events are pursued as diligently as those of the thyroid issue in order for that thought process to be elucidated, and in order to stimulate alternative interpretations of the "raw" data.

The patient, Martha is a 32-year-old Caucasian widow who was seen sporadically, over a period of several years, for a wide variety of constantly changing symptoms. Approximately halfway through this time span it became clear that all of these symptoms were being experienced almost simultaneously, and created one whole rather than separate entities.

The initial contact concerned itself with her desire and need for "bioenergetic therapy" (according to Lowell). She had been withdrawn for several years and related primarily to her son and family, with whom she lived. In this context she was at first unable to look at me for fear of having to perform ("for people I like"). She automatically made a fist if I approached, as if to hit me, and yet when I did get closer she could only laugh and not defend herself. She became aware of this as a "wall" against her own need for a relationship. "I cannot accept anything."

Working bioenergetically, the following was observed: drawn-in buttocks, turned-out feet, block in pelvis, block in solar plexus, compressed body, lump in upper thoracic area of back (gall bladder), shoulders elevated, expression in eyes of sadness and fear, puffiness and black color under eyes, energy locked in center and collapse. She was unable in therapy to sustain open defiance either verbally such as "You can't make me" or physically kicking out at me when we re-enacted her father's beatings.

Using bioenergetic techniques for several months, to reverse these characterological traits, we made some progress. The rapid collapse of her will under outside stress was our principal focus. She was energetically undercharged and could not sustain her will against others except by withdrawal. However, inwardly, her will was strong and determined as expressed in fantasy or in matters not directly involving interpersonal relations, for example, education.

After three months of therapy, Martha developed a cold and intercostal neuralgia and our focus turned from bioenergetics to acupuncture to which she responded favorably. It was observed that her left pulses were stronger than the right pulses. She made an association to this finding that "my left side is angry and down-trodden, overworked, especially my face and knee-my right side is dull and docile, waiting." Classically, this is known as a "husband-wife"

imbalance. The overall strength of the pulse on the right should be stronger than the left in a woman and the reverse in a man.

The implication is one of sexual confusion, though I am certain that a correct interpretation of the original texts would suggest a more pervasive disorganization. Also, it was generally noted that her lower jiao was weak (especially Kidney).

At this point a combined approach was initiated. Attempts to reverse the left-right imbalance and to build the lower jiao were only temporarily successful. The weakness of the lower jiao in the pulse and the dark color and swelling under her eyes indicating Kidney weakness, strongly suggested fear as the underlying energy drain which left Martha so unable to maintain her core and assert it interpersonally in a sustained fashion. The lifelong passivity, I assumed, left her with a burden of negative energy (which at that time I was not trained to read in the pulses). Points were used to drain "aggressive energy," using Dr. Worsley's technique (the associated effect points).

The technique involves a shallow insertion of needles in the associated effect points; the "shu" points along the inner bladder meridian on the back. Where a histamine reaction occurs, the needles are inserted more deeply for about one hour and the others are removed.

Alternately points were used to build her energy core, especially the earth points with moxa. The point Tientu (Ren-22) was used once for her thyroid. Martha revealed, at that time, that she was hypothyroid and had been taking three grains of thyroid a day for ten years. She related this to her frequent fatigue. She also spoke of a feeling of separation, between her upper and lower back. During this period she began to be "more in touch with certain feelings", "fear of each move I make," "aloneness," and "a need to catch up on being cared for, a need for a mother." In her chest she began to feel less struggle to breathe. In addition to feeling divided between the upper and lower part of her body, she talked of her right side being more whole and continuous, her left side having "gaps and holes, being eaten into" and "running away." She was more aware of her resistance to change, to "extending myself." "I am afraid, I want to run into someone's arms" but "I am afraid of being afraid."

The result of therapy was an emotional opening, a crying to be held, a fear of insanity, of being a child who will be abandoned-an outpouring of self-destructive feeling and a sense of being "broken into bits." At this time she had many dreams which she interpreted as meaning "strength with no foundation" She identified her back as her weak spot. To treatment of the Du Mai and governor points she responded with greater peace, but also with the expression of murderous feelings especially toward her son. Her pulses were becoming better balanced. She felt her back as being stronger but "basically defensive." Treatment continued for a short time using Ren-22, conception vessel and earth points with moxa, and jaw and pelvis points for her synergistic bioenergetic blocks in these two areas. She felt "elongated." "My back has meaning-it is there for a purpose-to support me-it has always been a dead separate part of my body" and "my jaw feels set, no one is going to stuff anything inside me."

The patient was not seen again on a regular basis for a year. In the interim she was treated twice, within a few weeks of each other, primarily for a cough, for headaches, low energy, sharp pains in her stomach, and tightness in her jaw. At that time she reported that her left wrist was sore. She attributed the soreness to being left handed, to a lack of balance in herself, and wished to commensurately increase the use of her right hand.

When she returned for regular treatment she stated that the principal result of our previous work was an emotional release. She was now much more in touch with her feelings, less withdrawn, more out in the world, more involved with people, had gone back to school to

get a master's degree, and was functioning better. We then reviewed her entire situation in order to restructure our work and reestablish clear-cut goals. The following is a very long list of problems which she felt she wished to change. The problems to begin with were constantly shifting. Things that bothered her the most were: 1) headaches, 2) great fatigue, especially around two o'clock in the afternoon, 3) a feeling of discomfort when eating, 4) the experience of being hungry but feeling full at the same time, a sense of tension in her stomach, 5) nausea at night and a constant feeling of wanting to throw up, 6) pain in the joints, 7) swelling of lymph nodes, 8) neuromas which came and went (previously diagnosed by a neurologist), 9) feeling of being too hot and too cold, 10) tension in the chest, feeling of not breathing deeply, 11) mucus in the nose and throat, 12) itching and draining of the ears, 13) a fluttering pressure, especially after eating sugar, 14) mittelschmerz, pain during ovulation with slight staining, 15) bloating, 16) frequent sore throats, 17) dry skin, 18) fat around her waist, 19) sensation of discomfort in her solar plexus, 20) frequent feelings of depression, wanting to cry, associated with bad memories especially of her husband's untimely death, 21) and, finally, but most urgently, perhaps, her dependence on three grains of thyroid per day for the past ten years. She felt that without it she collapsed, was unable to function, and also saw dots in front of her eyes.

In summary, what she stated was that she would like to "turn in my entire body and start over again," that she experienced herself as toxic. Her pulse was constantly changing in rate, quality, and intensity. It was, therefore, very difficult to read other aspects of the pulse accurately. However, the impression at the time was that both the Heart and Lung were closed. The pulse wave in these two areas most distal on the wrist were Flat compared to others. The tongue showed a deep white color, not on the surface but throughout the body (Yang deficiency), and was quite dry (Yin deficiency). The eyes showed anemia and some "weak heat". "Weak heat" is defined in an earlier paper¹. The pulse rate was 60, as best as it could be determined. The impression at that time was that the Qi was "wild" and out of control. This is usually a reflection of extraordinary weakness. A pulse, in which the rate is consistently difficult to determine, reflects a very profound insult to physiology stemming from genetic factors, intra-uterine life and/or early post-uterine life. This loss of control over her energy was reflected in the constantly shifting symptom picture. Martha simply did not have sufficient energy to control the different aspects of her physiology. The affected endocrine system included the thyroid (hypothyroid), the thymus (in terms of frequent infections), the adrenals and pancreas (in terms of glucose intolerance and food sensitivities). Her entire autonomic nervous system was out of control as evidenced by the temperature changes, headaches, dry skin, emotional lability and neuromas. Also, related to the autonomic nervous system dysfunction but expressed by the Chinese as, "energy going in the wrong direction," were her gastrointestinal problems, especially the nausea. All of these symptoms are, of course, mediated by both the nervous system and the endocrine system. A clear-cut distinction in a body which basically acts as a unit would be unrealistic.

Expressed in terms of Chinese Medicine, the basic issue was the loss of control of the Qi, the driving force for all physiological systems including the production and the circulation of energy, blood and lymph, upon the integrity of which all other functions depend. Evidence of a genetic defect, in terms of the organization of the nervous system, existed in the multiple-sclerosis-type syndrome of her mother, and a metabolic defect, in terms of chronic alcoholism of her father.

Early life was dominated by her father's alcoholism combined with sadism, and included severe and frequent beatings prompted and supported by the mother. At the age of 24, while she was with a year-and-a-half old child, Martha's young husband died in a foreign country, quite

suddenly and without explanation, after a brief illness under rather mysterious circumstances. Because her husband was a foreigner, Martha was left without any financial support, and a struggle for survival ensued which became extremely exhausting.

Overall treatments were as follows: based on the diagnostic evaluation, it was felt important to build the energy, to move the energy, and particularly to move it within the upper jiao and then down. In addition, it was felt important to support genetic energy, to treat the autonomous nervous system, and to concentrate on the thyroid.

For overall energy, the points Qihai (Ren-6) and Guanyuan (Ren-4), Zusanli (ST-36) and San Yin Jiao (SP-6) were used with moxa. To build the genetic energy Shenshu (UB-23) was used with moxa. We discovered that she ran a fever between 1 and 2 p.m. This fever pattern is characteristic of weak (possibly pre-tubercular) lungs. The points Geshu (UB-17) and Feishu (UB-13) were employed, sometimes with moxa.

In order to move the energy, the points Geshu (UB-17) and Ganshu (UB-18), Taichong (LIV-3), Zusanli (ST-36) and Qichi (LI-11) were needled. Other back shu points for stomach and spleen were stimulated. All of this was alternated with moxa on the front. Because the lungs were weak, it was felt that "mucus" (lymph) was not being properly digested and the point Fenglong (ST-40) was used to improve its assimilation. Together with the poor circulation and autonomic dysfunction this accumulation of "mucus" was felt to engender the neuromas. In order, to treat the autonomic nervous system, the special point Anmian 2 and Fengchi (GB-20) were used. For the thyroid, the master points for the Ren Mai (the conception vessel), Liuque (LU-7, which also helps to close the lung), and Zhaohai (KI-6), were used in conjunction with each other. Kidney 6 is an important point for kidneys, enduring anger, and adrenals. In addition, local thyroid points Tientu (Ren-22), a special point Pangliuchuan, Shuitu (ST-10), as well as the regional point Hegu (LI-4), and also Taichong (LIV-3) were used for relaxation and to move the energy down.

Large Intestine 4, though it is a valuable point for the head and for energy, as well as for the intestines, has the effect of moving the energy in a downward direction unless it is used with moxa, in which case the energy will move upward. Therefore, no moxa was used on this point. A needle from Taichong (LIV-3) through Yongquan (KI-1) will move excess heat down and out of the body. Yongquan (KI 1)- meaning Bubbling Spring is a water point especially useful in dealing with heat Taichong is a wood source and earth point. Since wood burns, and is associated with wind and therefore with the spread of heat in the body, using the earth (source point) of wood is the best point on the most logical meridian to move the heat down. In another system using the five Yuan points, the third command point proximal to the most distal, is the point for circulation. Taichong (Liver 3) is that point on the liver meridian. Herbs were prescribed for the thyroid including bayberry, poke root, Irish moss, valerian root, and orange peel. The Chinese herbs Huang Qi (Astragali Membranacei) and Dang Gui (Angelicae Sinensis), and Ferr. Phos., a tissue salt, were prescribed to build energy and for anemia.

Throughout the course of treatment, which was conducted approximately once a week for a year, laboratory tests of thyroid function were obtained every two months. After five months, Martha required only one grain of thyroid a day. After nine months, her thyroid tests were completely normal, and from that time to the present-which is approximately four years-she has not taken any thyroid. In terms of the presenting syndrome, all of the symptoms were ameliorated to a significant extent though not entirely. Her headaches were completely relieved when she later made their association to eating cheese which she eliminated from her diet. Most importantly, the ever-present feeling of being "toxic," and the persistent flu-like symptoms

gradually disappeared, Even more remarkable was the change in physiognomy. Except for the feeling of bloatedness in her midsection, all of the above-mentioned physical sensations, such as tightness in her chest being broken into bits, being divided into upper and lower parts, the left-right split, and the weakness in her back, were resolved. The most amazing thing was actually the change in her appearance. There was a complete reshaping of her back with a filling out of the natural curves, the loss of the hump, relaxation of the buttocks and an overall erect firm and aligned bearing.

Over the many years that Martha was treated for one symptom at a time by a wide variety of doctors including psychiatrists, there was never a coherent meaningful assessment of her underlying problem. This was certainly true of treatment she had received for her thyroid problem, which was handled strictly by replacement. There was no unified concept developed concerning the etiology of this or any of the other findings. Martha's real problem was an overall condition of extreme weakness due to genetic, intra-uterine and early life training with loss of control of her "Qi" and many of the physiological parameters dependent on it. Bringing her "Qi" under control with the methods described above alone resolved the thyroid deficiency and many of her other complaints. Of greatest significance is that a condition, as well known and as intimately described and studied as hypothyroidism, may have an etiology far afield from either the gland itself or even the endocrine system specifically.

The second patient, Jane, is a 27-year-old mother of one child (age 6) with a history of spontaneous miscarriages at 3 months and 4 months, 2 years ago. At her first visit she was eight weeks pregnant and sought help to avoid another miscarriage.

Relevant history is an automobile accident when Jane was six months pregnant with her first child. She rammed into a telephone pole but sustained no obvious serious injury. She also reported "sinus" headaches and an allergy to dust and feathers, which was worse in the spring.

Examination at this time was as follows: The pulse rate was slightly unstable meaning that at rest the rate changed spontaneously, though not dramatically, ranging from about 70 to 74. The lower Jiao (Kidney and bladder-proximal pulse) was weak. The Lung pulse was a little Inflated, the Liver and Gallbladder Tense and Pounding with Tightness between the Heart and Liver pulse. Eyes showed slight anemia.

Concern was for the weakness in her lower jiao, as it was most immediately involved with the matter at hand, though not in isolation from her total condition. The patient was treated throughout her pregnancy with herbs and supplements (details of which are not relevant here) and delivered a healthy child (son). Pregnancy was uneventful but delivery was with high forceps and she elected to have her tubes tied. She was given postpartum herbs for herself and her baby.

Seven months later she consulted me a second time for two problems simultaneously: an enlarged thyroid which was chronic, variable in size and obstructive, and "colitis" which had begun two months postpartum.

With regard to the thyroid, it had been enlarged for the first time five years before, when she separated from her first husband. Tests of thyroid function at that time were in the high normal range and continued that way to the present. She was placed on thyroid suppressant medication every other day which, she stated, "made me nervous. " Her thyroid enlarged twice since the initial episode, both times following a miscarriage. During periods of enlargement her neck felt constricted and she would become sweaty, her face would flush, and she became a little

more nervous. This most recent episode began two months previously during both the "stress of Christmas, " and a bout with the flu.

Coincidentally, she complained of "colitis," cramps and watery diarrhea, which began in the middle of the night and lasted for several hours. The pains were shooting in the right costal region. The first movement appeared normal in color and form, rarely showing a little bright blood. The second was watery with whole pieces of feces. The following movements were soft and watery and the color yellowish. The cramps were relieved by the bowel movement and the diarrhea controlled by lomotil. These attacks occurred approximately every two weeks and lasted for two or three nights. Often they occurred at 3 a.m. when she and her husband arose to go fishing together (for commercial purposes).

At the time of the initial interview, the patient was primarily concerned with the thyroid problem, secondarily with the gastrointestinal disturbance, and thirdly with sinus and allergy.

Examination at this meeting revealed the following: Pulse rate on the right was 66, and on the left it varied from 70 to 74, depending on movement of her arm. Overall the pulse was thin, the lower jiao (Kidney-bladder, large intestine and small intestine, according to localization by Dr. Shen) was extremely weak. Between the Liver and the Heart pulse, and the Lung and the Stomach pulse there was a full tightness. The Lung pulse was Inflated and Tense. The Heart, Liver and Gallbladder were a little tight. The tongue revealed white mucus in the back, some saliva, red on the tip, vertical lines on the sides, a few cracks, and deeper, possibly a little paleness. The eyes showed a little "weak heat" with a slight bluish tinge.

Because the pulse rate was different on the right and the left, and varied on the left side, my first impression was that the patient was in a severely stressed emotional state and that the other findings on the pulse might not be reliably recorded until this was corrected.

The difference in rate on the two sides has not been specifically dealt with. In fact, when such a difference is found between the two arms, the finding of "Heart nervous" and its emotional inferences is considered to be more severe. Both the thyroid enlargement and the lower gastrointestinal problems were tentatively considered to be related to the emotional instability with the latter possibly partially engendered by the general weakness in the lower part of her body (which we related previously to her frequent miscarriages). Kidney weakness may inspire feelings of fear, panic, and a sadness characterized by anguish and choked sobbing. The Kidney supports the Heart, which will be more vulnerable to emotional shock if the former is weak.

The first treatment, therefore, was to stabilize the pulse through the use of an old formula for emotional instability: Shenmen (HT-7), Taiyuan (LU-9), Guanyuan (Ren-4), Neiguan (P-6), and San Yin Jiao (SP-6). Taichong (LIV-3, the Liver source point) was added since the diarrhea was occurring around Liver time on the Chinese clock with a pattern of sudden explosive partially formed stools that may be associated with Liver-Gall bladder disturbance, because of the blue color in the sclera of the eyes which suggests Liver disturbance, and because of tightness on the Liver-Gall bladder pulse. A contiguous treatment included Guanyuan (Ren-4), Tienshu (ST-25), Taixi (KID-3), and San Yin Jiao (SP-6), all with moxa to build lower Jiao and slow down the diarrhea. The special point Tsechien was used for thyroid function. Taichong (LIV- 3) is also useful for relaxation since the Liver controls muscles, tendons, and peripheral nerves.

According to one tradition of " command points," the third point on the extremity is the source point of the meridian, the point which tends toward balance of all the energies of that meridian. In another tradition the third point is related to circulation and thereby to

musculoskeletal function (especially tendons). Both traditions (and there are others) suggest the point to be useful for relaxation. It is said that Liver Yin also affects muscles and Liver Yang affects nerves which is why we chose the third point of Liver rather than of another meridian. In combination with Hegu (LI 4, The Great Eliminator), Taichong (LIV-3) is used as a well-known formula for total body relaxation. In this instance we were using Hegu (LI-4) also because of its influence on the upper part of the body (thyroid, sinuses) and on the intestines (diarrhea).

Jane was seen again four days later. At this time she reported feeling well, had had no further diarrhea, and the thyroid was essentially the same. On examination her pulse was 70, the change in rate was very slight and the two arms were equal in rate. This time, however, the Liver pulse was very Tense, Stomach somewhat less Tense and the Lung still Inflated and Floating. The Special Lung pulse on the right side was Tense and the lower Jiao was still weak. The deeper part of the tongue was pale in the center towards the sides the color was somewhat darker. There was hypertrophy of the taste buds at the root of the tongue. The eyes this time showed less weak heat but still the blue color in the sclera. With regard to the thyroid; it was now my opinion that the most immediate and important factors were: 1) her Liver and 2) the condition of "Heart nervous." The patient was not prone to any personal discussion and our patient-doctor contract did not involve anything along the lines of counseling. It was simply reported to her that her pulse suggested that she might be very angry, and she made no comment. Likewise, it was ever more strongly considered that the gastrointestinal problem had similar roots. Treatment during this session was again for emotion, points Shenmen (HT-7), Taiyuan (LU-9), San Yin Jiao (SP-6), Neiguan (P-6), Guanyuan (Ren-4), for energy as well, and specifically to relax the Liver and move the energy in the Liver, we did Taichong (LIV-3), Geshu (UB-17), and Ganshu (UB-18), the associated effect point for the Liver. In a separate treatment for the thyroid, the following points were used: Hegu (LI-4), Tientu (Ren-22), and Pang Lienchuen (Special Point), a "strange" acupuncture point near the thyroid gland. During the first session the patient received herbs for her thyroid such as poke root and Irish moss, for relaxation: chamomile, catnip, skullcap hops, valerian, damiana, and lavender; separately for diarrhea: slippery elm, peppermint, sage and licorice. At the next session she reported that she felt less pressure on her thyroid and hadn't had any diarrhea. However, she did report a sinus headache at the top other forehead. Her eyebrows were sore to touch and felt as if she had a mild head cold. She stated that she had had these symptoms her entire life, and she attributed the headache to her previously reported allergy to grass. Examination at this time was as follows: The pulse rate was 76, very slightly variable, steadier than the last time. The Liver was still tense, but less so. The upper Stomach was still somewhat Tense and the Lung essentially unchanged. The tongue and the eyes were essentially the same except more redness was noted along the sides and the front of the tongue.

Because the Lung pulse was Inflated and Pounding, and because of the sinus headache, the possibility of trapped cold was considered. Gua sha was employed and was strongly positive. This treatment is a relatively gentle scraping massage used posteriorly on the sides of the neck, along the shoulder and along the bladder meridian, down the back, on the pectoralis muscles, on the neck particularly in patients who have a sore throat, on the inside of the arms at the elbow and on the nose (special technique). The very positive results showed that Jane had a great deal of cold in her body. Geshu (UB-17) and Ganshu (UB-18) were used again to relax the Liver, and Geshu (UB-17) also to help move energy in the upper jiao in relationship to the stagnation in her Lungs and in the thyroid area. Weishu (UB-21), the associated effect point for the Stomach, was used as well because the upper Stomach pulse was still rather Tense. In another treatment, points were also used for emotion, and local points for the thyroid, all

mentioned above. In addition, the Chinese proprietary herb Bi Yan Pian was prescribed for sinusitis. The patient was seen four days later and reported having been well until 3 a.m. the previous night, a time when her baby had awakened her. She then had diarrhea for approximately one hour, which she relieved by using lomotil. She reported at this point that her newborn baby was keeping her up all night and she felt that her nerves were cracking. The diarrhea was less watery; there were no cramps, no blood, and no mucus. She reported that her sinus had improved and that the thyroid seemed smaller and with considerably less pressure. She also reported at this time a mild dermatitis on her hands. Pulse rate was 70 and steadier than at any time before. There was some pounding on the pulse, but it was considerably better balanced except for weakness in the lower jiao. The tongue showed less mucus and was also better balanced. There was some change in the eyes, with the sclera being somewhat injected, possibly because of lack of sleep. Inquiry concerning eating habits revealed that the diarrhea might have been related to a rather fatty meal the night before the episode. Treatment directly for the thyroid was: Local points as mentioned before and Tschien, a distal "new" point; Taichong (LIV-3) and Zulinqi (GB-41) to relax the Liver and Gall bladder; Fuliu (KID-7) and San Yin Jiao (SP-6) with moxa to strengthen the Kidneys; for emotion and to move energy in the chest Neiguan (P-6); and for energy Guanyuan (Ren-4) and Qihai (Ren-6). A press needle was placed in the ear at the Shenmen point for relaxation.

The next treatment was a week later at which the patient reported she had had no diarrhea and that the thyroid was smaller. Jane's reports on the diminished size of the thyroid were confirmed by objective examination. The pulse this time showed a rate of 72 and was steady. The Liver and Gall bladder pulses were still tense, especially the latter. The tongue and the eyes showed no change except that the sclera was less injected since she had been getting more sleep. (At the previous session we had prescribed cell salts for her baby who had been teething, and this alleviated the problem sufficiently so that she was able to get more sleep). Over the course of the next month she was seen six times. Except to treat a brief episode of the flu, treatments were essentially the same. There was a general improvement in terms of the absence of diarrhea, the gradual shrinking of the thyroid and an overall improvement in her pulse. There was an episode of cramps and diarrhea, again following a highly fatty and greasy meal, during which she also became upset over the prospect of borrowing money to build a house. This seemed necessary so that her family could escape from the difficult living condition in which they found themselves. Though there were no further overt episodes, she sensed a tendency towards cramps and diarrhea in the middle of the night for the next two weeks until the mortgage problems were settled. During this time treatment included moxa on the point Tianshu (ST-25) and needles on Hegu (LI-4), Fenglong (ST-40) and Zusanli (ST-36), moxa on UB-20 and UB-25 (back shu points for the spleen and large intestine) and needles on Liver and Gall bladder points. The herbal proprietary formula "Ng Po Powder" was used successfully to control the diarrhea. Emotional points were used as well, including Yinbai (SP-1) to help her relax. For the goiter, plum blossom needle over the cervical area and Fengchi (GB-20), as well as Feishu (UB-13, the Lung back shu point) was used. During the next three months the patient was seen eight times. In the beginning she reported occasional mild cramps but no diarrhea. The cramps, we found, were related to her eating brown rice which I suggested be stopped until her gastrointestinal tract became stronger; from that point on, there was no further diarrhea. Though highly nutritious, whole grain foods are often difficult to digest for people with a weak or disordered gastrointestinal tract. Japanese sweet rice and red dates are used until the system is strong enough to digest complex carbohydrates in their whole grain state.

At this time, Jane's thyroid was normal in size, creating no pressure. She had lost a little weight and was physiologically looking and feeling better. During these months, which were summer months, she had complained more about her sinuses. She complained of headache on top of her head and temples, and soreness about the eyebrows. Whereas the pulse rate as generally stronger and better balanced than before, there was occasional variability in both rate and Intensity. This would become stabilized rather quickly with treatment. It was my impression that the sinus problem was a combination of heat rising from the Liver and the Gall bladder, which is essentially the result of general tension, and cold in the Lungs. The Lungs control the pores in the skin. If the Lungs are weak for any reason these pores remain open to invasion by the elements such as wind, cold and dampness. Jane spent considerable time working in an open boat on the bay with her husband during all kinds of weather. Her Lungs were weak because of lifelong emotional stress, especially unexpressed sadness. Emotional stress was the underlying factor in the overworking of her Heart, Lung, and Liver, and the result of overwork was weak heat. (Weak heat in the Liver contributed significantly, also, to the gastrointestinal disturbance). The treatment, therefore, was directed towards relaxing the patient, removing the heat from the Liver and Gall bladder, taking the cold out of her Lungs, and local sinus points for stagnation, Yingxiang (LI-20) through to Bitong, Shangxing (Du-23) and Yintang. Over the next four months the patient was seen only once when she had poison ivy. Then in December of 1979 she complained of gas in the middle of the night. There was no pain but it was followed by two or three bowel movements, which were loose, not watery. This occurred one time at 1:30 a.m. and one time at 4 a.m. The color was normal and the only other complaint was a "stitch-like pain" at the right costal margin.

The thyroid condition and sinus condition were unremarkable. Examination showed the pulse rate to be normal and steady but there was Tension, especially on the Liver pulse. The tongue was red on the end and a little pale. The eyes showed a blue color and were very slightly anemic. The impression was that she was, because of the extra tension on her Liver, worried about something, and this issue was raised. For the first time in our relationship the patient revealed something about her emotional life. Up to this point there was general denial although it was clear that coming from a divorced family and having an emotionally disturbed sister, Jane must have some emotional scars. 1:30 a.m., of course, is the Liver time according to the Chinese clock, and in the past, her gastrointestinal problems were either early in the morning at around 3 a.m. or around 7:30 a.m., which is Stomach time and just shortly after Large Intestine. This was pointed out to her along with the remark that it is said in Chinese medicine that during the day the spirit lives in the Heart and at night it lives and expresses itself through dreams. She then reported a dream she had had the night that the problem began in which she was gutting a deer and felt extremely upset, frightened and angry. She then revealed that her husband and she hunted with bow and arrow, and that he had recently told her that from this point on, when she killed a deer, she would have to gut it herself. It became clear that she was unable to assert herself with her husband, to express her real feelings of revulsion and horror at the thought of performing this exercise, and that indeed she was generally afraid to express any negative feeling to him. She was treated with acupuncture, and arrangements were made for her husband, who had also become a patient, to come in for a joint session. During this session the immediate problem of gutting the deer was discussed and settled and the larger problem of her difficulty in asserting herself was introduced as an issue in their lives and, specifically, in relation to her health.

Several months later she came with a head cold and cramps (associated with having taken antibiotics). She was treated at that time with acupuncture, herbs and acidophilus; the Gua sha (which was strongly positive) and cups were used to remove the cold. It was at this time that she chose to speak more openly about her emotional life. She stated that since the earlier talk we had had with her husband, she had become more aware of her feelings and she recognized that because of this she tended to have less physical symptoms. We discussed a simple form of meditation which might help her get in touch with what was on her mind, especially her worries, and we talked about the possibility of her doing this for ten minutes before bedtime and then sharing her thoughts with her husband, who seemed open to her and to growth in the relationship.

Approximately three months later Jane returned, reporting she had had one episode of diarrhea ten days before and then for the last six days she had had diarrhea every other day beginning at 7 a.m. The episodes lasted about an hour, during which time she would have three or four movements, though little in the way of cramps or pain. The movements were loose at first and then became more watery.

There was also a tightness in her epigastrium, relieved later in the day by sighing. She also reported that her period had returned after it had been over for five days. At this point the pulse rate was normal and steady. The Liver and Gall bladder pulses were Tense in the middle part of the pulse, especially the Gall bladder, which was a little bit Slippery. The Spleen pulse was Tense. The Kidney and Stomach pulse were weak, the latter, however, could be felt more prominently in the middle part of the pulse than before. The Lung was inflated and the special Lung pulse on the right was very Tight. My impression at this point was that she was possibly overworking, and she revealed that she had been working with her husband in the shell fishing trade and was doing a great deal of lifting. This would have been responsible for the tightness in her epigastrium, the return of her period, and the diarrhea. Lifting will frequently cause stagnation of the Qi in the chest or upper abdomen. Because of her underlying weakness in the lower jiao, this heavy work would cause her energy to go down and leave her unable to control several functions in that part of the body, including control over her bowels and control over her period. She was advised to give up this kind of heavy work. Over the course of the next five months she was seen once for pain in her upper back after having twisted herself. At the end of the five months she was again seen for sinus, which at that point (for both her and her husband) was related to an environmental irritant from a new woodstove.

DISCUSSION

In the West we recognize several pathological conditions of the thyroid. Most commonly they are diffuse enlargement of the thyroid with decreased thyroid hormone production (simple goiter), diffuse enlargement with increased thyroid hormone production (Graves disease), decreased thyroid hormone production with either no change in the palpable gland size, or atrophy (hypothyroidism) and, in my own experience, there is also the diffuse enlargement which comes and goes and is generally associated with a mild increase in thyroid output (In this discussion we are not directly including the more esoteric thyroid diseases such as Hashimoto's struma, thyroiditis, adenoma, carcinoma, or severe myxedema, which some consider to be the end stages of the former diseases, a stage of total gland failure).

Russell Jaffe, M.D., Ph.D., in his course "Oriental Strategies in Western Medicine," refers to thyroid disease as a breakdown in the blood-organ barrier. He states that endocrine organs are supposed to be one-way "streets", that their function is to give out, to "amplify." When the direction is reversed, the barrier is broken, there is a monocellular invasion leading to sluggish function, inflammation (Hashimoto's disease), and finally exhaustion. He relates this barrier reversibility to retarded function of the Triple Warmer meridian, the Spleen, and Kidney (adrenal) organ system.

Traditional Chinese medicine states that of the five yin organs (Heart, Kidney, Liver, Lung and Spleen), the thyroid is in the sphere of influence of the Spleen. Chinese Medicine states that the Spleen controls metabolism. In Western medicine metabolism is controlled by thyroid function. It seems reasonable then to assume that there will be some vital link between these two organs which the two medical systems have for good reasons over a long period of time found to be critical to normal metabolism. In my experience the spleen has been most clearly associated with thyroid hormone deficiency.

Clinical experience reveals a more complex picture. In fact, each of the organ systems seems involved in thyroid disease, each leading to overlapping yet distinct clinical entities. Thinking in terms of the Chinese system we must ask ourselves first, why an individual who is not the victim of an endemic iodine deficiency, or endemic genetic predisposition, should be vulnerable at this particular body site rather than at any of the others (gastrointestinal, musculoskeletal, etc.) which are also equally susceptible to damage from stress (physical, emotional or chemical). The simple answer to this question is constitution.

We need to ask ourselves why we have an increase in thyroid output in one situation and a decrease in another. My clinical impression is that in the very early development of the kinds of thyroid disease we are discussing, there is always an increase in thyroid activity, in response to an awareness by the organ that some aspect of the overall homeostasis of its function, in one of the other organs we have mentioned, is disturbed. Whether this increase in thyroid output is sustained for a considerable time or diminishes rapidly depends, in my opinion, on whether the thyroid is constitutionally strong (sustained increase) or weak (varied diminishment).

Another factor in thyroid output concerns the relationship between stagnation and weakness. When there is more stagnation and less weakness there tends, in general, to be an increased activity in all systems of the body.

We see this most commonly in both weak and strong diseases of the gastrointestinal tract where the result is more obvious pain. A weak gastrointestinal tract leads to hypoactivity rather quickly in the process of disease and the result is malabsorption, poor nutrition and metabolic disorders (Spleen Yang deficiency). A stronger gastrointestinal tract reacts only to bad food, poor eating habits with its strength being inhibited, stagnated and the result of the inhibition hyperactivity and pain.

The same process occurs everywhere in the body and certainly in the thyroid. In the weak diseases-"Spleen or Liver weak," we get, as I have said, an early, possibly largely unnoticed hyperplasia (simple goiter), and a quick collapse into hypoactivity (hypothyroidism). In other conditions where stagnation is a more important factor than weakness we will get a sustained hyperactivity. We are dealing, therefore, with relative, innate and life-induced strengths and weaknesses of the Lung, Spleen, Kidney, Liver and Heart and the thyroid itself. Combinations and permutations of these organs and their energetic states will determine the kind of thyroid dysfunction we will see clinically.

It is my experience that many people with thyroid disease (other than endemic) have a weakness of Lung energy. The Lung is the zang (Yin) organ that controls the upper part of the body, the head and neck. In my opinion, simple goiter and hypothyroidism depends to some extent on an aberration of this vital energy. It is said that it is in the lungs that the Qi begins. The Qi is the driving force for all body functions.

Martha's Lung wave was Flat (both Heart and Lung waves were Flat). The most likely cause was emotional. Sudden disappointment, or sadness over a period of time, can cause the Qi in the chest area to move less fluidly and rhythmically. Lung function is compromised. It is reasonable to assume that this stagnation and ultimate weakness made her more vulnerable to thyroid disease for the reasons explained above.

Jane's case-the Lung pulse had been Inflated indicating that the Lung qi and heat were trapped. This came from overworking of the lung which, as explained earlier, was due to lifting and to long, repressed sadness. If a person such as Jane, whose Lungs are now already weakened by overwork, is then also exposed to wind and cold, they will accumulate this cold in their Lungs and other parts of the body. The lungs control the skin, and our first energetic line of defense, the Wei or "defensive" Qi, which flows just under the skin. If, for any reason, the Wei Qi is low (as, for example, weak Lungs) the cold will penetrate the skin and then enter the Lungs. Cold which has never been completely removed will cause stagnation and the Lungs will have to work harder to overcome stagnation, creating more heat from excess from more overwork. If they have received antibiotics, more heat from excess is created as the body overworks in its efforts to detoxify and excrete a foreign substance. The "weak heat" coming on top of the cold makes it even more difficult for the cold to be eliminated by the Lungs.

Conditions such as sinusitis, rhinitis and allergies are commonly related to this sequence of events. Also, the Lung divergent meridian joins the Large Intestine meridian through the neck, and we know that one point, which is used for problems in the head and neck, and certainly for the thyroid, is the point Hegu (LI-4). Since Jane did have a great deal of cold in her body, as evidenced by the Gua sha, did have an allergic sinusitis and rhinitis and had an unusual quality on her Lung pulse (Inflated) interpreted as Qi and heat trapped in the Lung. Therefore, it is reasonable to assume that Lung function played some significant role in her thyroid condition.

There is a very specific conceptual pathway in Chinese medicine for the sequential development of illness from the outside to the inside known as "hurt by cold." Following the superficial or Wei Qi diseases are the internal phases "Qi," "Ying," and finally blood. Ying represents fluids and "Qi" the nourishing energy. Once disease reaches the "blood" it is extremely serious and more difficult to treat. This pathway has a corollary framework referred to as the "six divisions" or "bio-energetic ensembles" (R Jaffe), which is outside the scope of this paper.

Mild hypothyroidism, a chronic, though not severe, deficiency of the thyroid gland, is thought by Broda Barnes, M.D.,² to be present in about forty percent of the population. (Using his axillary temperature charting technique), I would agree that a large proportion of the patients I have tested in the past six months are hypothyroid by his criterion. I rarely find any confirmation on blood tests. However, the use of the thyroid supplements and sometimes 1;4 grain thyroid makes a dramatic difference in the symptom picture presented by the patient which would support his claim. Likewise, the use of acupuncture and herbs has given similar results. Martha represents the extreme in terms of symptoms of the usual complaints of fatigue, emotional instability, aches and pains and, in women, menstrual irregularities. (Mild hypothyroidism is more common in women than men). Her condition, which I would consider

extreme Yang deficiency, is usually associated in Chinese medicine with Spleen deficiency and often an underlying Kidney Yang deficiency.

With this deficiency the pulse is weak, empty or out of control, the tongue has a uniform white hue in the body of the tongue, rarely with a coating and often indented. The Spleen controls digestion (stores the five tastes), "clears" the blood and controls the direction of fluids in the body. Yang deficiency may be thought of as a slow metabolic rate. More often this is due to a constitutional weakness of the Spleen and Kidney. Poor absorption of the gastrointestinal tract, compromised oxygenation due to impaired clearing of the blood (removal of old red blood cells and impurities in the blood), and blocked intercellular fluid flow are the result of this deficiency and lead to poor metabolism.

Metabolic inefficiency sets in motion a general physiological confusion as those organs most closely involved with the process of metabolism are stimulated to make corrections. The thyroid is specifically equipped to control the rate of cellular oxygen consumption. It is reacting non-specifically to a problem not related to this function which it can never truly control and remedy. As a result, the organ goes into a vicious cycle of increasing output, a stage which is usually missed clinically, with no improvement in metabolism, since oxygen consumption is not the basic issue, and therefore, no turn-off feedback.

A constitutionally strong thyroid might sustain an increased output for a while even in the face of a Spleen Yang deficiency. The usual result, however, is gradual exhaustion of the thyroid gland and syndrome of mild or even subliminal hypothyroidism. The cause is primarily spleen and Kidney Yang deficiency, secondarily, Lung weakness and constitutional predisposition (Kidney).

Severe weakness of the Spleen (Yang deficiency) can also be the result of loss of fluid usually from prolonged diarrhea and dysentery. Less severe weakness may result from chronic obsessional thought especially during meal time (the person who never stops thinking, fantasizing, especially while eating). Any organ may be Yang deficient, extremely weak, and affect metabolism but the Spleen is most commonly involved in the syndrome of nonepidemic non-myxedematous hypothyroidism.

The solution, as with Martha, is to build Spleen and Kidney energy, using the points indicated, with the generous use of moxa both on front and back. Equally important is local stimulation, to bring energy to and move it within the thyroid and its supporting "spheres of influence." Where as with Spleen deficiency we have weakness first and then stagnation, thyroid enlargement involves stagnation of energy first and dysfunction second. Diffuse enlargement which tends to come and go is associated with either slight gradual increases in thyroid activity or sudden dramatic increases. The etiology of the former is to be found in people who tend to hold anger inside rather than express it openly. Frequently one finds a tension on the Liver pulse indicating this possibility, which from time to time feels like a fullness, because the person with this ongoing tendency has become suddenly angry without expressing it.

Under these conditions, Qi is abruptly trapped inside the Liver, which is unable to move it to normal channels. Qi which flows is "good Qi" and Qi which does not flow is "bad Qi." This "bad Qi" goes outside normal channels to the most vulnerable areas of the body - the thyroid, for example, creating temporary stagnation and enlargement which results in a slight increase in thyroid production. When the anger passes, the "bad Qi" dissipates, the thyroid diminishes in size, and function returns to normal. In people with this tendency, the thyroid will get larger and smaller depending on how much anger they are suppressing. (Useful acupuncture points for

Liver fullness are Qimen (LIV-14), Neiguan (P-6), Zhongwan (CV-12), Qihai (Ren-6), and Taichong (LIV-3).

Diffuse enlargement which comes and goes and is associated with dramatic changes in output seems more related to the condition of heart blood deficiency ("Heart weak") which was described in another paper³. The mechanism here consists of a sudden venous engorgement in the thyroid area, concomitant stagnation and compensatory increase in thyroid output due to an abrupt emotional shock. The condition of Heart blood deficiency or "Heart weak" as previously described is associated with agitation of Heart Qi or "Heart nervous" and is often a later stage of this condition. Both, however, can occur separately and can occur in the very young.

Changes in thyroid size and function will depend in people with Heart blood deficiency or "Heart weak" on changes in emotional states-increasing when stressed, and decreasing when relaxed. (Useful acupuncture points are Xinshu (UB-15), Shenshu (UB-23), Taixi (KID-3), all with moxa). The Heart connecting meridian, the Heart divergent meridian, and the internal branch of the Heart meridian all go through the neck to the eye at different levels, the divergent and internal main meridian being somewhat deeper and the connecting meridian being somewhat more superficial. The Heart meridian, therefore, can affect many conditions in the throat and neck area. Some cases of recurring sore throats, laryngitis, pharyngitis may be connected to Heart energetic problems.

Jane's thyroid problems fall largely, though not entirely, in these two categories of "Liver Tense and Inflated" and "Heart nervous-weak." For five years her thyroid was slightly enlarged all the time, and severely enlarged during times of extreme stress. One of the episodes with increased thyroid output was after a divorce and another after a miscarriage. It is probably not possible to assign to these conditions specificity in terms of signs and symptoms, beyond what has been observed and reported above. I believe that the ongoing mild enlargement was due to a combination of the two, both "Heart weak-nervous" and "Liver Tense and Inflated", but more so due to the latter (repressed anger and worry). It is my opinion that the episodes with sudden increased output were related to the emotional shock effect on the Heart of losing a fetus. The simultaneous loss of blood further compromised the Heart, the Liver which stores the blood, and general energy. One branch of Chinese medicine correlates the Kidney with anguish - muffled sobbing related to painful separations. Her Kidneys, already weak, were at these times further weakened by the anguish of losing an unborn child. Since the Kidney area backs up energetic support for the Heart, we can see how and why her Heart was so stressed at these times. (The internal pathway of the main Kidney meridian and the divergent Kidney meridian, the Kidney muscle meridian pass through the neck posteriorly, but the divergent meridian is anterior and anatomically close to the thyroid).

Another condition to consider is the long term enduring enlargement of the thyroid. We have mentioned two kinds, the " simple goiter" with diffuse enlargement and decreased function, and diffuse enlargement with increased thyroid production.

In both situations the Liver "sphere of influence" is of consequence. The " simple goiter" is the outcome of Liver weakness. The Liver is Yang deficient due to prolonged emotional stress, chronic overwork over many years, drug abuse (marijuana) or Liver disease such as hepatitis, but probably with a genetic factor involved. One of the several functions of the Liver in Chinese Medicine is moving the Qi. When the Liver is weak it cannot move the Qi. Areas of vulnerability will be affected In Chinese medicine it is the Qi which moves the energy and thereby generates function. Energy is the working agent of an organ and Qi is the modus operandi of energy. When Qi fails, energy and function also fail. The thyroid is vulnerable to Liver weakness if either or

both the Lung and Spleen are also somewhat impaired, and/or because of constitutional weakness (Kidney). A basic principle of Chinese medicine states that symptomatic illness can occur only if two or more contributing factors are involved coincidentally. Frequently one of these factors is genetics, which combined with a variety of life induced physical-emotional states, to be described, can account for the pathological adaptations we are describing as thyroid disease.

This is the rule to which, of course, there are always exceptions. Liver weakness alone, without Lung, Spleen and especially constitutional weakness, would not lead to this specific thyroid syndrome. Yet without the Liver weakness and low "Qi" the picture would not be "simple goiter," that is, diffuse enlargement with decreased thyroid output. If we improve Liver function the goiter will decrease and function will improve. To have an optimal result we would secondarily concern ourselves with Spleen and Lung performance. Useful acupuncture points, as in Martha's illness, would be Ganshu (UB-18) with moxa, Geshu (UB-17), Taichong (LIV-3), Quchuan (LIV-8), Neiguan (P-6), in addition to Pishu (UB-20) with moxa for Spleen deficiency and Feishu (UB-13) with moxa for Lung deficiency. These would be used, in conjunction with local and regional points already mentioned, to help move the Qi in the thyroid itself and with general points for strengthening constitution.

The other commonly encountered diffuse enlargement is accompanied with increased output of thyroid hormone. In this situation we find heat from excess in both the Liver and the Kidney and the Spleen is Yang deficient. Prolonged emotional tension and overwork will cause the Liver to become increasingly burdened. The organ responds like an overtaxed engine which overheats. This is heat from excess. It is reasonable to ask why the same causative factors, emotional tension and overwork would cause weakness (Yang deficient) in one instance and heat from excess in another. The Yang deficient condition will occur when the prolonged strain exists in a person with some initial genetic weakness in the Liver. Here, too, in the early stages there will be some heat but the organ will collapse and weaken faster because of genetic deficiency and the heat is less of an issue. Where the Liver is genetically stronger the phase of heat lasts a long time and weakness, exhaustion ensues only at the end, often of a Yin deficient nature due to the depletion of Yin used to cool the heat.

In Chinese Medicine the Liver has many functions. One is to clear and recover the energy. Some aspect of clearing and recovering energy may be translated into our concept of the liver as a detoxifier and in the terms we are considering-a detoxifier of hormones.

The reasons for changes in thyroid output are still obscure in Western medicine. We might postulate that poor detoxification of hormones can be another way in which the Liver affects the thyroid. Perhaps the products of completely detoxified hormones are a signal to the thyroid which is missing in incomplete detoxification. Perhaps the products of incomplete detoxification are also a signal. This would bear further investigation in experimental animals as well as humans.

We have already discussed the second function of the Liver, moving the Qi. Here we might just add that the Lungs make the Qi and also participate in its initial impetus. The Lungs, we have said, control the areas of the thyroid and in some measure are always involved as a causative agent in thyroid disease.

The third function, storing the blood, is important to our discussion of hyperthyroidism. Traditionally, goiter is described as "Qi obstructed, blood congealed, phlegm and heat may be congealed"⁴. The heat from excess in the Liver affects the stored blood which likewise becomes hot and in so doing tends to "congeal." When this is the principal factor, heat in the blood going

to a constitutionally weakened thyroid, the picture is one of a moderate enlargement which will cause difficulties in swallowing. The Liver and Gall bladder divergent meridians pass through the neck and the internal pathway of the Liver meridian passes through the neck to the top of the head. The Gall bladder main meridian and muscle meridian also traverse this path.

Acupuncture therapy varies, as we have seen, with the cause. However, local points and area points are always included: Tientu (Ren-22), Lieque (LU-7), Tianrong (SI-17), and ear points for thyroid and endocrine system (Internal Secretion).

The significant factor in obstructive problems is the difference between "Qi" diseases and "blood diseases." "Qi" disease will not cause obstruction because "Qi" is basically "gas." The enlargement of any part, uterus, ovaries, thyroid because of Qi primarily is ephemeral depending on energy level. When energy is high the swelling decreases, and when energy is low (trauma, constitution, overwork, weather, emotion) the area swells.

A swelling due to "gas" is compressible and so there is less obstruction. When, however, the swelling is due to "congealed" blood, the change is more "material" and, therefore, more permanent fluctuations in energy will not affect it and its solidity will cause obstructive problems.

The cooling system for this heat from excess is the Kidney. When there is a consistent systemic overheating the Kidneys are overworked and begin to have their own heat from excess. A Kidney with heat from excess is one which is operating inefficiently, one whose "sphere of influence" would be compromised. The Kidney supplies Yin to the entire organism and is drained when a prolonged heat from excess condition exists anywhere including itself. One parameter of Kidney influence in Chinese Medicine is the "sea of marrow", actually the brain. The hypothalamus and anterior posterior pituitary are influenced by Kidney function.

Though in Chinese medicine there are no hormones or endocrine systems as we know it, some believe that the Kidneys, through the Chong Mai homeostatic meridian, play an important role in endocrine function mediated through the adrenals and anterior pituitary. Aberrations in endocrine function are probably partially mediated through this influence, since pituitary disturbances are felt by all endocrine systems. The Triple Heater mechanism is also strongly involved in endocrine function.

If the Spleen is weak, digestion will be poor, and in terms of Chinese Medicine an excess of phlegm will be produced. Some aspect of this concept of phlegm might be translated into Western terminology as lymph.

In Chinese medicine the Lungs are part of the digestive system and their function is to digest phlegm. The Kidneys "digest" water. We will get an excess of phlegm if the Spleen is weak, if the Lungs are weak-or both. The tongue here is the best diagnostic tool. Excess phlegm with "Tai" indicates Spleen deficiency, and excess phlegm without "Tai" indicates Lung deficiency.

Furthermore, as mentioned above a Kidney functioning at less than optimal level is unable to compensate for "heat" created by overworking organs elsewhere, and the body will gradually show increasing heat and dryness. Fluids will be lacking, affecting the density of both lymph and intercellular fluid, and adding to the problem of excess phlegm.

The combination of these three problems, "bad Qi" from the Liver, and "heat in the blood, phlegm (lymph) from the weak Spleen, dryness and pituitary dysfunction from Kidney heat together with a constitutional weakness of the thyroid (Kidney Jing deficiency) will lead to a gradual enduring enlargement of the thyroid with hyperfunction. The "bad Qi," heat in the blood, and the dry phlegm go to the thyroid, creating stagnation with compensatory enlargement.

Generally this enlargement does not cause esophageal or laryngeal obstruction because of its slow development. Treatment might include Tanzhong (Ren-17), Zhongwan (Ren-12), Qihai (Ren-6), Guanyuan (Ren-4), Xuehai (SP-10) (for heat in the blood), San Yin Jiao (SP-6), Taichong (LIV-3) through to Yongquan (KI-1, for heat in the Liver and Kidney), Funglung (ST-40) for mucus, and other local and regional points already mentioned.

Conclusion

The theoretical and practical application of oriental bioenergetics to which this paper is dedicated is the matrix which Western medicine will require to make a sensible, coherent, applied, preventive medical science from its massive accumulation of analytical data. The critical communication of this paper is the conceptual process. The concept which is demonstrated is that the healthy function of any area of the body depends on the harmonious ensemble of energetic powers. Each body organ has its own integrity, its special energy to perform a specific task, closely integrated by the "Qi" with every other organ energy.

Thyroid disease or any other disease may have at its root a defect in all or in any combination of the basic energetic "spheres of influence," Kidney, Liver, Heart, Lung and Spleen and clinical experience has helped us select probabilities. Only with the correct assessment of the disaffected "spheres" through pulse, tongue and eyes, color and physiognomy, can we as physicians intervene. Only by understanding the constitutional and life engendered stresses to which these spheres are specifically sensitive can we advise our patients to recognize and change deleterious life experience and habit which have lead to this disease.

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