CONCLUSION: Thyroid dysfunction has been effectively treated with medicine for many years. This paper presents a new therapy. NET has produced a successful clinical outcome demonstrated by objective pre and post treatment measurements in four cases of hypothyroidism without a need for medication. A spontaneous remission of the condition may explain the improvement, but given the chronicity of the complaint and the time frame of improvement after implementation of therapy, we hypothesise that the improvement resulted from the NET therapy used in the treatment. Since these case reports are not a controlled trial for hypothyroid treatment any conclusion drawn must be carefully considered. We therefore recommend that a randomized controlled trial of the effect of NET therapy in hypothyroid patients be conducted to ascertain if this phenomenon is real under controlled conditions, or purely coincidental.

REFERENCES:
Case 1: A 45-year-old Caucasian female had an increase in weight from 61 kg to 67 kg in 4-6 weeks and complained of tiredness. On the 5th August 2002, tests showed free thyroxine to be 11.6 pmol/l (range 10.0-21.0 pmol/l), free T3 2.2 pmol/l (range 2.2-5.3 pmol/l), and TSH 0.07 mIU/l (range 0.30-4.00 mIU/l). On 23 September 2002, a follow-up thyroid function test showed improvement in levels. Free thyroxine was 14.2 pmol/l, free T3 4.1 pmol/l, and TSH 0.09 mIU/l (this was still low). A third thyroid function test was performed on 4 December 2002 after the patient reported her energy levels were back to normal and her weight had dropped from 67 kg back to 62 kg. This test showed free thyroxine to be 14.8 pmol/l and TSH 0.33 mIU/l.

INTRODUCTION: Neuro-Emotional-Technique (NET) is a 15-step, multi-modal intervention that incorporates principles of several health disciplines, including cognitive behavioural psychology, traditional Chinese medicine pulse assessment, and a feedback technique called muscle test. NET engages the energy system as it is conceived in the traditional Chinese medical model (Chan et al, 2001) by having the patient touch the pulse point on the wrist that is determined to be involved in the body's stress reaction to the given stimuli. The therapist helps the patient identify the particular pulse point using principles of traditional Chinese five-element theory (Jagirdar, 1989), which basically maintains that the major energy channels or “meridians” contain specific emotional qualities. See NET master chart with Pulse Correction. An objective of NET is to achieve a reversal (or extinction) of classically conditioned distressing emotional responses to trauma-related stimuli, thus patients become less physiologically reactive to distressing stimuli.

OBJECTIVE: To review the functions of the thyroid gland and report on the anatomy, physiology, hormone synthesis and dysfunction of the thyroid gland. Treatment options are discussed and four case studies of an acupuncture based mind-body therapy (Neuro-Emotional Technique NET) successfully managing hypothyroid dysfunction are presented.

RESULTS: Objective measures of a new acupuncture mind-body approach to hypothyroid dysfunction are presented and its relevance to the biopsychosocial model is discussed. This new treatment is compared to the existing biomedical approaches to treatment.

Case 2: On the 9th October 2001, a blood test showed TSH levels at 8.1 mU/l (range 0.5-4.15 mU/l). The patient was sent for a follow-up thyroid function on the 12th October 2001. This test showed TSH levels to be 3.7 mU/l. Another follow-up test performed on 8 May 2002 showed the TSH levels to be 3.0 mU/l (see TABLE 2).
Case 3: 41 year old Caucasian female constantly complained of tiredness. The follow-up testing was compared to baseline values taken on November 6th. The results of these tests are found in table three and indicate a good improvement in TSH (13.99 pre / 5.81 post, range 0.36-5.00 mIU/L) and T4 levels (8 pre / 12 post, range 12-20 pmol/L).

Case 4: 28 year old Caucasian female, before treatment, showed elevated TSH levels (14.8 mIU/L range 0.5-4.0), while the tests taken on May 21st 2002, showed a normal range TSH level (3.58 mIU/L range 0.3-4.0) (see table 4).
CONCLUSION: Thyroid dysfunction has been effectively treated with medicine for many years. This paper presents a new therapy. NET has produced a successful clinical outcome demonstrated by objective pre and post treatment measurements in four cases of hypothyroidism without a need for medication. A spontaneous remission of the condition may explain the improvement, but given the chronicity of the complaint and the time frame of improvement after implementation of therapy, we hypothesise that the improvement resulted from the NET therapy used in the treatment. Since these case reports are not a controlled trial for hypothyroid treatment any conclusion drawn must be carefully considered. We therefore recommend that a randomized controlled trial of the effect of NET therapy in hypothyroid patients be conducted to ascertain if this phenomenon is real under controlled conditions, or purely coincidental.

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