Successful Treatment of Hypothyroidism - a Case History

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Hypothyroidism is characterized by a relative deficiency of the thyroid hormones Triiodothyronine (T3) and Thyroxin (T4) in the blood. We distinguish between primary hypothyroidism (the cause lying within the thyroid) and secondary hypothyroidism (the cause being a pituitary disorder).

The thyroid hormones T3 and T4 are produced by the follicular cells of the thyroid, and enter the bloodstream continually. Their action is primarily to raise the basal metabolic rate (increase of heart rate and the heart's beating power, raising of the body temperature, increased breakdown of fats and glycogen), an anabolic action on the skeletal musculature through enhanced protein production, and activation of the nervous system. Regulation and stimulation of T3/T4 secretion are achieved via the hypothalamus (TRH) and the anterior lobes of the pituitary (TSH).

So far as symptoms are concerned, in a case of hypothyroidism all the symptoms of a depressed basal metabolic rate may be seen. These include a body temperature on the low side, weight gain despite loss of appetite, tendency to constipation, a slow, small, regular pulse, reduced reflexes and reduced excitability of the autonomic nervous system, tiredness or sleepiness, a lack of drive, general slowing down and indifference. Patients are often sensitive to the cold, their hair is shaggy and dry, and their skin is cool, pale, dry and doughy (myxedema). One possible rare complication of untreated hypothyroidism is myxedematous coma, in which all the above-described symptoms may result in somnolence with spasms, respiratory disorders, hypothermia and electrolyte imbalance.

The blood test shows depressed T3 and T4 levels; in pituitary related hypothyroidism the TSH level is depressed, whereas in primary hypothyroidism it is elevated. We refer to latent hypothyroidism if the concentration of thyroid hormone is still normal, but the secretion of TSH is already elevated. Orthodox treatment consists in long-term supplementation of synthetic thyroid hormone (Thyroxin).

**A Case from Practice**

A woman, born 1969, consulted me on June 17, 2009. At the turn of the year she had been diagnosed with hypothyroidism that had just occurred. She wanted me to treat her for this. At that point in time she was being adjusted with L-Thyroxin 75 µg/d. She was complaining of a buildup of edema at the extremities, particularly the fingers, which was especially noticeable in the mornings upon waking.

Additionally, she had wandering toothaches, the cause of which could not be pinned down by the dental profession, recurring headaches, a painful base joint on one of her big toes, plus a milk intolerance (diarrhea after consuming milk or dairy products). Otherwise, her general state of health was good.

**Case taking and Beginning of Treatment on June 17, 2009.**

The investigation into her state of health yielded essentially the following two points: Weight gain of 10 kg within a year; edema at the extremities, existing for a fairly long time.

Laboratory test:

- TSH Feb. 9, 2009: 3.74 mU/l (even with hormonal supplementation).

Surgery:

- Tonsillectomy 1974; arthroscopy of left knee and removal of inner meniscus 1985; appendectomy 1987; nodes removed from left breast 1999 and multiple episodes of mastitis there; hemorrhoids operated on 2003 (with considerable post-operative complications!); operation for ovarian cyst 2005.

Scars:

- left knee, left breast, abdominal wall (from appendectomy), anal area, left upper arm, right axilla.

Dental status:

- Amalgam fillings (removed ca. 1992); ceramic fillings, gold inlays, crowns, also a root canal treatment following a root inflammation. At the present time it is not possible to obtain any more details regarding her dental status.

Social case taking:

- Married, one daughter (born 1992) and one son (born 1994).
Diet: 
de facto vegetarian

So far as the previous history is concerned, it may be added that the complications following the hemorrhoid operation were later linked to a milk or lactose intolerance, and they disappeared completely following total abstention from milk and dairy products. The scars, mentioned above, had already been balanced several times in the past.

Kinesiological testing resulted in the treatment plan summarized below:

- Horvitrigon ointment (HorviEnzymed):
- Scar balancing on the left knee and right axilla with
- QUENTAKEHL 5X drops: 10 drops once a day
- RECARCIN 4X capsules: 1 capsule every 2 weeks
- MUCOKEHL 5X drops: 15 drops twice a day
- Natrum chloratum LM10 drops (Dr. Zinsser): 5 drops rubbed into the hollow of the elbow once a day
- Hedera Ø (Ceres): 20 drops once a day

2. Consultation on July 20, 2009

Since treatment began on June 17, 2009 the edema had completely receded within the space of two weeks, and the toothaches had also disappeared; the patient was tolerating milk better and was craving sweet foods. Immediately after treatment began, the soles of her feet had been painful. At this point in time: grief for the death of her sister-in-law.

Treatment continued according to kinesiological testing:

- Bach Flower Remedy: Honeysuckle;
- Scar in right axilla: further balancing using Horvitrigon ointment, every three days.
- RECARCIN 4X capsules: 1 capsule every 2 weeks.
- MUCOKEHL 5X drops: 15 drops twice a day.

3. Consultation on August 25, 2009

Now and again the patient had had toothache, insomnia, initially with a sensation of “standing on her head”. Then, later on, she was calmer. Overall: no more major changes; however, the edema was beginning to recur.

Kinesiological testing:

- Morbillinum nosode 200X (Staufen-Pharma), 8 globules once a day for 8 weeks
- LEPTUCIN 6X capsules: 1 capsule twice a week
- Quassia Similiaplex drops (Pascoe): 20 drops twice a day
- L-Thyroxin: 50 micro grams a day.

4. Consultation on October 6, 2009

After taking the remedies the patient developed a severe toothache, peaking on Sept. 5, 2009; an X-Ray by the dentist initially revealed nothing; abatement. A week later the pain recurred. Now an MRI of the jaw was done, revealing an inflammation in the area of the root of tooth 17 (2nd large molar, upper right), which had already been crowned. Also visible was a shadowy area in the maxillary sinus above the tooth in question, which the dentist likewise interpreted as an inflammatory process. The dentist carried out a root canal treatment. The patient said that the tooth was “dead from the maxillary sinus downwards”.

Kinesiological testing:

For the first time we were able to test with an OPT and an MRI scan! The left maxillary sinus tested positive, besides which a connection between tooth 17 and the thyroid gland now became apparent. Abstention from animal protein for three weeks.
The patient had an urge to do sports; she had reduced her dosage of L-Thyroxin to 50 micrograms a day. The testing took place under the stipulation that the tooth should be preserved.

Kinesiological testing:

Tooth 17 and the thyroid continued to test positive and were associated with one another.

- Root-canal-treated tooth nosode 200X (Staufen Pharma): 10 globules twice a day
- MUCOKEHL 4X capsules: continue as before
- ARTHROKEHLAN “A” 6X drops: continue as before

6. Consultation on November 19, 2009

Had been having diarrhea frequently for a week. The tooth had suddenly become a little painful again, but not all the time. Recurrence of edema and swellings in the fingers. Weight gain. Patient increased the dose of L-Thyroxin to 75 micrograms a day.

Kinesiological testing:

- Appendectomy scar treated with Itires ointment (Pekana) to remove disturbance.

Tooth 17 was still causing trouble; however, the following medication was able to relieve this:

- MUCOKEHL 4X capsules: 1 capsule every 2 days
- LEPTUCIN 6X capsules: 1 capsule once a week
- ARTHROKEHLAN “A” 6X drops: 5 drops to be held in the mouth twice daily

7. Consultation on December 8, 2009

The tooth had settled down again, after which her hands and feet were badly swollen. Severe, foul-smelling flatulence was occurring. Around the turn of the year the patient was increasingly feeling physical restlessness. Having noticed this she stopped taking her hormone supplementation and then felt well. Tooth 17 “really good”. TSH level on Jan. 19, 2010 was 8.27 mU/l! The digital swellings persisted.

Kinesiological testing:

For the first time the tooth did not test positive. The thyroid still did.

- Root-canal-treated tooth nosode 200X (D200): 5 globules twice a day
• MUCOKEHL 5X (D5) ampoules: 1 ampoule, injected i.c. in the region of the thyroid gland, 3 times at intervals of 5 days

Following the first injection her mood was extremely volatile. Decision-making was difficult; at night no more freezing despite the cold; otherwise she felt well.

9. Consultation on February 23, 2010

On February 6, 2010, while she was chewing popcorn, the tooth had suddenly partly “broken up”. The dentist wanted to preserve the tooth and considered this to be feasible. On February 14, severe toothache again; the following day the patient had the tooth extracted. Her state was quite changeable, even in her motivation to take part in activities. She had a big appetite for sweet foods. She continued not to take Thyroxin, having decided at New Year on her own initiative to discontinue it. Swellings or edema persisted, especially in hot weather.

Kinesiological testing:

The socket of tooth 17 tested positive. The thyroid no longer responded to testing.

• MUCEDOKEHL 5X ampoules: at intervals of 3 days, one ampoule to be injected s.c. into the fatty tissue of the abdominal skin.

Following the second injection the patient noticed brief episodes of listlessness, indifference and irritability. The last injection was carried out on March 6, 2010.

10. Consultation on March 13, 2010

The patient claimed to be feeling absolutely well; only the swellings persisted.

TSH level on 10. March 2010: 3.50 mU/l!

Kinesiological testing:

Neither the tooth socket nor the thyroid could be tested.

• MUCOKEHL 7X (D7) ampoules: 1 ampoule 5 times a week, to be injected s.c. into the fatty tissue of the abdominal skin.

• SANUVIS drops: 20 drops once a day

A few thoughts and observations in conclusion regarding this treatment plan:

Here we can see very vividly how helpful - and in some circumstances necessary - it is to pay the greatest attention to the potential influence of the teeth on the body, also from a holistic perspective. This must be borne in mind if we wish to achieve far-reaching success in our treatment. Furthermore we can see how rewarding it can be to part company with a tooth that is harboring a focus of infection, especially if it has been given root canal treatment, even if we would like to keep it. It is possible that some of the remedies that were used may have “woken” the “dormant” tooth, i.e. some kind of stimulation was required in order to reveal causes and imbalances.

Co-operation and communication between all the therapists involved would certainly have contributed to a rapid and lasting success in the treatment; in this case, however, this was not possible. It should be mentioned that the changes in dosage, and finally the discontinuation of the Thyroxin supplementation, occurred on the patient’s own initiative and of her own free will, not that of the naturopath.

As far as possible, all the medications used were tested “blind”, using kinesiological muscle-testing. Even though, from time to time, quite a crude pre-selection was carried out, in the final analysis nevertheless the remedies were selected by a process of exclusion, with each remedy being identified right at the end so as to combat any possible expectation on the part of the therapist. This can be seen in the instance of MUCEDOKEHL, which is known to be used in cases of thyroid disease.

It is obviously the case that, in practice, standardized treatment plans always require some “sub-
jectivization”, or at least a “post-adjustment”.

This case example demonstrates that it is possible to successfully and causatively treat a case of hypothyroidism, using an individualized, tailor-made treatment, and without hormone substitution.

Bibliography: