

The Herbalist's Corner

Jake Paul Fratkin, OMD, L.Ac.

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## TWO CASES OF HYPERTHYROIDISM

Hyperthyroidism is not often seen in the clinic, but Chinese herbal medicine can be very helpful. I want to talk about two cases involving hyperthyroidism. The first was a 44 year-old German woman who lives in my town. While in Germany, she had an illness manifesting as a low-grade fever (99.2° to 100.5° F.), a painful lump on her thyroid, and pain when swallowing. She was originally diagnosed as having a “light hyperthyroid constellation” with a lowered TSH but normal thyroid antibodies. A referral to an endocrinologist revised the diagnosis to “subacute De Quevain’s thyroiditis”, a possible viral condition that can last in an acute phase for two to three months, with residual thyroid malfunction up to eighteen months. The residual malfunction usually shows as hypothyroid. The German physician recommended prednisone treatment for six weeks with ibuprofen for the pain, and suggested that perhaps a complete thyroidectomy might be necessary. This is certainly extreme, whereas most physicians would treat it with NSAIDs and possibly steroids like prednisone, but rarely surgery. My patient replied that she would return to America, and have her TCM herbal doctor work on it. The doctor laughed, and said nothing would help besides his recommendations.

The patient arrived two weeks after the initial diagnosis. She had a constant and severe pain radiating from her thyroid to her jaws and lower teeth, with difficulty and pain swallowing. She also had episodes of heart palpitations and tachycardia, poor appetite, fatigue, and extended periods of “jitteriness”. Her temperature was 100.1° F. She brought her blood lab work from Germany, showing a very low TSH of .02, and an IgE of 561 (normal range is <100). Free T4 and T3 levels were normal. She had not taken the prednisone, but was using 400 mg. of Ibuprofen every 3-4 hours.

Her pulses were rapid, thin and floating, and her tongue show a slight glossy red. Her pulses and tongue would indicate treating *yin* deficiency heat, but I decided to concentrate on her clinical picture of having heat toxins in her throat with a lump on her thyroid. I put her on two patent medicines, *Pu Ji Xiao Du Yin* and *Nei Xiao Luo Li Wan*.

The first formula is used for heat toxins accumulating in the throat, and originally acted as a medicine for what was probably diphtheria in the 14<sup>th</sup> century.<sup>1</sup> The second formula is used for goiters and lumps in the thyroid.<sup>2</sup>

I kept her on these medicines for five weeks, while treating her with acupuncture weekly using Japanese Meridian Therapy. By the end of the third week, she reported improved appetite, absence of heart palpitations and tachycardia, reduction in jaw pain, and improvement in swallowing. Her fatigue remained. On the fifth week of treatment, her thyroid lump was gone, and she continued to improve in terms of sleep quality, less anxiety, and only occasional periods of tachycardia. We did another blood draw. Her IgE was now 72 (normal range 0-114 KU/L), but her TSH was still quite low. Now that the lump was gone, I changed her formula now to *Zhi Bai Di Huang Wan*<sup>3</sup> combined with *Chuan Xin Lian*<sup>4</sup>, both as patent medicines. The first formula treats *yin* deficiency heat, while the second addresses heat toxins in the throat, lymph and blood. This was continued for two more weeks.

The patient reported feeling “back to normal” and discontinued treatment. There was no subsequent follow-up, and I do not know the outcome status of her TSH level or thyroid function. I do feel, however, that the herbal and acupuncture interventions brought the acute phase to definite conclusion. I believe that a virus was active during this time, and that the use of antiviral herbs in *Pu Ji Xiao Du Yin* and *Chuan Xin Lian* were important.

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<sup>1</sup> *Pu Ji Xiao Du Yin*, recorded in the *wei sheng bao jian*, “Precious Mirror of Health” by Luo Tianyi, Yuan dynasty. For ingredients of this formula and others listed below, see Fratkin, *Chinese Herbal Patent Medicines, The Clinical Desk Reference*, Shya Publications, 2001; Ellis, *Notes From South Mountain*, Thin Moon Publishing, 2003; or other formula books.

<sup>2</sup> *Nei Xiao Luo Li Wan*, “Internal Disperse Scrofula Pills, Gu Shicheng in *Yang Yi Da Quan*, Complete Works for Treatment of Sores, 17<sup>th</sup> century.

<sup>3</sup> *Zhi Bai Di Huang Wan*, Gardenia, Phellodendron, Rehmannia Pills, Wu Qian et al, *Yi Zhong Jin Jian*, Golden Mirror of the Medical Tradition, 1742.

<sup>4</sup> *Chuan Xin Lian*, modern Chinese patent medicine. (See Fratkin, above, p. 82).

**The second case** involved a woman, 40 years old. On March 27, 2006, she complained of having significant episodes of palpitations daily, with feelings of “heating up”. I recommended doing a thyroid panel. Based on pulses (thin, floating, rapid, but also wiry) and tongue (glossy red, especially in the distal third), I made the differentiation of deficiency of *yin* with fire, liver stagnation with heat, and deficiency of heart *yin*. I decided to create a formula based on combining herbs from *Da Bu Yin Wan*<sup>5</sup>, *Jia Wei Xiao Yao Wan*<sup>6</sup>, and *Bu Nao Wan*.<sup>7</sup>

The formula was the following: *bai zi ren* (Semen Biota Orientalis) 11 g.; *long gu* (Os Draconis) 11 g., *suan zao ren* (Semen Zizyphus Spinosa) 11 g., *fu ling* (Sclerotium Poria Cocos) 9 g., *gou qi zi* (Fructus Lycium) 8 g., *chai hu* (Radix Bupleurum) 8 g., *zhi mu* (Radix Anemarrhenae Asphodeloidis) 8 g., *zhi zi* (Fructus Gardenia Jasminoides) 8 g., *huang bai* (Cortex Phellodendron) 8 g., *mu dan pi* (Radix Cortex Moutan) 8 g., *bai shao yao* (Radix Paeonia Lactiflora) 8 g., *dang gui* (Radix Angelica Sinensis) 7 g.; and *yuan zhi* (Radix Polygala) 7 g. These herbs were prepared into a 4 oz. alcohol-extracted tincture and ready for her 3 days later.<sup>8</sup> Dosage was one teaspoon, twice a day, with a little boiling water.

On March 28<sup>th</sup>, the results of the thyroid panel came in: TSH at .004 (it should be between 1.5 and 3.0), with a T4 of 2.03, with elevated thyroid antibodies. By April 4<sup>th</sup>, after four days of herbal tincture, she reported that she was feeling better: less palpitations, less internal heat, better sleep. She was given Japanese Meridian acupuncture once weekly, and her symptoms gradually improved. The same formula was continued. At the end of three months, her thyroid TSH had began to normalize, while

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<sup>5</sup> *Da Bu Yin Wan*, “Great Tonify Yin Pill, Zhu Zhenheng (Danxi), in *Dan Xi Xin Fa*, Teachings of (Zhu) Danxi, 1481.

<sup>6</sup> *Jia Wei Xiao Yao San*, “Added Ingredients Free and Relaxed Powder, Wang Kentang in *Zheng Zhi Zhun Sheng*, Standards Of Patterns And Treatments, 1602.

<sup>7</sup> *Bu Nao Wan*, “Tonify Brain Pill, modern patent medicine. See Fratkin, p. 742.

<sup>8</sup> I have been extracting Chinese herbs into alcohol-based tinctures since 1987. I have heard criticism that alcohol tinctures could not be used in cases of internal heat or deficiency heat, but the results of this case, as well as many others, disproves this idea. I do recommend a small amount of boiling water to dispel the alcohol. My method is described on my website at <http://drjakefratkin.com/pdf/mae.pdf>

her T3 came within normal ranges. She discontinued treatment at a total of three months.

On August 10<sup>th</sup>, she returned, complaining of goiter and hoarse voice. The goiter was visibly noticeable as a large bulge over her thyroid. This is related to her hyperthyroidism (Graves' Disease), and I felt that if we had continued treatment, we could have prevented the development of goiter. I gave her the patent medicine *Ji Sheng Ju He Wan*<sup>9</sup> and kept her on this for two months. She reported improvement in reduction of the goiter and improvement in her voice. On October 16<sup>th</sup>, I took the same formula and made it into an alcohol-extracted tincture. She took this for one month, and reported complete reduction of the goiter.

Follow-up treatment continued into the following May. She went through several differentiations, including *yin* deficiency with heat and liver stagnation. The herbal products I used included *Zuo Gui Wan*<sup>10</sup>, Ecliptex (Health Concerns) and *Chai Hu Shu Gan Wan*<sup>11</sup>. By May, she felt completely free of hyperthyroid symptoms and goiter problems. Her TSH had completely returned to normal range.

**Conclusions.** These two cases point out some interesting facets of a modern clinical practice. First, that patent medicines are quite effective on their own. Criticism that they are weak and underpowered doesn't bear up to clinical scrutiny. Second is my observation that alcohol-extracted tinctures are as effective as other methods, including soup (*tang*). I have been using this method since 1987 with significant clinical success. And finally, following cases with appropriate laboratory tests aid our practice. We use them to confirm Western diagnosis and to monitor improvement. When I hear criticism

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<sup>9</sup> *Ji Sheng Ju He Wan*, "Abundant Life Tangerine Seed Pills, Yan Yonghe in *Ji Sheng Fang*, Formulas from Aid the Living, 1253.

<sup>10</sup> *Zuo Gui Wan*, "Left Return Pills, Zhang Jiebing, *Jing Yue Quan Shu*, Collected Treatises of (Zhang) Jing-Yue, 1624.

<sup>11</sup> *Chai Hu Shu Gan Wan*, "Bupleurum Dredge Liver Pill", Zhang Jiebing in *Jing Yue Quan Shu*, Collected Treatises of (Zhang) Jing-Yue, 1624. Also attributed to Zhang Jiebing in *Jing Yue Quan Shu*, Collected Treatises of (Zhang) Jing-Yue, 1624.

that this is not “real” Chinese medicine, I reply that in China all TCM students are trained in lab diagnosis, and that TCM doctors in hospital settings use them frequently. More knowledge and information is a good thing, not a bad thing. What distinguishes our practice is our therapies: acupuncture and herbal medicine. We can combine the best aspect of Western medicine (diagnosis, physiology and disease etiology) with the best aspect of Traditional Chinese Medicine: more effective treatment without toxic or dangerous side effects.