CellMed
Cellmed Orthocellular Medicine and Pharmaceutical Association

Case Report-A learning from clinical experiential history

세포교정영양요법(OCNT)을 이용한 갑상선기능저하증 환자 사례 연구

강선희 약사
제주시 한경면 두신로75 신창약국

A Case Study of Hypothyroidism Patient Using Ortho-Cellular Nutrition Therapy (OCNT)

Pharmacist, Sunhee Kang
Shinchang Pharmacy, 75, Dusin-ro, Hangyeong-myeon, Jeju-si, Jeju-do, Republic of Korea

ABSTRACT

Objective: Case report of hypothyroidism improved by ortho-cellular nutrition therapy.

Methods: A 55-year-old Korean woman diagnosed with hypothyroidism in the past, did not take any Synthyroid medication while undergoing OCNT for a year.

Results: A blood test was conducted one year after the initiation of OCNT, and she was diagnosed with normal thyroid hormone level.

Conclusion: Applying nutritional therapy to patients with hypothyroidism may assist in the recovery of thyroid hormone levels and the alleviation of symptoms.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), Hypothyroidism, Synthyroid

Introduction

The thyroid gland secretes thyroid hormones, which regulate the speed at which chemical functions occur in the body. Thyroid hormones significantly influence various important body functions such as heart rate, calorie consumption, skin maintenance, growth, temperature regulation, reproductive capabilities, and digestion. There are two types of thyroid hormones: thyroxine (T4), known as tetraiodothyronine and triiodothyronine (T3). The pituitary gland produces thyroid-stimulating hormone (TSH) to stimulate the thyroid to produce thyroid hormones. Insufficient production of these hormones or their improper function in target tissues can lead to hypothyroidism.[1]

*Correspondence: Sunhee Kang
E-mail: aziazzi@naver.com
Received Oct 30, 2023; **Accepted** Oct 30, 2023; **Published** Oct 31, 2023
doi: http://dx.doi.org/10.5667/CellMed.spc.052

† This report has been translated and edited by the CellMed editor-in-chief, Prof. Beom-Jin Lee.

Hypothyroidism can occur as a result of insufficient stimulation of the thyroid by the hypothalamus or pituitary gland, or due to primary thyroid dysfunction. Hypothyroidism is an easily observable disorder that, if left untreated, can lead to complications such as hypertension, dyslipidemia, infertility, cognitive impairment, and neuromuscular dysfunction.[2] Other causes include thyroiditis, treatment for hyperthyroidism or thyroid cancer, iodine deficiency, head and neck radiotherapy, and genetic disorders. Thyroid hormones are essential for generating heat and energy in the body. Therefore, when there is a deficiency in these hormones it may result in overall metabolic function decline, increased sensitivity to coldness, easy fatigue, decreased appetite, body edema and consequent weight gain.

Hypothyroidism can be diagnosed by measuring the levels of thyroid hormones and Thyroid-Stimulating Hormone (TSH) in the bloodstream. Treatment for hypothyroidism involves supplementing the deficient thyroid hormones. In most cases, once hypothyroidism occurs, it is permanent and requires lifelong medication. As the medication supplements the lacking thyroid hormones in the body, long-term use of thyroid hormone replacement therapy does not result in adverse events.

The patient in this case study was diagnosed with hypothyroidism as thyroid dysfunction had been induced by prolonged exposure to stressful situations. This resulted in a decrease in metabolism, manifesting as severe fatigue, lack of motivation, and weight gain. Therefore, I would like to report a case in which nutritional therapy was applied to a patient for restoring thyroid function to alleviate extreme fatigue and reduce its impact on daily life, and the patient was cured by nutritional therapy without thyroid hormone medication.

Case

1. Subject

One patient with hypothyroidism was studied.

1) Name: Heo O O (Female / 55years old)

2) Diagnosis: Hypothyroidism

3) Onset date: February 2016

4) Treatment period: August 2019 – July 2020

5) Chief complaints: Chronic fatigue, lack of motivation, weight gain

6) Illness history: None

7) Social history: None

8) Family history: None

9) Present illness history: Synthyroid 0.2 mg at pharmacy visit in 2019.

2. Method

The patient, diagnosed with hypothyroidism in 2016 and on a regimen of 2mg Synthyroid, initiated the following OCNT method from August 2019:

Cyaplex X (101, twice daily, one sachet per intake)

Eufaplex (101, twice daily, one sachet per intake)

Tmplex (010, once daily, one sachet per intake) Heartberry Black (101, twice daily, one sachet per intake)

Result

The patient in this case had been previously diagnosed with hypothyroidism and was on a regimen of Synthyroid medication. The patient initiated OCNT to normalize the antioxidant detoxification system, protect cells, and improve cell membrane function for the normalization of thyroid hormone levels. It was preferred that Synthyroid should be discontinued before starting OCNT, but it was also advised to gradually reduce the dosage. The patient decided to stop taking the medication entirely after noticing no exacerbation of symptoms while consuming nutrients for several days. Subsequently, a blood tests were conducted at a hospital every three months. The patient focused solely on OCNT without taking any prescribed medications for one year; whenever prescriptions were received every three months, their dosage continually decreased. Finally, in July 2020, thyroid levels were diagnosed as normal.

Table 1. Synthyroid dosage prescribed after the initiation of OCNT. The patient visited the hospital for a blood test purpose while undergoing OCNT and did not take any prescribed medication.

Date	July 2019	October 2019	January 2020	April 2020	July 2020	Remark
Prescribed dosage	Synthyroid 0.2mg	Synthyroid 0.1mg	Synthyroid 0.075mg	Synthyroid 0.025mg	Synthyroid 0.0125mg	Not taken

Discussion

The patient had been experiencing chronic fatigue, lack of motivation, and weight gain due to hypothyroidism, leading to a decrease in quality of life. It was speculated that the decline in body functions due to stress and accumulated toxins might have led to hypothyroidism. Thus, nutritional therapy was initiated focusing on cell protection through antioxidants, improving cell membrane function, and restoring thyroid hormone levels.

Firstly, anthocyanin contained in Cyaplex X is known as one of the most potent antioxidants among plant flavonoids. It has been reported that anthocyanin protects cells from reactive oxygen species and components such as zinc selenium additionally aid detoxification of oxidized cells and immune system function (preventing carcinogenesis of normal cells and activation of carcinogenic genes).[3-5] The cyanidin in Heartberry Black has excellent effects on antioxidation and anti-inflammation. It can

protect cells from reactive oxygen species thus aiding protection of cells damaged by stress or toxins accumulated in the body.[6] Zinc component of Tmplex is involved in the synthesis of TSH, T3, and T4 hormones, regulating their metabolism.[7] Therefore, zinc supplementation could have potentially aided the patient's improvement in hormone levels. Tmplex also contains natural iodine derived from kelp. there are reports that hypothyroidism incidence increases when iodine deficiency occurs.[8] Therefore, supplying iodine could assist alleviating hypothyroidism symptoms. It is believed that prolonged stress and excess toxins have led to poor body function and oxidation of cell membranes. Thus, unoxidized fatty acids are required for thyroid cellular membrane formation and maintenance.[9] Eufaplex contains a balanced amount of unsaturated fatty acids such as Omega-3, which are essential components for cell membrane synthesis. As sufficient quantity of such fatty acids is required, it can assist in alleviating chronic inflammation and aiding recovery of thyroid function.

Despite discontinuing thyroid hormone medication immediately after starting nutritional therapy intake, improvements started appearing. After a year, patient was diagnosed with normalized thyroid hormone levels thus I report this case with the patient's consent.

References

1 Almandoz, J. P. & Gharib, H. J. M. C. Hypothyroidism: etiology, diagnosis, and management. **96**, 203-221 (2012).

2 Gaitonde, D. Y., Rowley, K. D. & Sweeney, L. B. J. S. A. F. P. Hypothyroidism: an update. **54**, 384-390 (2012).

3 Ferenčík, M. & Ebringer, L. J. F. m. Modulatory effects of selenium and zinc on the immune system. **48**, 417-426 (2003).

4 Schrauzer, G. J. C. & CMLS, M. L. S. Anticarcinogenic effects of selenium. **57**, 1864-1873 (2000).

5 Cunningham-Rundles, S., McNeeley, D. F., Moon, A. J. J. o. A. & immunology, C. Mechanisms of nutrient modulation of the immune response. **115**, 1119-1128 (2005).

6 Wang, H. *et al.* Antioxidant and antiinflammatory activities of anthocyanins and their aglycon, cyanidin, from tart cherries. **62**, 294-296 (1999).

7 Severo, J. S. *et al.* The role of zinc in thyroid hormones metabolism. (2019).

8 Zimmermann, M. B. J. E. r. Iodine deficiency. **30**, 376-408 (2009).

9 Hagve, T.-A. J. S. j. o. c. & investigation, l. Effects of unsaturated fatty acids on cell membrane functions. **48**, 381-388 (1988).