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CASE-REPORT

Title: Case report of hypothyroidism treated with homoeopathy

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ABSTRACT

Hypothyroidism is a condition caused due to deficiency of thyroid hormone, which can be readily diagnosed and managed. This case study features a 41-year-old woman who has been experiencing symptoms over the past year, including weight gain, constipation, dry, itchy skin, anxiety, weariness, and pigmentation on her face and other body parts. This article describes a case of hypothyroidism that was treated with carefully chosen homoeopathic medicine following a thorough case assessment and formation of all symptoms, improving the patient's physical and emotional well-being.

Keywords: *Hypothyroidism, Hashimoto's thyroiditis, Homoeopathy, TSH*

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INTRODUCTION

The normal development of numerous human tissues depends on thyroid hormone, which also controls the metabolism of all human body cells and organs while an individual is living. Hypothyroidism refers to deficiency of thyroid hormone which may be sub clinical or clinical. The definition of hypothyroidism is mostly biochemical due to the wide range in scientific presentation and lack of symptom specificity. Thyroid-stimulating hormone (TSH) levels raise above the upper limit of the standard range while free thyroxine (fT4) levels are below the lower limit of the reference range are used to define hypothyroidism.^{[1][2]}

Some of the previous research recorded is The effectiveness of the homoeopathic medication Thyroidinum 3X in the treatment of hypothyroidism was evaluated in a clinical research. An adjuvant (supporting therapy) called Thyroidinum 3X was established at Bharati Vidyapeeth Homoeopathic Hospital in Pune, India, in addition to synthetic Levothyroxine. After 30 cases of primary hypothyroidism were diagnosed and treated with levothyroxine 100 mcg as standard care, it was found that thyroidinum 3X speeds up the healing process. When allopathic levothyroxine and homoeopathic medicine Thyroidinum 3X were administered together, no negative side effects were noted. Based on the proportion of clinical alleviation (50% to 90%), it can be stated that Thyroidinum 3X is very effective in treating hypothyroidism symptoms.^[3]

The causes of hypothyroidism are^{[1][2]}.

CONGENITAL-Most of the patients appear normal at birth and about 10% children are diagnosed on the basis of clinical features.

ACQUIRED- (i) Iodine deficiency-It is seen in endemic areas, (ii) Autoimmune thyroiditis-most important cause, (iii) Iatrogenic-radioactive iodine treatment/subtotal thyroidectomy.

There are 3 types of hypothyroidism^{[1][2]}.

(i) Primary- One of the most prevalent types is Hashimoto's thyroiditis, an autoimmune condition.

(ii) Secondary- It happens when the thyroid gland is unable to produce adequate thyroxine and triiodothyronine due to insufficient thyroid-stimulating hormone (TSH) produced by the pituitary gland. Secondary hypothyroidism can have a variety of causes, but the pituitary gland is typically damaged by tumours, radiation, or surgery. Less than 5% to 10% of hypothyroidism cases are caused by secondary hypothyroidism.

(iii) Tertiary- It happens as a result of insufficient thyrotropin-releasing hormone (TRH) production by the hypothalamus. Thyroid-stimulating hormone (TSH) is produced by the pituitary gland in response to TRH. Consequently, it is also known as hypothyroidism of the hypothalamic-pituitary axis. Less than 5% of hypothyroidism cases are caused by it.

The common clinical features are as follow^{[1][2]} – SIGN

- (i) Anaemia but weight gain
- (ii) Skin is dry, rough skin
- (iii) Nail growth is retarded.
- (iv) Alopecia areata.
- (v) Oedema
- (vi) Decreased perspiration.
- (vii) Puffy face, swelling in hand and feet.

- (viii) Urticaria, demographism
- (ix) Issues in balance and co-ordination.
- (x) Hoarseness of voice etc

SYMPTOMS

- (i) Fatigue, sluggishness, weakness.
- (ii) Cold intolerance.
- (iii) Hyposmia and dysgeusia (decreased sense of smell and loss of taste)
- (iv) Slowed movement, decrease heart rate.
- (v) Constipation.
- (vi) Irritability, mood swings.
- (vii) Mental depression and insomnia.
- (viii) Low concentration and loss of memory.
- (ix) Loss/ decreased libido.
- (x) Irregular menstruation, heavy blood flow or menorrhagia.

CASE RECORD

A female aged 41 years (pre diagnosed with hypothyroidism) reported with complaint of weight gain, weakness, irregular menses, hair fall in bunches since past 6 to 8 months.

PRESENT COMPLAINTS

She came with complaint of sudden weight gain, numbness of hands, irregular menses. She had anxiety issue about her problems. She also has hair loss, acne and excessive oil on face. She gets tired very easily, she feels lethargic whole day.

HISTORY OF PRESENTING COMPLAINTS

Patient came with a history of irregular menses with scanty discharge from past 6-8 months. Watery discharge (leucorrhoea) before menses from past 1-2 year. Weight gain on October 2022 she was 59 kg at present march 2023 she is 93kg. Excessive hair falls in bunches since past 3-4 months. Feels very lethargic whole day does not wake fresh in the morning from past 6-7 months. She has anxiety, feels depressed, irritable, mood swings since past 7-8 months. Numbness of hands since past 1 month.

PAST HISTORY

In 2014 the patient suffered from dengue fever and took allopathic treatment. In 2020 the patient had typhoid fever and took allopathic treatment.

PERSONAL HISTORY

Marital Status: Married; Development landmarks: NA; Diet (veg./non-veg.): Vegetarian; Habits/Addictions: NA; Surroundings at home: Stressful; Allergy: Not known; Profession: Teacher; Relationship at home & workplace: Good; Hobbies: Reading; Educational status: B.Ed.

FAMILY HISTORY

FATHER: Diabetic;

MOTHER: Hypertensive

GYNAECOLOGICAL & OBSTETRICAL HISTORY

Gynaecological History-
Menarche/Menopause(age): At the of 12; LMP (1st day of last menstruation): 25Sep 2022; Menstruation -Duration:3-4 days, Quantity: scanty, Cycle (interval): irregular, Color: dark red, Consistency: partly fluid & partly clotted, Pattern of bleeding: irregular, Any associated complaints: Vaginal discharge offensive and sticky in nature prior to 10-15 days before menses.

OBSTETRICAL HISTORY-

GPAL: G2P2A0L2;

Major complications during past pregnancies: No;

Mode of past deliveries: Normal;

Abnormal presentations in the past pregnancies: No;

Puerperal complications: No

PHYSICAL GENERALS

Thermal reaction (Relation to heat and cold): Chilly;

Desires/Cravings: Salty item;

Aversions/Disliking: Milk;

Appetite: Increased;

Thirst: decreased/drinks in small quantity/long interval;

Tongue: Moist, Clean;

Stool (Character & frequency): Hard, D1/N0;

Urine {Character & frequency- (D/N)}: D4-5/N;

Perspiration: Profuse on Whole body

Sleep: Disturbed; .

Dream: Dead Bodies;

General Modalities: Aggravation from cold

MENTAL GENERALS

She felt that she was not loved by anyone (forsaken feeling) and had a disappointed feeling. She also had dreams of dead people. She have fear of expressing feelings especially with loved ones because she might be rejected by the people so she never has revealed the

matters to others but there was no history of any rejection in reality. While narrating her complaints she started crying (weeping tendency).

PROVISIONAL DIAGNOSIS

After ruling out all the possible causes of signs and symptoms, and, it was diagnosed as a classic case of hypothyroidism.

Table-1: Analysis And Evaluation Of Symptoms

Symptoms Of Patient	Common/Uncommon symptoms
Mental General Forsaken Feeling Dreams Of Dead people Weeping Disposition	Uncommon Uncommon Common
Physical General Desire-Salty Aversion-Milk Thermal-Chilly	Common Common Common
Particulars Irregular menses with scanty discharge Leucorrhoea before menses Hair falls in bunches Numbness of hands	Common Common Common Uncommon

TOTALITY OF SYMPTOMS

Forsaken Feeling; Dreams Of Dead people; Weeping Disposition; Desire-Salty; Aversion-Milk; Thermal-Chilly; Irregular menses with scanty discharge; Leucorrhoea before menses ; Hair falls in bunches; Numbness of hands.

REPERTORIAL TOTALITY

- [KENT][Sleep]Dreams: Dead: Bodies
- [KENT][Mind]Forsaken feeling
- [KENT][Mind]Fear (see anxiety)
- [KENT][Mind]Mood, disposition: Tearful, weeping:
- [KENT][Stomach] Desires: Salt Things:
- [KENT][Stomach]Aversion: Milk
- [KENT][Genitalia female] Menses: irregular
- [KENT][Genitalia female] Leucorrhoea: Menses: Before
- [KENT][Skin]Hair of head falls out: in bunches
- [KENT][Extremities]Numbness (see tingling): Hand:

Figure-1 Repertorial Chart^[4]

Remedy Name	Calc	Phos	Puls	Sep	Sulph	Carb-v	Cocc	Nat-m	Graph	Calc-p	Lach	Sil
Totality / Symptom Covered	19/9	16/7	15/7	14/6	12/7	12/6	12/6	12/5	12/4	11/6	11/6	11/6
[Kent] [Sleep] Dreams: Dead: Bodies: (28)	2											
[Kent] [Mind] Forsaken feeling: (32)	1		3			1					2	
[Kent] [Mind] Fear (see anxiety): (143)	3	3	2	3	2	2	2	2	3	3	1	1
[Boericke] [Mind] Mood, disposition: Tearful, weeping: (31)	2		3	3	2		2	3	3		2	2
[Kent] [Stomach] Desires: Salt things: (30)	2	3			1	3	2	3	3		2	2
[Kent] [Stomach] Aversion: Milk: (30)	2	1	2	2	2	2	1	3		2		
[Kent] [Genitalia female] Menses: Irregular: (61)	2	1	1	2	2		2			1	2	2
[Kent] [Genitalia female] Leucorrhoea: Menses: Before: (36)	3	2	2	3	2	2	2			1	2	2
[Therap] [Skin] Hair of head falls out in bunches: (2)		3					2	2	3	2	2	2
[Kent] [Extremities] Numbness (see tingling): Hand: (112)	2	3	2	1	1	2	3	2	3	1	2	2

TREATMENT

Calcarea Carbonica was chosen as the medicine, and its potency was determined by the repertorization and homoeopathic materia medica. The preferred treatment was calcarea carb since it addresses both the patient's physical and mental issues. 30C potency was chosen based on the patient's susceptibility and the severity of the illness.^{[4][5]}

INTERVENTION


TSH level (11/12/2022)-9.95; First visit (18/12/2022) -CALCAREA CARB 30/TDS/7 DAYS followed by placebo for 20 days

Patient was advised to follow proper healthy fat free diet and do physical exercise on daily basis, do yoga and meditation on regular basis. Avoid fatty foods, processed foods, sugary foods, cold drinks packet food items for some time to enhance the process of weight loss.

Table-2: Follow Ups

DATE	SYMPTOMS	PRESCRIPTION
09/01/2023	Slight improvement in hair fall No numbness or tingling of hands Sleep is better	CALCAREA CARB 30/TDS/4 DAYS SL 30/TDS/20 DAYS
30/01/2023	Menses after 4 months LMP 13/01/2023 Reduce 4 kg weight	SL/30/BD/15 DAYS

17/02/2023	Menses regular Leucorrhoea reduced Hairfall reduced Mood swings are better Do not feel tired feels fresh in the morning.	CALCAREACARB 200/BD/5DAYS
02/03/2023	Reduced 3kg of weight	SL/30/TDS/15 DAYS
30/03/2023	Not much improvement in hairfall TSH levels-4.77	Advised arnica shampoo with hair oil
12/05/2023	Hairfall improved Reduced weight current weight 79kg No numbness in hands Menses are regular	CALCAREA CARB 200/0D/4 DAYS SL30/TDS/30 DAYS



TEST REPORT

Booking Time: 10:11:10
Sample Collect: 11/12/2022 09:28:11
Sample Received: 11/12/2022 09:27:40
Reported On: 11/12/2022 18:53:55
Print Date & Time: 11/12/2022 19:11:51

Date: 11/12/2022
Name: M [REDACTED]
ID / PW : 54233996 / 219D9900
Refd by:SELF

Patient ID: 54233996
Age: 41 Yrs
D.O.B.:

Mob:9457654654
Gender: Female

Test	Value	Biological Ref Interval	Unit
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HORMONE - TEST REPORT

TSH	9.95		µU/ml
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Method: Enhance CLIA, Sample: Heparin Plasma

Technology: VITROS Microwell, MicroSensor & Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: VITROS-XT7600

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4 am and at a minimum 6- 10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured TSH concentrations.

Children

Premature (28-36 Weeks)	: 0.7 - 27.0 uIU/mL
Birth - 4 Days	: 1.0 - 39.0 uIU/mL
2 - 20 Weeks	: 1.7 - 9.1 uIU/mL
21 Weeks - 20 Years	: 0.7 - 6.4 uIU/mL

Adults

21 - 54 Years	: 0.4 - 4.5 uIU/mL
55 - 87 Years	: 0.4 - 4.5 uIU/mL

Pregnancy

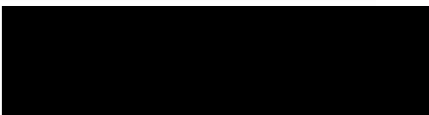
First Trimester	: 0.3 - 4.5 uIU/mL
Second Trimester	: 0.5 - 4.6 uIU/mL
Third Trimester	: 0.8 - 5.2 uIU/mL

*Note: Reference range from Tietz fundamentals of clinical chemistry & molecular diagnostics (7th Ed.)

*** End of Report ***

Figure-2: Before Treatment TSH Report

LABORATORY REPORT



Patient Name	: [Redacted]	Bill Date	: Mar 25, 2023, 07:25 PM
DOB/Age/Gender	: 40 Y/Female	Sample Collected	: Mar 27, 2023, 07:20 AM
Patient ID / UHID	: 3630294/RCL2970360	Sample Received	: Mar 27, 2023, 07:31 PM
Referred By	: Dr.	Report Date	: Mar 27, 2023, 09:11 PM
Sample Type	: Serum	Barcode No	: BH663401
Client	: Rapha Nolda	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY REPORT

Rapha - ICICI Lombard - Womens Day

Thyroid Profile (Total)

TRIIODOTHYRONINE (T3) Method : ECLIA	123	ng/dL	80 - 200
TOTAL THYROXINE (T4) Method : ECLIA	8.79	µg/dL	5.1 - 14.1
THYROID STIMULATING HORMONE (Ultrasensitive) Method : ECLIA	4.77	mIU/L	0.27 - 4.20

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)

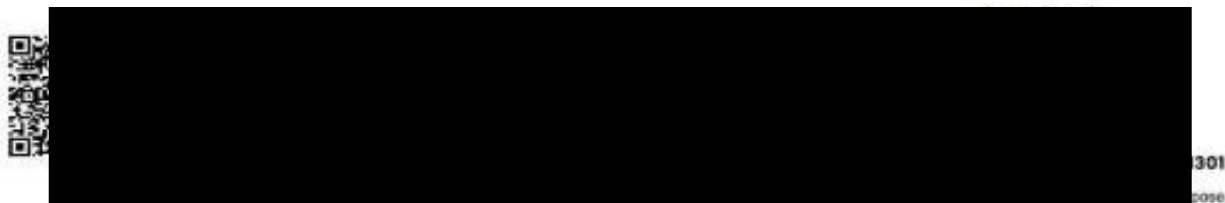



Figure-3: During Treatment TSH Report

	TEST REPORT	Booking Time: 10:11:10 Sample Collect: 11/06/2023 10:28:11 Sample Received: 11/06/2023 14:27:49 Reported On: 11/06/2023 16:53:55 Print Date & Time: 11/06/2023 17:11:51
Date: 11/06/2023	Patient ID: 54233996	Mob: 9457654654
Name: [REDACTED]	Age: 41 Yrs	Gender: Female
ID/BN: 54233996 / 219D9900	D.O.B.:	
Refd by: SELF		

Test	Value	Biological Ref Interval	Unit
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HORMONE - TEST REPORT

TSH	2.95		µIU/ml
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Method: Enhance CLIA, Sample: Heparin Plasma

Technology: VITROS Microwell, MicroSensor & IntelliCheck Technology
 Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: VITROS-XT7600

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4 am and at a minimum 6- 10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured TSH concentrations.

- Children**
- Premature (28-36 Weeks) : 0.7 - 27.0 uIU/mL
 - Birth - 4 Days : 1.0 - 39.0 uIU/mL
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 - 21 Weeks - 20 Years : 0.7 - 6.4 uIU/mL
- Adults**
- 21 - 54 Years : 0.4 - 4.5 uIU/mL
 - 55 - 87 Years : 0.4 - 4.5 uIU/mL
- Pregnancy**
- First Trimester : 0.3 - 4.5 uIU/mL
 - Second Trimester : 0.5 - 4.6 uIU/mL
 - Third Trimester : 0.8 - 5.2 uIU/mL

*Note: Reference range from Tietz fundamentals of clinical chemistry & molecular diagnostics (7th Ed.)
***** End of Report *****

If Results Marked with HC=High Critical & LC=Low Critical Results.

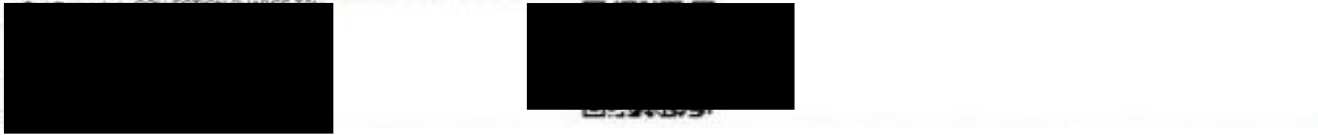


Figure-4: After Treatment

DISCUSSION

This case study demonstrates the efficacy of homoeopathy in the treatment of hypothyroidism. There has been previous an observational study^[6] was conducted at Motiwala (National) Homoeopathic Medical College and FG Motiwala PG Institute of Homoeopathy and Research Centre, Nashik, Maharashtra, India. where homoeopathic medicines were found effective in controlling in symptoms and levels of hypothyroidism independent of hormonal replacement therapy as well as in add on to hormonal therapy. A total 42 patients completed the study; According to this study commonly affected patients were females than males; 02 male and 40 females. In this study 35% patient's despite of TSH level within normal range, symptoms related to hypothyroidism still persist. Homeopathic medicines reduced the symptoms and maintained range of TSH. Another case report^[7] by doctor Dr. S. Karunakara Moorthi, Dr. Raja Manoharan, Dr. Kumaravel (Kolkata India) was published in world journal of pharmaceutical and medical research showing efficacy of Natrum Mur 200 in the management of hypothyroidism. In this study addition to the physical generals, particular attention was given to the patient's mental symptoms.

The common symptoms, or those that signs and symptoms that affect the entire individual), Symptoms that are emotional or mental come in higher the bodily general it also demonstrates the significance of selecting constitutional medicine above therapeutic prescription. The reported case was repertorized systematically with the help of HOMPAT software and finally homoeopathic materia medica was consulted to select the similimum i.e., Calcarea carb, it supports the symptoms listed in the homoeopathic materia medica and repertory. Lab results and a clinical history of several symptoms supported the diagnosis of hypothyroidism.

CONCLUSION

Through this case report, the efficiency of homoeopathic treatment in cases of hypothyroidism as well as the well-known fact that homoeopathy is useful in endocrine

illnesses has been validated. It further demonstrates the utility of Calcarea carb in hypothyroidism situations. It also demonstrates how quickly and gently homoeopathic drugs may heal people. A healthy diet is very important to prevent some of the long-term complications of hypothyroidism. With medicine we should advice healthy diet and ask patient to keep a check on his weight advice the patient to practice yoga or meditation on daily basis. Mental health is also very important with physical health

The patient's permission was secured before the manuscript was written.

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