Role of Homoeopathic medicines in cases of Hypothyroidism- A case series

Authors:

Dr Ruchi Singh¹, Dr. Pramod Kumar Singh², Dr Heena Raval³ Dr Jaya Gupta⁴

- 1. Associate Professor, Dept of Organon of medicine & Homoeopathic Philosophy, Dr MPK Homoeopathic Medical College, Hospital and Research Centre, Homoeopathy University Jaipur
 - 2. Professor, Dept of Homoeopathic Pharmacy, Dr MPK Homoeopathic Medical College, Hospital and Research Centre, Homoeopathy University Jaipur
 - 3 Principal, Ahmedabad Homoeopathic Medical College, Ahmedabad
 - 4. Homoeopathic Medical Officer, Uttar Pradesh

Abstract

Background: Hypothyroidism is a common endocrine disorder resulting from lack of thyroid hormones with varied clinical features like weight gain, cold intolerance, menstrual complaints, lethargy, tiredness etc. A large number of hypothyroid patients, receiving adequate doses of thyroxin supplementation, continue to complain of dissatisfaction and varied symptoms. Some patients seek Homeopathic treatment for Hypothyroidism, but very few studies are reported on homoeopathic treatment of Hypothyroidism.

Methodology: Five patients of Hypothyroidism treated at Dr. Madan Pratap Khunteta Homoeopathic Medical College & Hospital during the period of 2017 to 2018 and response assessed after three months using Zulewski's clinical score, ThyPRO 39 QOL and serum TSH level are reported. Individualised Homoeopathic medicines were prescribed to these patients, after proper case taking, repertorisation and consultation of Materia Medica.

Results: The average Zulewski's clinical scores, ThyPRO 39 QOL and serum TSH for hypothyroidism had improved significantly after Homeopathic treatment along with relief of symptoms in all the patients.

Conclusion: Based on these cases, it is suggested that Homeopathic treatment as Adjunctive treatment offer significant beneficial effect in the treatment of Hypothyroidism. A need for further, larger studies is indicated by this evidence, to precisely define the role of homeopathy in treatment of hypothyroidism.

Keywords: Hypothyroidism, Zulewski's clinical score, THYPRO 39 QoL, TSH value, Homeopathy, Case Series.

Introduction

Hypothyroidism, a clinical syndrome resulting from a deficiency of thyroid hormones, results in widespread organ-specific effects.¹ It denotes deficient production of thyroid hormone which may be primary (abnormality in thyroid gland itself) or secondary (as a result of hypothalamic or pituitary disease).² The prevalence of hypothyroidism in India, it is reported to be around 10.95% while in developed countries it is about 4%-5%.^{3,4} Most data shows that older population and females are found to be more affected with Hypothyroidism.^{4,5} Clinical presentation varies rom asymptomatic subclinical hypothyroidism through overt hypothyroidism to life threatening myxoedema coma.⁶ A high needle of suspicion often leads to timely diagnosis and treatment.

L-thyroxine monotherapy has become the mainstay of treating hypothyroidism.⁷ However a large number of hypothyroid patients, receiving adequate doses of thyroxine supplementation, continue to complain of dissatisfaction and varied symptoms. Patient's wellbeing does not seems to correlate with "biochemical wellbeing".⁸

Many patients seek homeopathic treatment for hypothyroidism. The object of this case series is to assess the role of homoeopathic medicines as an adjunctive treatment in cases of hypothyroidism.

Materials and methods

Study setting

The cases were treated at Dr. Madan Pratap Khunteta Homoeopathic Medical College, Hospital and Research centre, Homoeopathy University, Saipura, Jaipur between 2017 and 2018. Each case was followed up for a period of at least 3 months.

Intervention

Diagnosed cases of Hypothyroidism under conventional treatment with no relief and/or patients presenting with sign and symptoms of Hypothyroidism were enrolled in study. Informed consent was obtained from the patients. Individualized Homoeopathic medicines were selected after Analysis, Evaluation, constructing Totality of symptoms and Repertorization and from due consultation of Materia Medica. The Homoeopathic medicines were procured from a good manufacturing practices certified company. Change of medicine and/or dosage was done on basis of Homoeopathic principles after observing changes in symptoms of patient.

Assessment

The following tools were used to assess the status of patient

- Zulewski's clinical score for hypothyroidism: It re-evaluates the classical signs and symptoms of hypothyroidism in the light of modern laboratory tests. A score >5 points defined hypothyroidism, while a score of 0-2 points defined euthyroidism.
- Quality of Life Questionnaire for Patients with Thyroid Disease-ThyPRO 39: TheThyroid-Related Patient-ReportedOutcome (ThyPRO) instrument was developed as a comprehensive thyroidrelated standalone PRO for patients with any benign thyroid disease.65It cover physical and mental symptoms, well-being and function as well as social and daily function and cosmetic concerns. 10,11,12
- Serum TSH Measurement: TSH measurement is the most widely employed test to determine thyroid dysfunction. The general reference range for normal serum TSH is 0.3 to $4.2~\mu\text{IU/L}.^{13}$

Case 1

A 28 year old female presented on 18/11/2017 with complaint of irregular menses.menstrual cycle is 15-20 days for 7-10 days in duration, flow is dark, profuse with clots and pain in lower abdomen during menses. Emotionally, patient suppresses her anger, has aggravation from consolation and aversion to company of distant family members. She has averion to meat, desire for spicy food, thirstless. Her thermal reactions are towards hot and she has diminished sexual desire.

Serum TSH value reported on 2/12/2017 is 7.33 µIU/ml (fig 1).

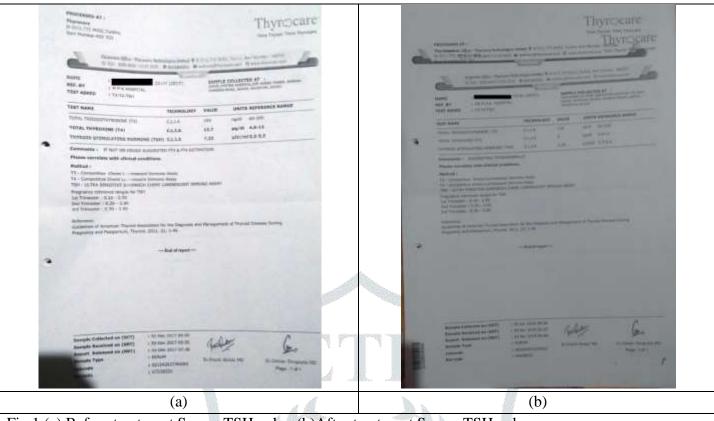


Fig 1.(a) Before treatment Serum TSH value;(b)After treatment Serum TSH value

First Prescription

After Repertorization and in consultation with Materia Medica, *Natrum muriaticum* 200C, 1dose was prescribed on 18/11/2017 followed by placebo for 15 days.

Follow up and result

Pre- and post- parameters for assessment are shown in Table 1 and 2

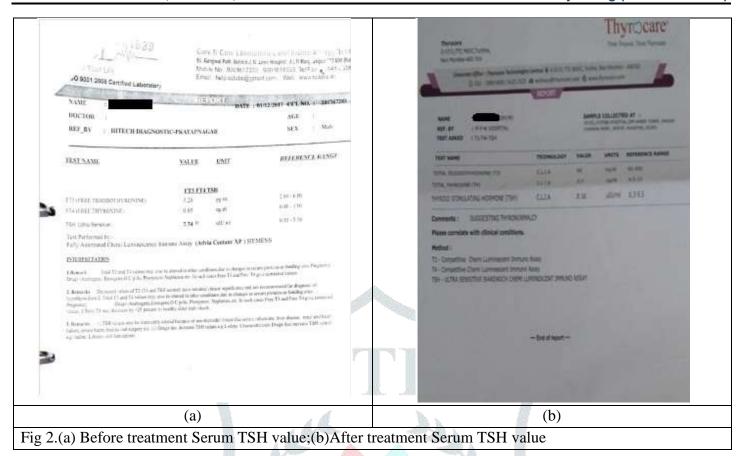
Table 1		
Date	Status of patient	Prescription
2/12/2017	LMP: 2 months back	Nat mur 200 1dose
	Menses had not arrived	Rubrum 30/tds/15days
	Feels good mentally	
	Adviced thyroid profile	
18/12/2017	LMP: 14/12/2017	Rubrum30/tds/15days
	Menses profuse and irregular, clots present, reddish	
	in color, pain during menses.	
	Investigations Done -2/12/2017	
	T3: 1.54ng/dl	
	T4:12.7ug/dl	
	TSH: 7.333uIU/ml	
4/1/2018	LMP: 14/12/2017	Rubrum 30/tds/15days

	Previous menstrual cycle: Menses profuse and	
	irregular, clots present, reddish in color	
	Generally feels good	
18/1/2018	LMP: 11/1/2018	Natrum mur 1m/ 1 dose
	Menses normal in quantity, discharge reddish, flows	Rubrum 30/tds/15days
	is scanty after 4 day, still present	
1/2/2018	LMP: 11/1/2018	Rubrum 30/tds/15 days
	Menses stopped after taking medicine	
16/2/2018	LMP: 10/1/2018	Rubrum 30/tds/15 days
	Menses profuse and regular, no clots present, reddish	
	in color	

Table 2			
Parameters	Before treatment	After treatment	Difference
Zulewski's clinical	8	4	4
score		M.	
ThyPRO 39 QoL	50	25	25
Questionnaire Score			
TSH value	7.33	2.28	5.05

A 28 year old male presented on 5/1/2018 with complaints of constipation and weight gain. Patient was introvert in nature, anxious and in hurry. He has desire for salty things and aversion to sweets. His thermal reactions are towards hot.

Serum TSH value reported on 1/12/2017 is 7.74 µIU/ml (fig 2).



First Prescription

After Repertorization and in consultation with Material Medica, *Natrum muriaticum* 200C, 1dose was prescribed on 5/1/2018 followed by placebo for 15 days.

Follow up and result

Pre- and post- parameters for assessment are shown in Table 3 and 4

Follow up and result

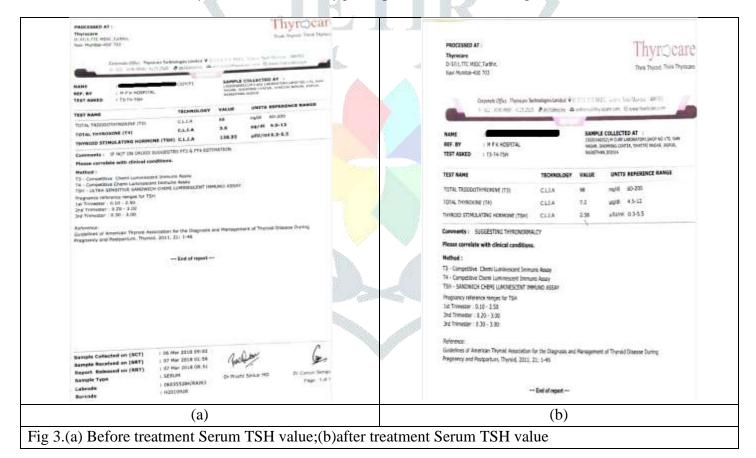
Table 3				
Date	Status of patient	Prescription		
20/1/2018	Constipation, on alternate days.	Rubrum 30/tds/15days		
	No changes in weight			
4/2/2018	Constipation – slight relief	Rubrum30/tds/15days		
	No changes in weight			
19/2/2018	Constipation- slight relief	Rubrum 30/tds/15days		
	No changes in weight			
6/3/2018	Constipation relieved	Natrum mur 1m/ 1 dose		
	No changes in weight	Rubrum 30/tds/15days		
21/3/2018	No changes in weight	Rubrum 30/tds/15 days		
6/4/2018	No changes in weight	Rubrum 30/tds/15 days		

Table 4			
Parameters	Before treatment	After treatment	Difference
Zulewski's clinical	7	4	3
score			
ThyPRO 39 QoL	50	0	50
Questionnaire Score			
TSH value	7.74	2.11	5.63

A 45 year old female presented on 10/3/2018 with complaints of Irregular menstrual cycles with scanty flow since 3 years and burning pain in lumbosacral region <morning, >motion

Patient feels lonely and neglected, does not express her emotion and desires company. She has desire for sweets, difficulty in breathing from drinking cold drinks and feels meals get stuck in her throat.

Serum TSH value is 138.93µIU/ml and T4 is 3.5µg/dl reported on 7/3/2018 (fig 3).



First Prescription

After Repertorization and in consultation with Material Medica, *Pulsatilla* 200C, 1dose was prescribed followed by placebo for 15 days.

Follow up and result

Pre- and post- parameters for assessment are shown in Table 5 and 6

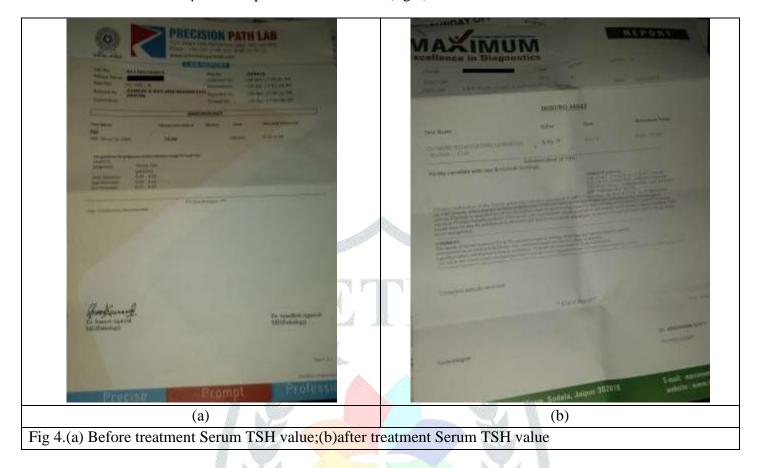
Table 5		
Date	Status of patient	Prescription
25/3/2018	LMP: 5/3/2018	Rubrum 30/tds/15days
	Menses scanty and irregular	
	Pain in lower back slightly better. Constipation better	
	Feeling as if food stuck in throat better	
10/4/2018	LMP: 7/4/2018	Rubrum 30/tds/15days
	Menses scanty, discharge reddish	
	Pain in lower back slightly better. Constipation not	
	present	
	Feeling as if food stuck in throat better	
24/4/2018	LMP: 7/4/2018	Rubrum 30/tds/15days
	Menses scanty, discharge reddish	
	Pain in lower back slightly better.	
	Feeling as if food stuck in throat much better	
8/5/2018	LMP: 8/5/2018	Rubrum 30/tds/15days
	Menses normal in quantity, discharge reddish	
	Pain in lower back slightly better.	
	Feeling as if food stuck in throat absent	
20/5/2018	LMP: 8/5/2018	Puls 200/1dose
	Menses scanty, discharge reddish	3/ \
	Pain in lower back slightly better.	
	Feeling as if food stuck in throat absent	
	Adviced physiotherapy and TFTs	
5/6/2018	LMP: 8/5/2018	Rubrum 30/tds/15 days
	Menses scanty, discharge reddish, regular	
	Pain in lower back better.	
	Feeling as if food stuck in throat absent	

Table 6			
Parameters	Before treatment	After treatment	Difference
Zulewski's clinical	6	3	3
score			
ThyPRO 39 QoL	75	25	50
Questionnaire Score			
TSH value	138.93	2.58	136.35

A 42 year old male presented on 15/1/2018 with complaints of swelling in ankle, bilaterally, non-pitting,<morning

He is introvert in nature and anxious about his health. His thermal is towards hot.

Serum TSH value is 74.66µIU/ml reported on 29/4/2017 (fig 4).



First Prescription

After Repertorization and in consultation with Material Medica, *Natrum muriaticum* 200C, 1dose was prescribed followed by placebo for 15 days.

Follow up and result

Pre- and post- parameters for assessment are shown in Table 7 and 8

Table 7		
Date	Status of patient	Prescription
29/1/2018	Swelling in ankle- better	Rubrum 30/tds/15days
13/2/2018	Swelling in ankle- better	Rubrum 30/tds/15days
28/2/2018	Swelling in ankle- status quo	Rubrum 30/tds/15days
8/3/2018	Swelling in ankle- better	Natrum mur 200/ 1dose
		Rubrum 30/tds/15days
23/3/2018	Swelling in ankle-better	Rubrum 30/tds/15days
7/4/2018	Swelling in ankle –absent	Rubrum 30/tds/15 days

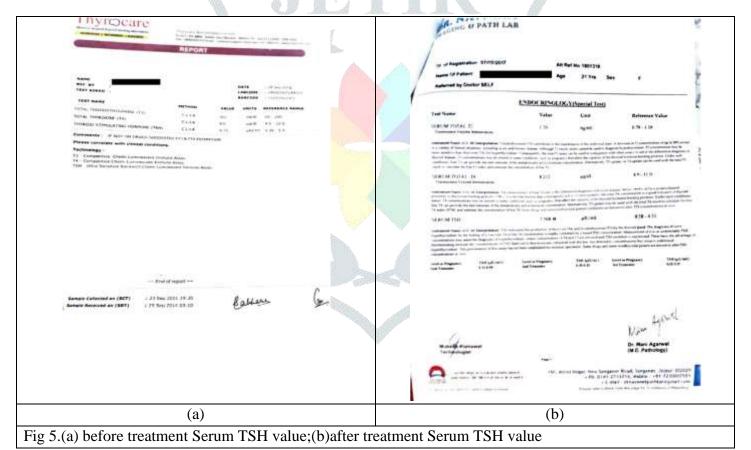
Table 8

Parameters	Before treatment	After treatment	Difference
Zulewski's clinical	6	2	4
score			
ThyPRO 39 QoL	25	0	25
Questionnaire Score			
TSH value	74.66	5.92	68.74

A 21 year old female presented on 27/7/2017 with complaints of Irregular menstrual cycles with weight gain since 3 years.

Patient feels confused especially about her future and dreams of dead people. Her appetite has increased with desire for egg and aversion to milk. Patient is sensitive to cold and perspires more in feet, which has sour odor.

Serum TSH value is 6.71µIU/ml reported on 25/9/2016 (fig 5).



First Prescription

After Repertorization and in consultation with Material Medica, *Calcarea carbonicum* 200C, 1dose was prescribed followed by placebo for 15 days.

Follow up and result

Pre- and post- parameters for assessment are shown in Table 9 and 10

Table 9		
Date	Status of patient	Prescription
4/8/2017	LMP: 15/7/2017	Rubrum 30/tds/15days
	Menses irregular	
	Weight- no changes seen	
19/8/2017	LMP: 15/7/2017	Rubrum 30/tds/15days
	Menses irregular	
	Weight- no changes seen	
4/9/2017	LMP: 27/8/2017	Rubrum 30/tds/15days
	Menses irregular	
	Weight- no changes seen	
19/9/2017	LMP: 27/7/2017	Calcarea carb 200/1dose
	Menses irregular	Rubrum 30/tds/15days
	Weight- no changes seen	//
4/10/2017	LMP: 29/7/2017	Rubrum 30/tds/15days
	Menses irregular	
	Weight- no changes seen	M
15/10/2017	LMP: 29/7/2017	Rubrum 30/tds/15 days
	Menses irregular	
	Weight- no changes seen	

Table 10			
Parameters	Before treatment	After treatment	Difference
Zulewski's clinical	6	5	2
score			
ThyPRO 39 QoL	50	25	25
Questionnaire Score		Ť	
TSH value	6.71	5.56	1.15

Discussion

All the cases presented with common symptoms of hypothyroidism such as menstrual irregularities, weight gain, falling of hair, hoarseness of voice, swelling in ankle and pain in back. Individualized medicines were prescribed to all the patients and follow up were made at interval of 15 days(approximately) for a period of 3 months. One case was prescribed Pulsatilla, one patients was prescribed Calcarea carbonica and 3 cases received Natrum muriaticum. In a study it was concluded that Natrum muriaticum is an effective remedy for Hypothyroidism when symptoms match.¹⁴ Before treatment and after treatment, parameters were evaluated and marked improvement was noticed in all cases. In an exploratory randomized control study, significant effect was noticed in reduction of serum TSH to normal limits.¹⁵ In a retrospective study, homoeopathic medicines were found to be helpful in reducing the the dosage of levothyroxine therapy.¹⁶ The patients reported no aggravation during homoeopathy treatment.

A future clinical trial should include larger sample size, longer follow-up duration and compared with a control group to exclude other interpretations such as placebo effect.

Conclusion

Thus, from this study it is evident that Individualized homoeopathic medicines are helpful in lowering Zulewski's clinical score, serum TSH value and increasing QOL in cases of hypothyroidism.

Conflict of interest: Nil

References

- 1. Gardner D, Shoback D. Greenspan's basic & clinical endocrinology. McGraw-Hill Education; 2018.
- 2. Kumar P, Khandelwal D, Mittal S, Dutta D, Kalra S, Katiyar P, *et al.* Knowledge, awareness, practices and adherence to treatment of patients with primary hypothyroidism in Delhi. Indian J Endocr Metab 2017;21:429-33
- 3. Hollowell JG, Staehling NW, Flanders WD, Hannon WH, Gunter EW, Spencer CA, *et al.* Serum TSH, T (4), and thyroid antibodies in the United States population (1988 to 1994): National Health and Nutrition Examination Survey (NHANES III). J Clin Endocrinol Metab 2002;87:489-99.
- 4. Unnikrishnan AG, Kalra S, Sahay RK, Bantwal G, John M, Tewari N. Prevalence of hypothyroidism in adults: An epidemiological study in eight cities of India. Indian J Endocr Metab 2013;17:647-52.
- 5. Unnikrishnan AG, Menon UV. Thyroid disorders in India: An epidemiological perspective. Indian J Endocr Metab 2011;15:S78-81.
- 6. Chandey M, Kaur R, Mohan G, Mannan R. Prevalence of hypothyroidism in adults by screening TSH: a study from North India. Int J Adv Med 2016;3:44-6.
- 7. Garber JR, Cobin RH, Gharib H, Hennessey JV, Klein I, Mechanick JI, et al. Clinical practice guidelines for hypothyroidism in adults: Cosponsored by the American Association of Clinical Endocrinologists and the American Thyroid Association. Endocr Pract 2012;18:988-1028.
- 8. Kalra S, Khandelwal SK. Why are our hypothyroid patients unhappy? Is tissue hypothyroidism the answer?. Indian J Endocr Metab 2011;15:S95-8.
- 9. Zulewski H, Muller B, Exer P, Miserez AR, Staub JJ. Estimation of tissue hypothyroidism by a new clinical score: Evaluation of patients with various grades of hypothyroidism and controls. J Clin Endocrinol Metab 1997;82:771-6.
- 10. Watt T, Bjorner JB, Groenvold M, et al. Development of a short version of the Thyroid-Related Patient-Reported Outcome ThyPRO. Thyroid 2015;25:1069-1079
- 11. Watt T. Development, validation, application and abbreviation of an international thyroid-related quality of life patient-reported outcome measure. Copenhagen.: Department of Medical Endocrinology, Rigshospitalet; 2017.
- 12. Watt T, Barbesino G, Bjorner J, Bonnema S, Bukvic B, Drummond R et al. Cross-cultural validity of the thyroid-specific quality-of-life patient-reported outcome measure, ThyPRO. Quality of Life Research. 2014;24(3):769-780.

- 13. Karmisholt J. [Internet]. Ign.org. 2019 [cited 22 January 2019]. Available from: http://www.ign.org/cm_data/2008_Karmisholt_Variation_in_Thyroid_Function_Tests_in_Patients_with _Stable_untreated_subclin_hypothyroidism_Thyroid.pdf
- 14. Kumar VS. Effectiveness of Natrum Muriaticum 1M on reduction of TSH level in females between age group 35 to 55 years. Advancements in homoeopathic research 2017;2(5):43-46.
- 15. Chauhan VK, Manchanda RK, Narang A, Marwaha RK, et al. Efficacy of homeopathic intervention in subclinical hypothyroidism with or without autoimmune thyroiditis in children: an exploratory randomized control study. Homoeopathy 2014;103:224-231
- 16. Kundu T, Shaikh A, Kumat O, Kundu R.Weaning of L-thyroxine in hypothyroid patient using homoeopathic medicine as an add on therapy: a single centred retrospective observational study. Advancements in homoeopathic research 2017;2(5):19-30.

