



# JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)

An International Scholarly Open Access, Peer-reviewed, Refereed Journal

## EFFICACY OF HOMOEOPATHY IN MANAGEMENT OF HYPOTHYROIDISM – A CASE STUDY

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**Abstract :** Hypothyroidism is a condition in which there is insufficient synthesis and release of thyroid gland. Thyroid hormones regulates the metabolism of whole body. Iodine deficiency remains the most common cause of hypothyroidism worldwide. Hypothyroidism is the most common thyroid dysfunction that affects people globally. At present thyroid disease form the second most common endocrine disorder in India next only to diabetes mellitus. It occurs more in females; and the risk increases with age and those with a family history of thyroid problem. The main line of conventional treatment is to provide thyroid hormone for the rest of life of the patient. Homoeopathy is the best holistic therapy for hypothyroidism. In Homoeopathy, we treat the disease not by supplementing the deficiency, but by the stimulation of function of thyroid gland on the body effectively; it acts on the body at the level of immunity. Homoeopathic Medicines can definitely render immense benefit to the cases of hypothyroid when employed logically and judiciously within the fabric of Homoeopathy

**Key Words :-** Hypothyroidism, Homoeopathy, Holistic Approach, Individualization, Thyroid Gland.

### I. INTRODUCTION

Hypothyroidism, or underactive thyroid, develops when the thyroid gland fails to produce or secrete as much thyroxine (T4) as the body needs. Because T4 regulates such essential functions as heart rate, digestion, physical growth, and mental development, an insufficient supply of this hormone can slow life-sustaining processes, damage organs and tissues in every part of the body, and lead to life-threatening complications.

Primary hypothyroidism (termed myxedema when it is severe) refers to hormone deficiency caused by intrinsic thyroid gland dysfunction that disrupts the synthesis and secretion of T4 and T3 . Overt primary hypothyroidism is characterized by an elevated TSH level (usually >10 mIU/L) in conjunction with a free T4 level below the lower limit of the reference range. Secondary or central hypothyroidism refers to deficient thyroid gland function that is the result of inadequate stimulation by TSH. This is due in turn to production of either insufficient or inactive TSH from a number of congenital or acquired pituitary and hypothalamic disorders. Subclinical Hypothyroidism: The term subclinical hypothyroidism was originally used to describe the patient with low-normal free T4, but a slightly elevated serum TSH level. It is a form of Hypothyroidism with minimal or no obvious signs and symptoms. The TSH levels may range from 5-20 mU/I with T3 and T4 being normal. Tertiary Hypothyroidism: It is caused by a deficiency in Hypothalamus, which fails to regulate the pituitary gland through the secretion of thyrotropin releasing hormone.

### II. INCIDENCE:

Hypothyroidism is a fairly common disorder, and by some estimates the population prevalence of overt hypothyroidism is 0.3%, while subclinical hypothyroidism can be found in greater than 4%. The prevalence of hypothyroidism increases with age, and it is nearly tenfold more common in women than in men. Worldwide, congenital hypothyroidism is most often the result of endemic iodine deficiency in the diet. The prevalence of primary hypothyroidism is 1:100, but increases to 5:100 if patients with subclinical hypothyroidism are included. Primary hypothyroidism is a common medical problem occurring in approximately 1 to 3% of the total population, with an annual incidence rate of 1 to 2 in 1000, in females; and 2 in 10000 in males. The prevalence of hypothyroidism in the developed world is about 4-5%.The prevalence of subclinical hypothyroidism in the developed world is about 4-15%

### III. ETIOLOGY:

1 Primary with goitre: Acquired: Hashimoto's thyroiditis, Iodine deficiency disorders, Goitrogenous exposure, ATD Treatment  
Congenital: Iodide transport or utilisation defect, defects in thyroid horomonogenesis

2 Primary with atropic gland: Acquired: atropic thyroiditis, post ablative hypothyroidism (Radio iodine therapy, Surgery)  
Congenital: Thyroid agenesis, Thyroid Dysplasia

3 Transient Primary Hypothyroidism: After thyroiditis: Silent, Subacute or Post-partum Thyroiditis

4 Central Hypothyroidism: Acquired: Pituitary or hypothalamic disease, Ex: tumor, haemorrhage, Granulomatous disease, Hypophysitis  
Congenital: TSH deficiency or TSH receptor defects

#### IV. RISK FACTORS:

- INCREASING AGE
- FAMILY H/O AUTOIMMUNE DISEASE
- PREVIOUS POSTPARTUM THYROIDITIS
- PREVIOUS NECK OR HEAD IRRADIATION
- H/O GRAVES DISEASE.
- TREATMENT WITH LITHIUM, IMMUNE MODULATORS IFN OR IODINE.

#### V. SIGNS AND SYMPTOMS:

Mostly it is asymptomatic but if it shows symptoms they are mostly similar to as the full-blown hypothyroidism shows. It includes:

- Palpitation
- Suffocation
- Weight gain
- Breathlessness
- Tired
- Depression
- Constipation
- Fatigue
- Hair loss

#### VI. DIFFERENTIAL DIAGNOSIS:

- Nephrotic syndrome
- Chronic nephritis
- Depression
- Euthyroid sick syndrome
- Congestive heart disease
- Primary amyloidosis

#### VII. INVESTIGATIONS: T3, T4 and TSH

#### VIII. HOMOEOPATHIC THERAPEUTIC REMEDIES :-

1. Natrum Muriaticum Great liability to take cold. The prolonged taking of excessive salt causes profound nutritive changes to take place in the system, and there arises not only the symptoms of salt retention as evidenced by dropsies and oedema, but also an alteration in the blood causing a condition of anaemia and leucocytosis. Coldness. Menses irregular; Great weakness and weariness. Great dryness of mucus membranes from lips to anus; constipation.
2. Calcarea Carbonica Disposed to grow fat, corpulent, unwieldy tendency to obesity. Coldness: general; of single parts in youth. Girls who are fleshy, plethoric, being the keynote of its action, swelling of glands, scrofulous and rachitic conditions generally offer numerous opportunities for the exhibition of Calcarea. Pituitary and thyroid dysfunction. Persons of scrofulous type, who take cold easily. Great sensitiveness to cold. Difficult swallowing. Painless hoarseness; worse in the morning. Great debility. Sensation as if the throat were contractile once swallowing.
3. Pulsatilla Adapted to persons of indecisive, slow, phlegmatic temperament; Woman inclined to be fleshy, with scanty and protracted menstruation. Great dryness of mouth in the morning, thirstlessness. Tongue dry; covered with tenacious mucous. Great dryness of throat in the morning.
4. Bromium Stony, hard, scrofulous or swelling of glands, especially on lower jaw and throat (thyroid, sub maxillary, parotid, testes). Hoarseness coming on from being overheated. Hard goitre. The glands are stony with a cancerous tendency.
5. Spongia Swelling and induration of glands; goitre. Thyroid gland swollen even with chin with suffocation at night. Violent pain and grasping respiration; awakened suddenly after midnight with suffocation and great anxiety. Swollen glands. Thyroid gland swollen. Stitches and dryness. Hoarseness.
6. Thyroidinum Thyroid produces anaemia, emaciation, muscular weakness, sweating and headache, nervous tremor of face and limbs, tingling sensations, paralysis. Excessive obesity. Great weakness and hungry, marked sensitiveness to cold. Hypothyroidism after acute diseases. Easy fatigue, weak pulse, cold hands and feet, low blood pressure, chilliness and sensitive to cold. Palpitation from least exertion. Throat- dry, congested, raw, burning.
7. Iodum Persons of scrofulous diathesis, with dark or black hair and eyes; a low cachectic condition, with profuse debility. Great weakness. Hypertrophy and induration of glandular tissues. Palpitation, worse from least exertion. Sluggish vital reaction. Weakness and loss of breath. Thyroid enlarged. Great weakness during menses. Menstrual irregularities.

#### IX. A CASE STUDY

Name of the patient: Mrs. N  
Age: 30 years  
Sex: Female  
Religion: Christian

Occupation: Housewife

### History of present illness

The patient complaints started before 6 years as pain and swelling in neck and also with hoarseness of voice. Her complaints started suddenly as increasing weight, no other complaints are associated with it. She also says of having puffiness of face along with her complaint. Her complaints are getting worse during winter season. She had taken allopathic medicine for hypothyroidism and got relief for pain when medicine is taken.

### Presenting complaint

Location	Sensation	Modality	Associated symptoms
THROAT Since 6 years	Pain Swelling Hoarseness of voice	< Winter season	Puffiness of face
GENERAL Since 6 years	Weight gaining		

### History of previous illness

Before 6 month – Renal Stone – Allopathy – relieved Since 6 years – Hypothyroidism – Allopathy – under treatment

**Family history** Nothing relevant

### Personal history

Religion : Christian  
Education : 12thStd  
Economic Status : Moderate

Marital status : Moderate  
Family status : Moderate  
Occupation : Housewife

### Habits and hobbies

Food : Non Vegetarian  
Addictions : Tea  
Sleep : Good

### Domestic relations

With family members : Good  
With other relatives : Good  
With neighbours/ Friends/ Colleagues : Good

### Sexual relation

Premarital : No

Marital : Yes

Extra marital : No

### Psychic features Introvert

Reaction to : Company – desires  
Other features : Property issue with family

### Physical features

Appearance: Stature : Moderate  
Complexion : Wheatish  
Gait : Normal

Skin : Dryness  
Clean/Unclean : Clean

### Generals

Appetite : Normal  
Thirst : Normal  
Sleep : Good

Stool : Constipated (once in 3 days)  
Urine : Normal  
Sweat : Diminished

**Reaction to:**

Warm food : Desires  
 Spicy food : Desires  
 Bathing : Warm water

Covering : Aversion  
 Fanning : Needed  
 Thermal : Chilly patient

**Physical examination**

**General:**

Jaundice : Not Icteric  
 Anaemia : No Pallor  
 Oedema : No oedema  
 Cyanosis : Not present  
 Clubbing : Not present  
 Lymphadenopathy : Not present  
 Discolouration : No discoloration

Skin eruption : No skin eruption  
 Height : 154 cm  
 Weight : 60 kg  
 BMI : 25.3 kg/m<sup>2</sup>  
 Pulse : 85 / min B.P : 110/80 mm of Hg  
 Respiratory rate : 15 / min  
 Temperature : 98.4 ° F

**Systemic examination**

Thyroid gland examination  
 Inspection : Swelling in front of the neck present.  
 Palpation : Tenderness on swelling.  
 Neck circumference: 37.1 cm

**Lab. Investigation** - TSH: 6.57 mIU/L

**Menstrual history**

FMP : 13 years  
 Cycle : Regular  
 Duration : 5 days  
 Quantity : Normal

Consistency and clots : No clots  
 Colour and odour : Bright red, no odour  
 Stains and acidity : Nil

**Obstetrical history**

G2P2 A0 D0 L2

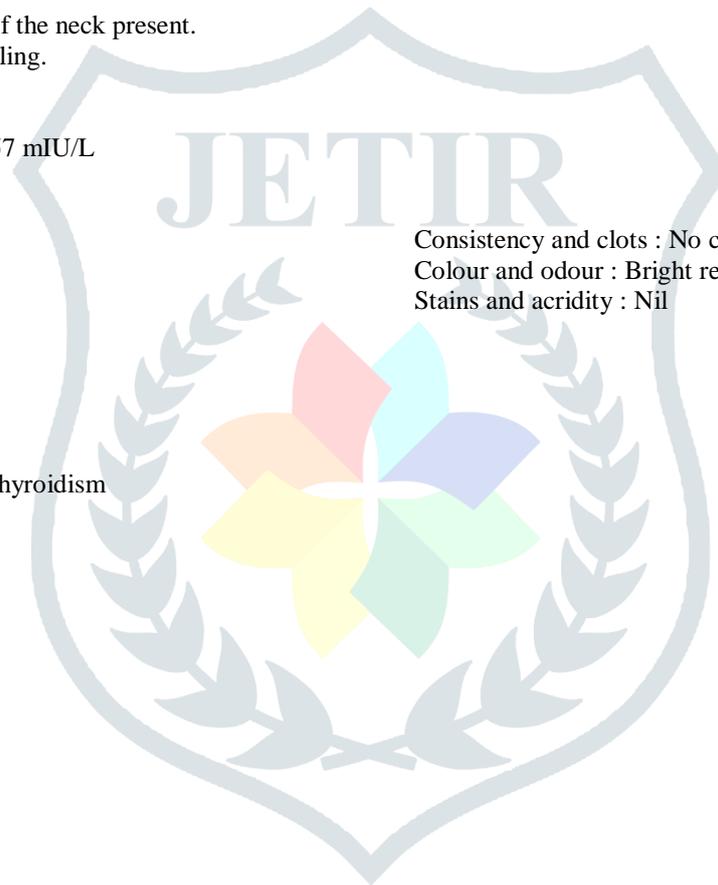
**Provisional diagnosis** - Hypothyroidism

**Evaluation of symptoms**

Mental generals  
 Introvert  
 Desires company

**Physical generals**

Desires warm food  
 Desires spicy food  
 Desires warm bathing  
 Decreased sweat  
 Constipation



**Analysis of the case**

Common symptom	Uncommon symptom
Pain and swelling in neck	Throat pain
Hoarseness of voice	< winter season
Weight gaining	Introvert
Puffiness of face	Desires warm food
Desires company	Desires spicy food
Intolerance to cold	Desires warm bathing
Dryness of skin	Decreased sweat

Particulars  
 Throat pain < winter season  
 Hoarseness of voice  
 Weight gaining  
 Puffiness of face

### Miasmatic expression

Psora	Sycosis	Syphilis
Throat pain	Desires company	Introvert
< winter season	Desires warm food	Constipation
Swelling on throat	Desires spicy food	
Hoarseness of voice		
Puffiness of face		
Decreased sweat		

### Prominent miasm: Psora

#### Totality of symptoms

- Introvert
- Desires company
- Desires warm food
- Desires spicy food
- Desires warm bathing
- Decreased sweat
- Constipation
- Throat pain < winter season
- Hoarseness of voice
- Weight gaining
- Puffiness of face



#### PRESCRIPTION :- (non-repertorial approach)

CALCAREA CARB 200 ONE DOSE  
 SAC LAC 4 X 3 X 15 DAYS

#### FOLLOW UP :-

##### 1<sup>ST</sup> FOLLOW UP :-

- Pain and swelling in neck persists < swallowing < winter season
- Hoarseness of voice persists
- Puffiness of face persists
- Weight gain persists
- Dryness of skin persists
- Stool: Hard, constipated
- Sweat: Decreased
- Others: Good
- BP: 120/80 mm of Hg
- Neck circumference: 37 cm
- Weight: 60 kg
- PRESCRIPTION :-
  - CALCAREA CARB 200 ONE DOSE
  - SAC LAC 4 X 3 X 15 DAYS

**2<sup>ND</sup> FOLLOW UP :-**

- Pain and swelling in neck persists
- Hoarseness of voice slightly better
- Puffiness of face better
- Weight gain persists
- Dryness of skin persists
- Stool: Constipated, once in 2 days
- Sweat: Decreased
- Others: Good
- BP: 100/80 mm of Hg
- Neck circumference: 37.5 cm
- Weight: 62 kg
- PRESCRIPTION :-
- CALCAREA CARB 200 ONE DOSE
- SAC LAC 4 X 3 X 15 DAYS

**3<sup>RD</sup> FOLLOW UP :-**

- Swelling in neck persists
- Pain in throat feels better than before
- Hoarseness of voice better
- Puffiness of face better
- Weight slightly reduced
- Dryness persists
- Stool: Regular
- Sweat: Normal
- Others: Good
- BP: 110/80 mm of Hg
- Neck circumference: 37.2 cm
- Weight: 60 kg
- PRESCRIPTION :-
- CALCAREA CARB 200 ONE DOSE
- SAC LAC 4 X 3 X 15 DAYS

**4<sup>TH</sup> FOLLOW UP :-**

- Swelling on neck slightly reduced than before
- Pain in neck feels better
- Hoarseness feels better
- Puffiness better
- Weight reduced then before
- Dryness of skin slightly better
- Generals: Good
- BP: 100/80 mm of Hg
- Neck circumference: 36 cm
- Weight: 58.8 kg
- PRESCRIPTION :-
- SAC LAC 4 X 3 X 15 DAYS

**5<sup>TH</sup> FOLLOW UP :-**

- Swelling on neck reduced
- Pain in neck better
- Hoarseness feels better
- Puffiness better
- Weight reduced
- Dryness of skin better
- Generals: good
- BP: 100/70 mm of Hg
- Neck circumference: 35 cm
- Weight: 58 kg
- PRESCRIPTION :-
- SAC LAC 4 X 3 X 30 DAYS

**6<sup>TH</sup> FOLLOW UP :-**

- Swelling on neck reduced
- Pain in neck better
- Hoarseness feels better
- Puffiness better
- Weight reduced
- Dryness of skin better



- Generals: good
- BP: 120/70 mm of Hg
- Neck circumference: 35 cm
- Weight: 58 kg
- Lab report TSH: 5.01 mIU/L
- PRESCRIPTION :-
  - SAC LAC 4 X 3 X 30 DAYS
- Advised to stop treatment and come for follow up if complaints reappear or any complication
- 

#### **X. Conclusion :-**

Homoeopathic treatment proves to be effective in treatment of thyroid disorders as it emphasizes on the removal of the root cause leading to the permanent cure. While using conventional treatment in curing lifestyle disorders may adversely affects other hormones leading to the complexity of the disease.

Homoeopathy offers safe and reliable cure for the subclinical hypothyroidism without adversely affecting the mechanism of the body. It heals the patient at emotional, mental and physical level to ensure complete and safe recovery. The speciality and peculiarity of homoeopathic treatment is that it provides individual remedy for each individual patient which is very similar to the mental and physical state of the patient and the constitutional remedies rectify the cause of disorder.

#### **REFERENCES**

- [1] Davidson. Endocrine Disorders. Davidson's Principles and Practice of Medicine. 19th Edition. British Library Cataloguing in Publishing Data; 2002..
- [2] Guyton CA, Hall EJ. Text Book of Medical Physiology. 11 th ed. Pennsylvania: Elsevier Saunders; 2006
- [3] Mohan H. Textbook of Pathology. 6th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2018
- [4] Praveen A, Mathew G. Medicine. 3rd ed. New Delhi: Elsevier India; 2010.
- [5] M. Drake W. Hutchison's Clinical Methods An integrated approach to clinical practice. 24th ed. London: Elsevier Limited; 2018.
- [6] F Golwala AF. Golwala's Medicine for Students. 25th ed. New Delhi: The Health Science Publisher; 2016.
- [7] Boericke OE, Boericke W. Pocket manual of Homoeopathic Materia Medica and Repertory. 9<sup>th</sup> edition, New Delhi: B. Jain publishers; 2008.
- [8] Sarkar BK. Organon of Medicine by Samuel Hahnemann, 9<sup>th</sup> reprint ed. New Delhi: Birla Publications Pvt. Ltd; 2005
- [9] Allen HC. Allen's Keynote Rearranged and Classified with leading Remedies of the Materia Medica and Bowel Nosodes. 10th Edition: B. Jain Publishers (P) Ltd; 2016
- [10] Clark John Henry. A Dictionary of Practical Materia Medica. Reprint Edition. B. Jain Publishers (P) Ltd; 1997