

Latest Trends of Homoeopathy in Cases of Hypothyroidism: A Case Report

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Abstract

Hypothyroidism happens when the thyroid gland doesn't make enough of thyroid hormones. This condition is called underactive thyroid. Hypothyroidism may not cause noticeable symptoms in its early stages. But with the progress of the disease it can hamper the whole system of the body.

Background: Hypothyroidism is a hypo metabolic state resulting from inadequate secretion of thyroid hormones characterized by a general reduction in metabolic function that manifest as slowing of physical and mental activity. The main line of conventional system of medicine is to provide thyroid hormone for the rest of life of the patient. Besides some adverse effects, the treatment cost of the therapy impels the patients to seek alternative therapy.

Endocrine disorders are common among Indian population out of which thyroid disorders represents an important subset of these endocrine disorders.^[1] Hypothyroidism is one of the most common endocrinopathy worldwide, and its incidence is increasing rapidly.^[2] Hypothyroidism is a condition in which the thyroid gland is unable to make adequate amounts of thyroid hormone to meet the requirements of peripheral tissues. Primary hypothyroidism is characterized by failure of the thyroid gland itself; a fall in serum concentration of thyroid hormones causes an increased secretion and elevation of TSH concentration.^[3] The prevalence of hypothyroidism in India is 11%, compared with only 2% in the UK and 4-6% in the USA.^[4] Among the adult population in India, the prevalence of hypothyroidism is 3.9%. In women; the prevalence is even higher, at 11.4%, when compared with men, in whom the prevalence is 6.2%.^[2] Prevalence of Hypothyroidism in the reproductive age group is 2-4%.^[5] Primary thyroid gland failure can occur as a result of chronic autoimmune thyroiditis, radioactive iodine treatment, or thyroidectomy. Other causes include drug adverse effects like amiodarone and lithium.^[6]

Hypothyroidism may result in a myriad of clinical signs and symptoms. Symptoms commonly associated with hypothyroidism are often nonspecific. These include weight gain, fatigue, poor concentration, depression, diffuse muscle pain, and menstrual irregularities. Symptoms with high specificity for hypothyroidism include constipation, cold intolerance, dry skin, proximal muscle weakness, and hair thinning or loss.^[8] Hypothyroidism can be easily detected by assessing TSH levels in the blood. A slight increase in TSH levels with normal T₃ and T₄ indicates subclinical hypothyroidism, whereas high TSH levels accompanied by low T₃ and T₄ levels indicate clinical hypothyroidism.^[5] Untreated hypothyroidism may lead to serious cardiovascular and neurological complications.^[9] It may also even leads to complications such as mental health problems, peripheral neuropathy, myxedema and infertility.^[3] The gold-standard treatment for primary hypothyroidism is thyroid hormone replacement therapy with Levothyroxine.^[10] The treatment dosage of thyroid hormone is gradually titrated upwards until an individual displays normal physiological concentrations of free-thyroxine (FT₄) and thyroid stimulating

hormone (TSH) in the serum.^[11] Differential diagnosis of Primary Hypothyroidism on the basis of clinical presentation due to the subtle signs and symptoms includes Euthyroid sick syndrome, Goiter, Myxedema coma, Anemia, Subacute thyroiditis, Iodine deficiency, Addison disease, Chronic fatigue syndrome, Depression, Erectile dysfunction, Infertility.^[12]

A Case Report

Patient named as Mrs M aged 49 years female came to the opd, with the complaints of excessive discharge P/V since 2 months, character of discharge, egg white in colour, weakness with vertigo 18/5/21. On mental sphere weeping when speaking her complaints, fear of darkness, desire for salt, thirst increased, pain in back, character of pain is burning in type, hypothyroidism. Obesity, constantly putting on weight, gained 76 kg wt.

History of Present Complaints

She was apparently well before 3 months but gradually she started gaining weight continuously. Her menses was regular, duration of menses 4 days, character bright red scanty bleeding. She was advised for thyroid profile test which was comes to be positive with TSH level 24.43 m IU/L which was raised.

Past history

Renal stones- 8 years back- cholecystectomy done

Family history

Nothing specific found

CLINICAL FINDING

Blood Pressure maintained at 110/90 mmHg

Pulse Rate – 74/min

Respiratory Rate – 18/min

Fair

Obese (76 kg)

Puffiness = Present (Periorbital)

Skin = Dry, coarse

Tremors = Absent

Sensory deficit in any limb = Absent

Deep tendon reflex = Normal

Other systemic examinations were normal.

HOMOEOPATHIC GENERALS

Mental generals

Patient is old lady age 50 years completed all her responsibility with dignity, patient was apparently well 3 months back when she faced some conflict in the family to which she developed grief and was weeping while explaining her complaints. She has fear towards darkness.

Physical generals

The physical generalities where thirst was intense, desire salty things. Stool was regular, semisolid twice daily. All other physical generals were within normal limits.

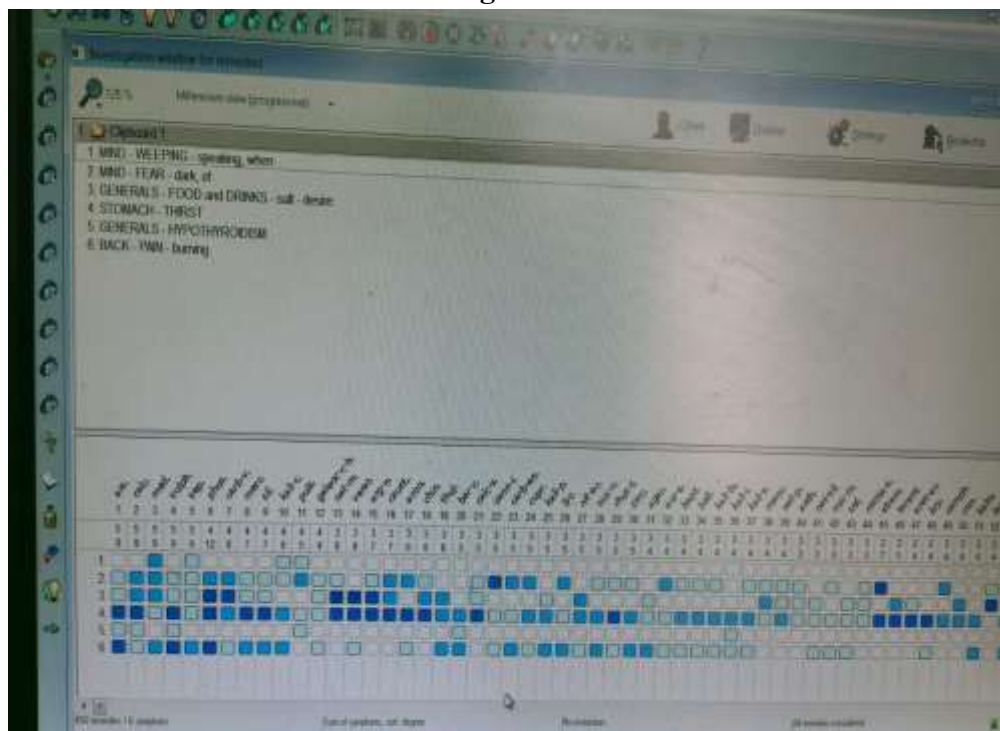
Analysis of a case

On detailed case taking, after analysis and evaluation, the characteristic symptoms were considered for framing the totality and were converted to relevant rubrics for repertorization. Characteristic totality includes

- Weeping while explaining her complaints,
- Fear of darkness
- Desire for salts
- Thirst was intense,
- Pain in back, burning in type,
- Hypothyroidism.

Selection of remedy was based on repertorization of the case giving more importance on the mental as well as physical general symptoms than particular symptoms using SynthesisRepertory, version 9.0 of RADAR software. The repertorization chart is shown in [Figure1].

Figure 1



INVESTIGATION

Thyroid Profile Test (TFT)

1. **Before T/t (18.5.2022)** - FT₃-103.12 ng/dl, FT₄- 5.70 ug/dl, TSH-24.43uIU/ml (Fig 2)
2. **After T/t (27.11.2016)** - FT₃-170.3 ng/dl, FT₄- 9.20 ug/dl, TSH-3.052 uIU/ml (Fig 3)

Follow-up and Outcome

Table 1: Timeline including follow-up of the case.

Date	Signs and symptoms	Prescription
18/5/2022	Patient came with the complaint of pain in back, weight gain, discharge P/V excessive, character of discharge thin acrid and excoriating, weakness along with vertigo. Mentally she's having grief, weeping disposition, fear of darkness, desire for salt, TSH Level- 24.43 m IU/L. (FIGURE 2) weight 76 kg	Arsenic album 200/ 1 dose followed by sac lac TDS for 15 days
5/7/2022	Discharge P/V – Not relief, character same as before. Weakness and vertigo not relief, pain in back relief (Frequency of pain decreased earlier it was on daily but now it is twice in a week, intensity of pain decreased) No change in weight and TSH is not advised at this time.	Saclac 30 TDS for 15 days
23/7/2022	Whitish discharge P/V – Persisted, vertigo with weakness – improved, pain in back relief from previous	Arsenic album 1M / 1 dose followed by saclac for 1 month
23/8/2022	White discharge P/V decreased, character of white discharge same as before but quantity of discharge had decreased, pain in back decreased.	Saclac TDS for 15 days
16/9/2022	Pain in back – decreased, weakness – absent, pain in back – decreased, mentally she's feeling better, now she's enjoying playing with grandchildren, weight –70 kg(decreased)	Saclac TDS for 15 days
3/10/2022	Pain in back – decreased, white discharge decreased, physical generals are better. Thyroid profile advised this time.	Saclac for 15 days, patient turned up after 1 month after this prescription.
10/11/22	Pain in back – decreased, whitish discharge- decreased, weakness absent, vertigo absent. TSH – 3.052 m IU/ml. (FIGURE 3)	Saclac for 15 days

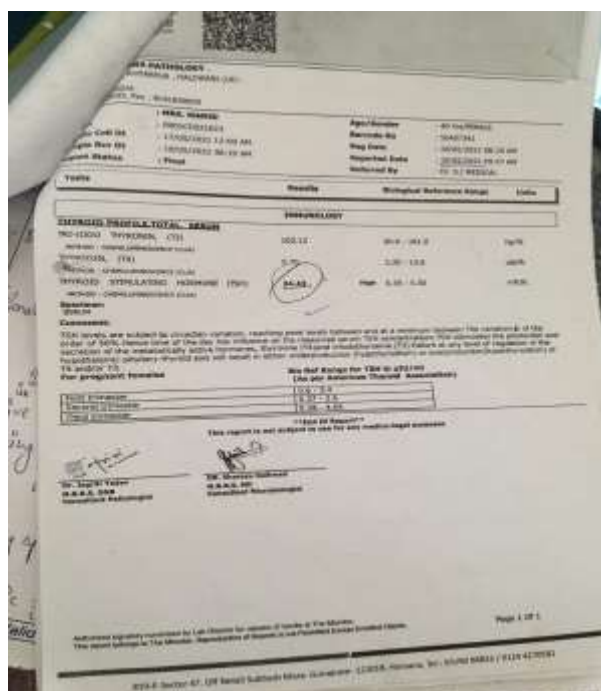


Figure 2

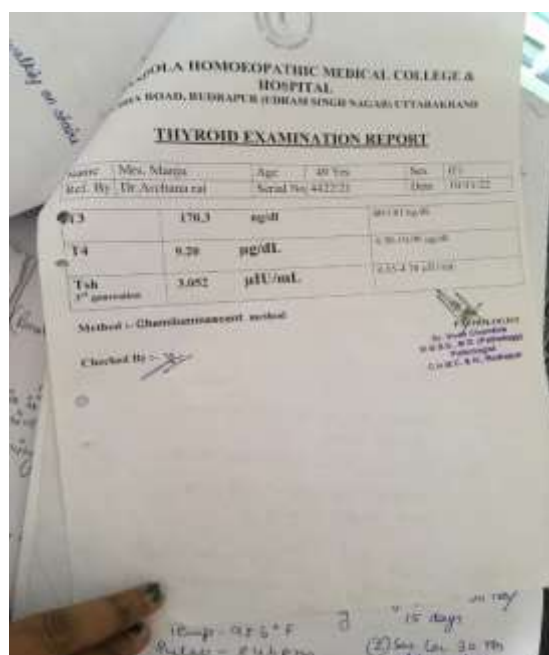


Figure 3

DISCUSSION

Hypothyroidism can be accompanied by a range of clinical manifestations, negatively impacting health status. The mainstay of conventional system of medicine is based on lifelong treatment with thyroid hormones artificially on a daily basis which is not only costly but cumbersome too. *

Not too many people of our country can afford such a expensive treatment where use of homoeopathic remedies comes as a optional treatment but its truly based upon the effectivity rate.

In this case report arsenic album was selected as a similimum on the totality of characteristics symptoms.

Arsenic album followed by placebo 30/TDS was prescribed on May 18, 2022 from 200C/1 dose to 1M/1dose according to the response of medicine and as per the condition of patient which follows the principles of Homoeopathy. During the follow-up period up to July she was initially showing no improvement in excessive P/V Discharge but feeling better in pain in back and weakness, vertigo. Then as we raised the potency to 1M as per the homoeopathic guidelines as physicals generals were better and particulars were better I continued with the same medicine with higher potency. After starting with the higher potency there was visible improvement in her whitish discharge P/V and weight is also decreased (76 kg to 70 kg). Then we advised her to go for her thyroid profile again. Her TSH values were decreased this time from previous levels and comes within normal limit.

CONCLUSION

This case report has shown the utility of homoeopathic medicines in cases of hypothyroidism to which patients have to depend on medicines for life in conventional method of treatment. With homoeopathic medications we can improve the quality of life of patient with ease and comfort.

CONSENT

Patients consent was taken to publish without revealing her identity.

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