

Hypothyroidism Case Treated with LM Potency- A Case Report of Hypothyroid

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Abstract:

Hypothyroidism is a common condition of thyroid hormone deficiency, which is readily diagnosed and managed but potentially fatal in severe cases if untreated. The definition of hypothyroidism is based on statistical reference ranges of the relevant biochemical parameters and is increasingly a matter of debate. Clinical manifestations of hypothyroidism range from life threatening to no signs or symptoms. The most common symptoms in adults are fatigue, lethargy, cold intolerance, weight gain, constipation, change in voice, and dry skin, but clinical presentation can differ with age and sex, among other factors. The standard treatment is thyroid hormone replacement therapy with levothyroxine. However, a substantial proportion of patients who reach biochemical treatment targets have persistent complaints. In this Seminar, we discuss the epidemiology, causes, and symptoms of hypothyroidism; summarise evidence on diagnosis, long-term risk, treatment, and management; and highlight future directions for research. The case report followed the HOM-CASE guidelines for clinical case reporting outcome.

KEYWORDS: Hypothyroidism, Homoeopathy, LM potency, Calcarea Carb

Introduction

Hypothyroidism refers to the common pathological condition of thyroid hormone deficiency. If untreated, it can lead to serious adverse health effects and ultimately death. Because of the large variation in clinical presentation and general absence of symptom specificity, the definition of hypothyroidism is predominantly biochemical. Overt or clinical primary hypothyroidism is defined as thyroid-stimulating hormone (TSH) concentrations above the reference range and free thyroxine concentrations below the reference range. Mild or subclinical hypothyroidism, which is commonly regarded as a sign of early thyroid failure, is defined by TSH concentrations above the reference range and free thyroxine concentrations within the normal range.

Hypothyroidism results from low levels of thyroid hormone with varied etiology and manifestations. Hypothyroidism is primarily categorized as primary and secondary (central) hypothyroidism. In primary hypothyroidism, the thyroid gland cannot produce adequate thyroid hormone. The less commonly seen secondary or central hypothyroidism occurs when the thyroid gland functions normally; however, hypothyroidism results from the abnormal pituitary gland or hypothalamus function. Untreated hypothyroidism increases morbidity and mortality. In the United States, autoimmune thyroid disease (ie, Hashimoto thyroiditis) is the most common cause of hypothyroidism, but globally, lack of iodine in the diet is the most common cause (1)

Case Report

A 23 yr old male, unmarried, pursuing BE coming from Belgavi in my clinic with complaints of gaining weight since 6 months, swelling of whole body and profuse sweating on head ++ with foul smell. With dryness of head with moderate itching which is aggravated after bath. He Also having red, macule eruption on his face since 4 years, its aggravated after perspiration, he had taken Allopathic treatment for skin complaints but not relief.

Personal history-

Diet -Veg Appetite – Good Thirst-Large quantity of small interval

Desires- Not specific Aversion - Milk++ Thermal- Chilly Perspiration - Profuse on head ++ and foul smell++

Mental’s- Patient is lazy++, anger on contradiction+ and feeling drowsy all time, lack of concentration in studies.

O/E - Temperature - 97.4 F Pulse 78/m Rate 16/m BP110/80 mm of Hg

Totality of symptoms.

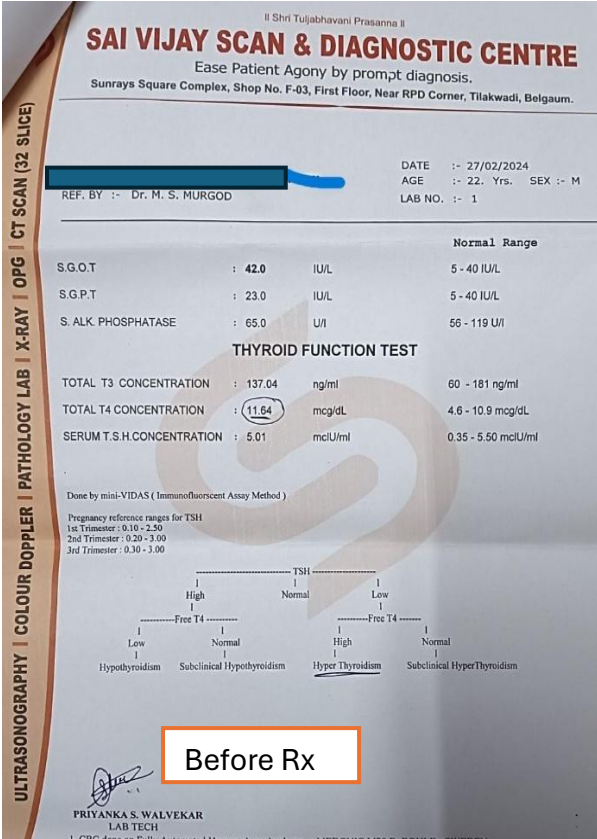
1. Swelling of body.
2. Eruption on face which is red macules aggravation after perspiration
3. Itching and dryness of head aggravation after bath.
4. Perspiration profuse on head with foul smell.
5. Weight increased.
6. Perspiration profuse.
7. Aversion milk.
8. Chilly
9. Laziness
10. Drowsiness
11. Lack of concentration

Follow Up –

| Sr. No. | Date | Observation | Prescription |
|---------|----------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 1. | 14/09/25 | Case definition done | Calcarea Carb 0/1 10 stroke for 1month & Sac Lac TID for 1 month |
| 2. | 17/10/25 | Swelling reduced 15-20 %. Itching reduced 20 %. Perspiration on slightly exertion improved 15-20 %. Pimples reduced slightly 10%. | Calcarea Carb 0/2,10stroke 25drops in 150 ml water prepared and spoon TID every day for 1month-sac lac TID for 1month |
| 3. | 24/11/25 | Pimples reduced, itching reduced. Swelling reduced. | Calcarea Carb 0/3,10stroke 50drops in 150ml water prepared and spoon TID every day for 1month-sac lac for 1month |

| | | | |
|----|-----------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 4. | 19/2/2026 | Patient done TSH and report was normal. | Calcarea Carb 0/4, 10 stroke 50 drops in 150ml water prepared and spoon TID every day for 1 month - sac lac for 1 month |
|----|-----------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

Investigation Report –



SAI VIJAY SCAN & DIAGNOSTIC CENTRE
Ease Patient Agony by prompt diagnosis.
Sunrays Square Complex, Shop No. F-03, First Floor, Near RPD Corner, Tilakwadi, Belgaum.

DATE :- 27/02/2024
AGE :- 22. Yrs. SEX :- M
LAB NO. :- 1

REF. BY :- Dr. M. S. MURGOD

| Parameter | Value | Unit | Normal Range |
|---------------------|-------|------|--------------|
| S.G.O.T | 42.0 | IU/L | 5 - 40 IU/L |
| S.G.P.T | 23.0 | IU/L | 5 - 40 IU/L |
| S. ALK. PHOSPHATASE | 65.0 | U/l | 56 - 119 U/l |

THYROID FUNCTION TEST

| | | | |
|----------------------------|--------|--------|--------------------|
| TOTAL T3 CONCENTRATION | 137.04 | ng/ml | 60 - 181 ng/ml |
| TOTAL T4 CONCENTRATION | 11.64 | mcg/dL | 4.6 - 10.9 mcg/dL |
| SERUM T.S.H. CONCENTRATION | 5.01 | mIU/ml | 0.35 - 5.50 mIU/ml |

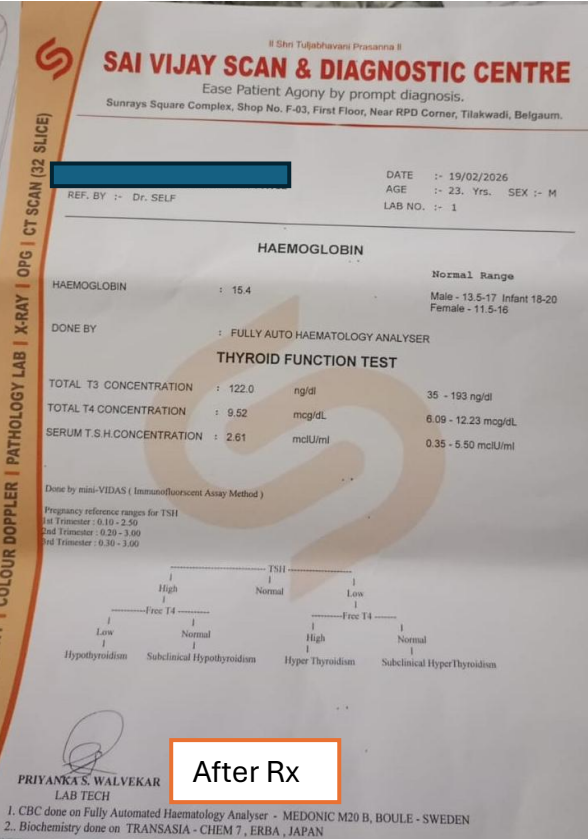
Done by mini-VIDAS (Immunofluorescent Assay Method)

Pregnancy reference ranges for TSH
1st Trimester: 0.10 - 2.50
2nd Trimester: 0.20 - 3.00
3rd Trimester: 0.30 - 3.00

TSH: High | Normal | Low
Free T4: Low | Normal | High | Normal
Hypothyroidism | Subclinical Hypothyroidism | Hyper Thyroidism | Subclinical HyperThyroidism

Before Rx

PRIYANKA S. WALVEKAR
LAB TECH



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REF. BY :- Dr. SELF

HAEMOGLOBIN

| | | | |
|-------------|------|--|----------------------------------------------------|
| HAEMOGLOBIN | 15.4 | | Normal Range Male - 13.5-17 Female - 11.5-16 |
|-------------|------|--|----------------------------------------------------|

DONE BY :- FULLY AUTO HAEMATOLOGY ANALYSER

THYROID FUNCTION TEST

| | | | |
|----------------------------|-------|--------|---------------------|
| TOTAL T3 CONCENTRATION | 122.0 | ng/dl | 35 - 193 ng/dl |
| TOTAL T4 CONCENTRATION | 9.52 | mcg/dL | 6.09 - 12.23 mcg/dL |
| SERUM T.S.H. CONCENTRATION | 2.61 | mIU/ml | 0.35 - 5.50 mIU/ml |

Done by mini-VIDAS (Immunofluorescent Assay Method)

Pregnancy reference ranges for TSH
1st Trimester: 0.10 - 2.50
2nd Trimester: 0.20 - 3.00
3rd Trimester: 0.30 - 3.00

TSH: High | Normal | Low
Free T4: Low | Normal | High | Normal
Hypothyroidism | Subclinical Hypothyroidism | Hyper Thyroidism | Subclinical HyperThyroidism

After Rx

PRIYANKA S. WALVEKAR
LAB TECH

1. CBC done on Fully Automated Haematology Analyser - MEDONIC M20 B, BOULE - SWEDEN
2. Biochemistry done on TRANSASIA - CHEM 7, ERBA, JAPAN

Repertory sheet -

| | | | | | | |
|----------------------------------------------------------------|--------|--------|--------|--------|--------|--------|
| [Kent] [Generalities]Obesity: (50) | 3 | 1 | 2 | | 1 | 2 |
| [Kent] [Stomach]Aversion:Milk: (30) | 2 | 2 | 2 | | 2 | 2 |
| [Kent] [Generalities]Cold :Becoming:After,agg: (82) | 3 | 3 | 2 | 3 | 3 | 3 |
| [Phatak] [Phatak A-Z]Laziness (See Inactive, Indolent): (9) | | 1 | 2 | 1 | | |
| Remedy Name | Calc | Sep | Sulph | Ars | Sil | Puls |
| Totality / Symptom Covered | 16 / 6 | 13 / 6 | 12 / 6 | 12 / 5 | 12 / 5 | 11 / 5 |
| [Phatak] [Phatak A-Z]Puffiness (See also Swelling): (21) | 3 | | | 3 | | |
| [Kent] [Face]Eruptions (see skin):Blotches:Washing,after: (2) | | | | | | |
| [Kent] [Face]Eruptions (see skin):Acne: (41) | 2 | 3 | 2 | 2 | 3 | 2 |
| [Kent] [Perspiration]Profuse: (133) | 3 | 3 | 2 | 3 | 3 | 2 |

Discussion

Hypothyroidism is characterized by reduced thyroid hormone production leading to metabolic slowing and systemic symptoms. According to Organon of Medicine, homoeopathic treatment should be based on the totality of symptoms and individualized remedy selection. Samuel Hahnemann emphasizes in Aphorism 3 that the physician’s duty is to clearly perceive what is to be cured in disease and what is curative in medicines. Further, Aphorism 270 recommends beginning treatment with the lowest suitable potency and advancing when required (2). In this case, the remedy was selected based on characteristic symptoms such as profuse head perspiration and generalized itching with swelling. Gradual clinical improvement supports the homoeopathic principle of stimulating the body’s self-regulatory healing response.

References

1. Cncdi.n/m.nih.gov/books/NBK51936/#
2. 6th edition of Organon of Medicine, authored by Samuel Hahnemann