International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Integrative Management of Subclinical Hypothyroidism Through Individualised Homoeopathic Intervention: A Case Report

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ABSTRACT:

Background: Subclinical Hypothyroidism is a mild thyroid problem where the thyroid-stimulating hormone (TSH) level is high, but the thyroid hormones (T4 and T3) are normal. Although often asymptomatic, patients may exhibit subtle metabolic, neuropsychiatric, or constitutional symptoms that could progress to overt Hypothyroidism if left untreated.

Methods: A patient with Hypothyroidism was treated with personalised homoeopathic medicine, and the progress was monitored over a one-year period. The patient experienced symptoms such as fatigue, weight gain, and cold intolerance, and received homoeopathic treatment tailored to their specific needs. The treatment's effectiveness was assessed through thyroid function tests, with no conventional medicines used during this time.

Results: The patient felt better overall, with more energy, weight loss, and regular bowel movements. Her thyroid test results improved, with TSH levels returning to normal, and FT3 and FT4 levels staying within the normal range, all without any side effects.

Conclusion: This case illustrates the potential effectiveness of individualised Homoeopathic medicines in managing Hypothyroidism. Improvement was observed both clinically and through the normalisation of TFT parameters, indicating a possible regulatory effect on thyroid function.

Keywords: Case Reports, Homoeopathy, Hypothyroidism, Individualised Medicine, Thyroid Disease

INTRODUCTION:

Hypothyroidism is a clinical manifestation caused by a deficiency in thyroid hormone production or in its tissue action, leading to a general slowdown of metabolic processes throughout the body. It may result from primary thyroid gland dysfunction or, less commonly, from hypothalamic–pituitary axis disorders causing secondary or tertiary Hypothyroidism [1,2]. The disease spectrum ranges from subclinical Hypothyroidism, characterised by elevated serum thyroid-stimulating hormone (TSH) with normal free thyroxine (FT4) levels, to overt Hypothyroidism with low circulating thyroid hormone levels [3].

Thyroid hormones are essential in regulating metabolism, growth, and neurodevelopment. Therefore, even mild deficiency can cause multisystemic symptoms affecting the cardiovascular, neuropsychiatric, gastrointestinal, reproductive, and musculoskeletal systems [4]. The most common cause of Hypothyroidism in cases with sufficient iodine intake is autoimmune thyroiditis (Hashimoto's thyroiditis), while iodine deficiency remains the leading global cause [5,6]. Other causes include post-radioiodine therapy, thyroidectomy, certain medications and infiltrative or congenital disorders [7,8].

Subclinical Hypothyroidism (SCH) should be categorised into two groups based on serum thyroid-stimulating hormone (TSH) levels: mildly elevated TSH levels (4.0-10.0 µIU/mL) and more markedly elevated TSH (>10 µIU/mL) [9]. Clinical signs of Hypothyroidism vary from life-threatening to the absence of any signs and symptoms. The most common symptoms in adults include fatigue, lethargy, cold intolerance, weight gain, constipation, changes in voice, and dry skin. The presentation can differ according to age and sex, among other factors. Standard treatment involves thyroid hormone replacement therapy with levothyroxine [10]. From a homoeopathic perspective, disease or any kind of ailment is seen as a dynamic disturbance of the vital force, with treatment aimed at restoring balance through individualised remedy selection based on the totality of symptoms rather than solely on biochemical parameters alone. Classical homoeopathic texts, as emphasised by Hahnemann in the Organon of Medicine (§7, §9, §153), and Kent also advocate that true cure occurs when internal harmony is re-established by a similimum acting at the dynamic level [11,12].

Prevalence and Epidemiology

Hypothyroidism represents one of the most common endocrine disorders globally. About 1-2% of people worldwide have overt Hypothyroidism, while up to 10% have Subclinical Hypothyroidism, with women and older adults being more affected [1]. The prevalence increases with age and is nearly five to eight times higher in females than in males [2].

In India, about 11% of people have Hypothyroidism, and 8-12% have Subclinical Hypothyroidism [5]. Urban studies show that around 1 in 10 adults in India may have Hypothyroidism, with women over 35 being more affected [6]. Also mentioned that autoimmune thyroiditis is the leading cause in iodine-sufficient areas, while iodine deficiency remains relevant in certain rural and hilly regions [3,4].

Hypothyroidism is often not diagnosed because its symptoms are vague and can be missed. Untreated subclinical Hypothyroidism can cause serious health problems like high cholesterol, memory issues, infertility, and heart disease [7]. So, regular screening and awareness are crucial for early detection and treatment to improve quality of life and prevent complications [8].

CASE PROPER: A 50-year old female presented at the OPD of the Practice of Medicine Department, Homoeopathy Hospital, NEIAH, Shillong, on 13/09/2024 with complaints of burning and tingling sensation over toes bilaterally since the past 2 weeks associated with dull aching pain on both legs; profuse sweating of the whole body after eating; irregular bowel movements since the past 2 months; easy fatigue with normal work and cold intolerance were also reported. On examination, it was found that she had a flushed face, which she reported had been increasing over the past 4 years.

HISTORY OF PRESENTING COMPLAINTS:

The patient came to the homoeopathy hospital with the above complaints with a diagnosed case of Hypothyroidism for the past 3 years and was on Conventional medicine for the past 1 year, stopped 4 months back because there was no improvement seen with the treatment received. She brought along the report, dated 31/07/2024, of Thyroid Function Test (TFT), having a TSH value of **8.47 µIU/mL**. She came opting for Homoeopathy for the first time.

PAST HISTORY: The patient had a history of a spontaneous abortion in 1993, a Tubectomy in 1998, and suffered from Pulmonary Tuberculosis 13 years back, for which she had received conventional treatment for 9 months and was cured; uterine fibroids in 2020, which were treated conventionally for 3 years and improved.

FAMILY HISTORY:
Mother also had a history of Hypothyroidism. No other significant medical illness was reported.

PERSONAL HISTORY:
The patient was married in 1992 with two children (both girls) and attained menopause 2 years ago. She is a health worker in a primary health centre. She belonged to a middle-income family. Her relationship with her family members is cordial.

PHYSICAL GENERALS:
- Appetite increased, eating well; bitter taste in the morning.
- Desires sweet; dislikes oily foods
- Thirst present moderately, with habits of sipping water after meals only.
- Bowel habits: hard; needed straining; unsatisfactory; irregular
- Bladder habits: clear with a sour smell occasionally.
- Profuse sweating of the whole body, especially after meals.
- Sleep: adequate and profound sleep.

MENTALS:
- Fear of thunderstorms
- Lively and joyful but hesitates in decision-making.
- Forgetfulness present.

PHYSICAL EXAMINATION:
Well built, fair complexion;
At baseline (13/09/2024):- **Vitals -** B.P.: 118/78 mmHg, Weight: 54.5 Kg, Height: 146 cm, BMI: 25.56 Kg/m^2; Pulse rate: 59 bpm
19/09/2025:-Vitals - B.P.: 116/86 mmHg, Weight: 49.4 Kg, Height: 146 cm, BMI: 23.17 Kg/m^2; Pulse rate: 68 bpm
General Physical Examination- All findings normal, including no swollen or palpable lymph nodes.
On systemic examination of the Gastrointestinal system, hardness over the right hypochondrium and decreased bowel sounds were usually heard.

DIAGNOSTIC ASSESSMENT:
Diagnosis was established by the Laboratory investigation values of THYROID FUNCTION TESTING listed below in

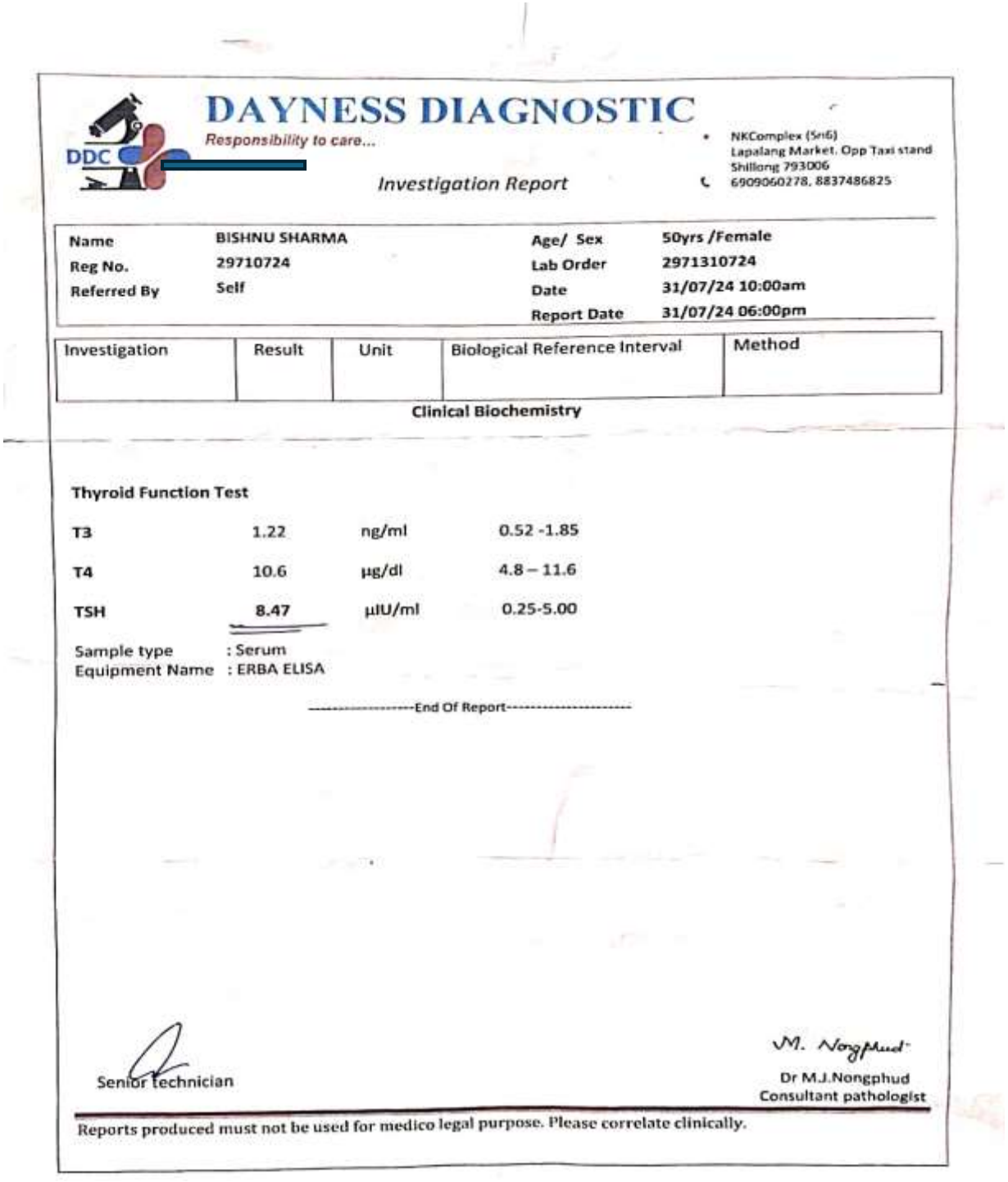
TABLE 1: DIAGNOSTIC ASSESSMENT OF THE DIFFERENT LABORATORY TESTING:

DATE OF SCREENING	TSH	T3	T4
31/07/2024	8.47 µIU/mL (↑)	1.22 ng/mL	10.6 µg/d
24/09/2024	7.18 µIU/mL (↑)	105.90 ng/dL	7.36 µg/dL
25/02/2025	8.12 µIU/mL (↑)	100.20 ng/dL	7.75 µg/dL

06/06/2025	2.34 µIU/mL	1.31 nmol/L	79.18 nmol/L
21/08/2025	4.896 µIU/mL	1.01 ng/mL	8.90 µg/dL

The TSH values fluctuated within abnormal limits, but the last two investigations from the above table showed that the values remained within normal limits only.

FIGURES 1 - 5: LABORATORY TESTING REPORTS:FIGURE 1: THYROID FUNCTION TEST DATED 31/07/2024



DAYNESS DIAGNOSTIC
Responsibility to care...
NKComplex (Sn6)
Lapalang Market. Opp Taxi stand
Shillong 793006
6909060278, 8837486825

Investigation Report

Name	BISHNU SHARMA	Age/ Sex	50yrs /Female
Reg No.	29710724	Lab Order	2971310724
Referred By	Self	Date	31/07/24 10:00am
		Report Date	31/07/24 06:00pm

Investigation	Result	Unit	Biological Reference Interval	Method
Clinical Biochemistry				
Thyroid Function Test				
T3	1.22	ng/ml	0.52 -1.85	
T4	10.6	µg/dl	4.8 – 11.6	
TSH	8.47	µIU/ml	0.25-5.00	

Sample type : Serum
Equipment Name : ERBA ELISA

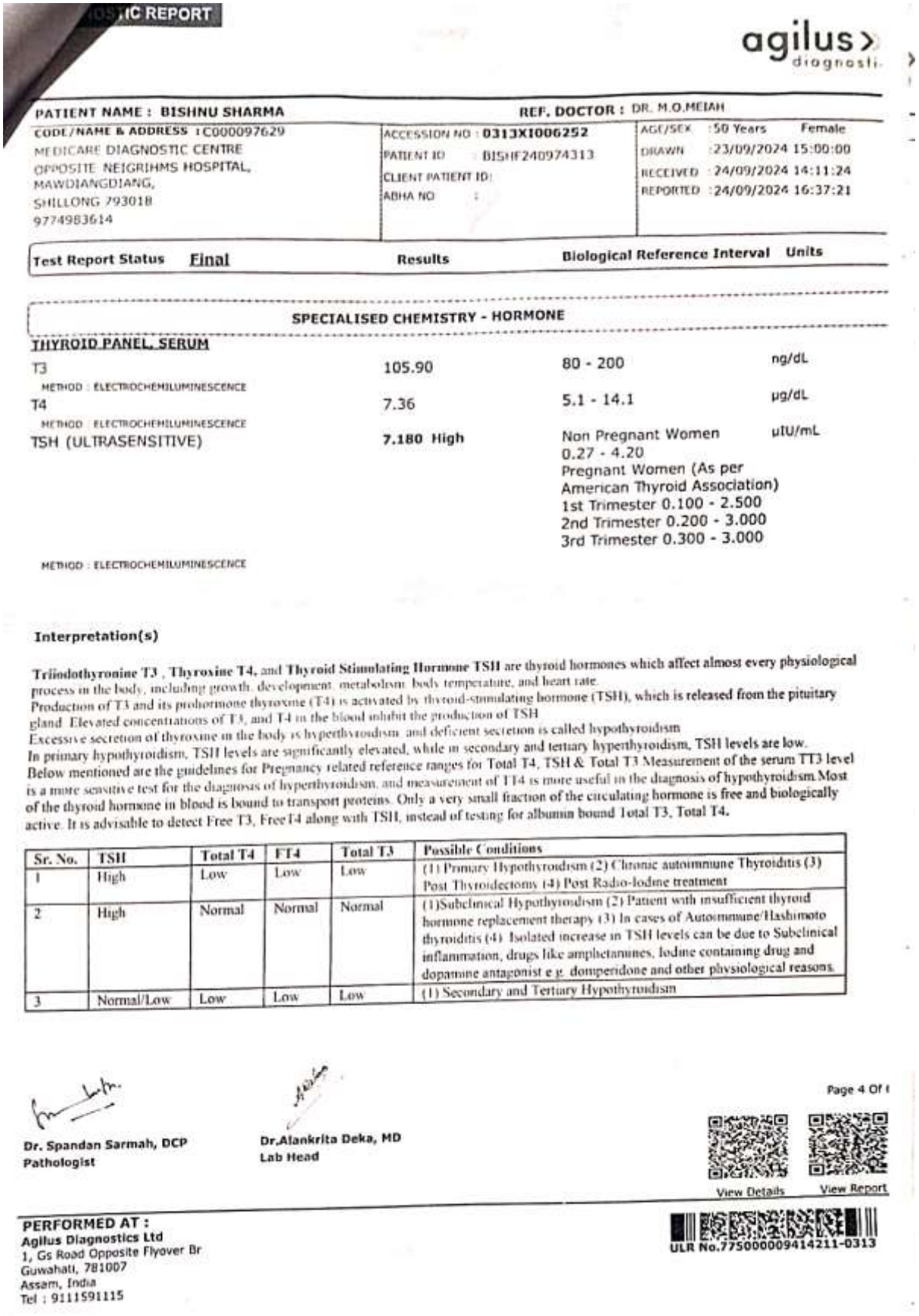
----------End Of Report----------

Senior Technician

M. Nongphud
Dr M.J.Nongphud
Consultant pathologist

Reports produced must not be used for medico legal purpose. Please correlate clinically.

FIGURE 2: THYROID FUNCTION TEST DATED 24/09/2024



IC REPORT

agilus diagnosti

PATIENT NAME : BISHNU SHARMA
REF. DOCTOR : DR. M.O.MEIAH

CODE/NAME & ADDRESS : C000097629
MEDICARE DIAGNOSTIC CENTRE
OPPOSITE NEIGRIHMS HOSPITAL,
MAWDIANGDIANG,
SHILLONG 793018
9774983614

ACCESSION NO : 0313X1006252
PATIENT ID : BISHF240974313
CLIENT PATIENT ID :
ABHA NO :

AGE/SEX : 50 Years Female
DRAWN : 23/09/2024 15:00:00
RECEIVED : 24/09/2024 14:11:24
REPORTED : 24/09/2024 16:37:21

Test Report Status Final	Results	Biological Reference Interval	Units
SPECIALISED CHEMISTRY - HORMONE			
THYROID PANEL, SERUM			
T3	105.90	80 - 200	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE			
T4	7.36	5.1 - 14.1	µg/dL
METHOD : ELECTROCHEMILUMINESCENCE			
TSH (ULTRASENSITIVE)	7.180 High	Non Pregnant Women 0.27 - 4.20 Pregnant Women (As per American Thyroid Association) 1st Trimester 0.100 - 2.500 2nd Trimester 0.200 - 3.000 3rd Trimester 0.300 - 3.000	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE			

Interpretation(s)

Triiodothyronine T3 , Thyroxine T4, and **Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.
Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH
Excessive secretion of thyroxine in the body is hyperthyroidism and deficient secretion is called hypothyroidism
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3 Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism.Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4) Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism

Dr. Spandan Sarmah, DCP
Pathologist

Dr.Alankrita Deka, MD
Lab Head

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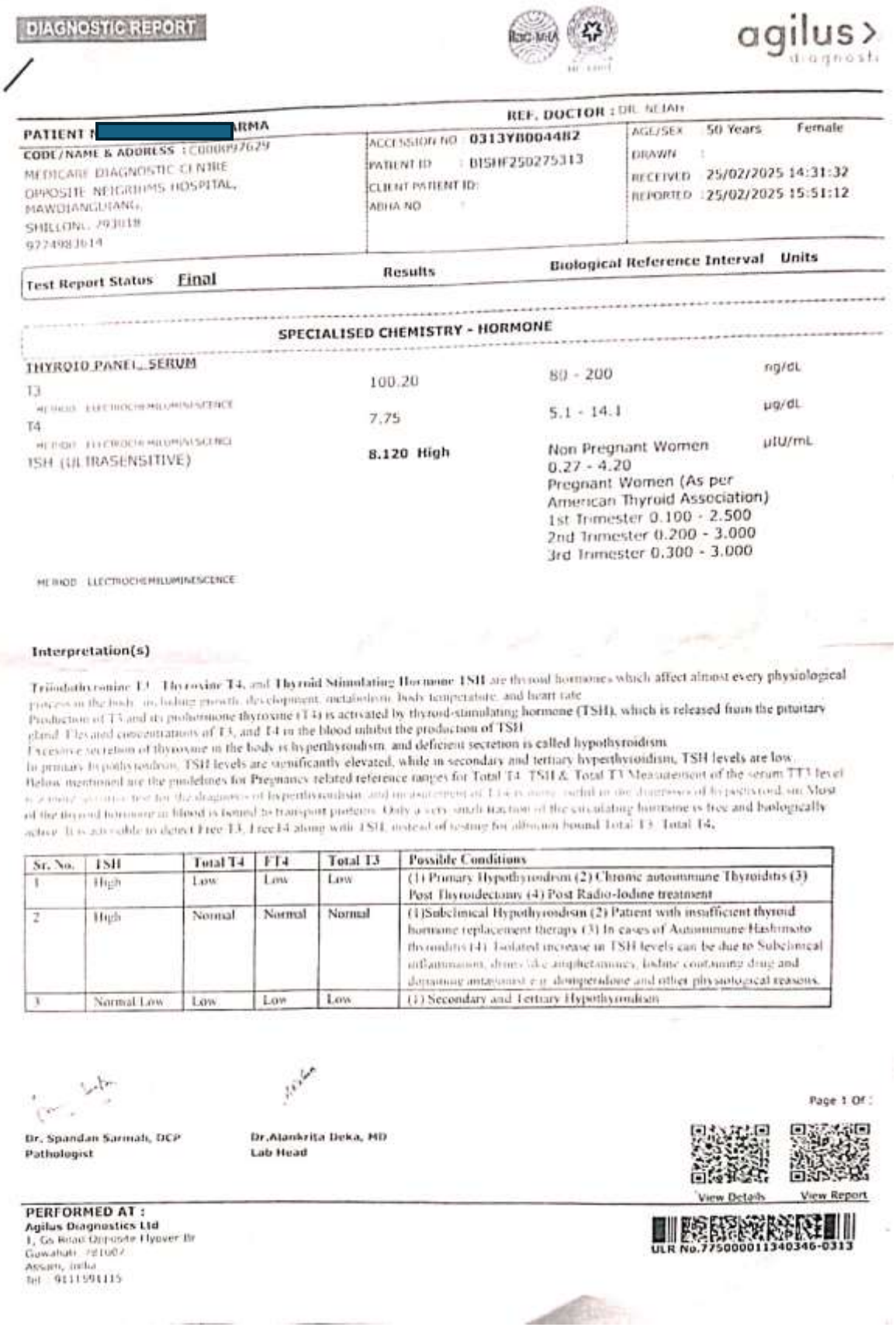
View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
1, Gs Road Opposite Flyover Br
Guwahati, 781007
Assam, India
Tel : 9111591115

ULR No.775000009414211-0313

FIGURE 3: THYROID FUNCTION TEST DATED 25/02/2025



DIAGNOSTIC REPORT

agilus diagnostics

PATIENT [redacted]RMA — REF. DOCTOR : DR. NEIAH

CODE/NAME & ADDRESS : C0000[redacted]7629
MEDICARE DIAGNOSTIC CENTRE
OPPOSITE NEIGRIHMS HOSPITAL,
MAWDIANGDIANG,
SHILLONG, 793018
9774983614

ACCESSION NO : 0313YB0044482
PATIENT ID : BISHF250275313
CLIENT PATIENT ID:
ABHA NO

AGE/SEX : 50 Years Female
DRAWN :
RECEIVED : 25/02/2025 14:31:32
REPORTED : 25/02/2025 15:51:12

Test Report Status Final	Results	Biological Reference Interval	Units
SPECIALISED CHEMISTRY - HORMONE			
THYROID PANEL, SERUM			
T3	100.20	80 - 200	ng/dL
METHOD: ELECTROCHEMILUMINESCENCE			
T4	7.75	5.1 - 14.1	µg/dL
METHOD: ELECTROCHEMILUMINESCENCE			
TSH (ULTRASENSITIVE)	8.120 High	Non Pregnant Women 0.27 - 4.20 Pregnant Women (As per American Thyroid Association) 1st Trimester 0.100 - 2.500 2nd Trimester 0.200 - 3.000 3rd Trimester 0.300 - 3.000	µIU/mL

METHOD : ELECTROCHEMILUMINESCENCE

Interpretation(s)

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.
Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
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Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
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3	Normal Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism

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Pathologist

Dr.Alankrita Deka, MD
Lab Head

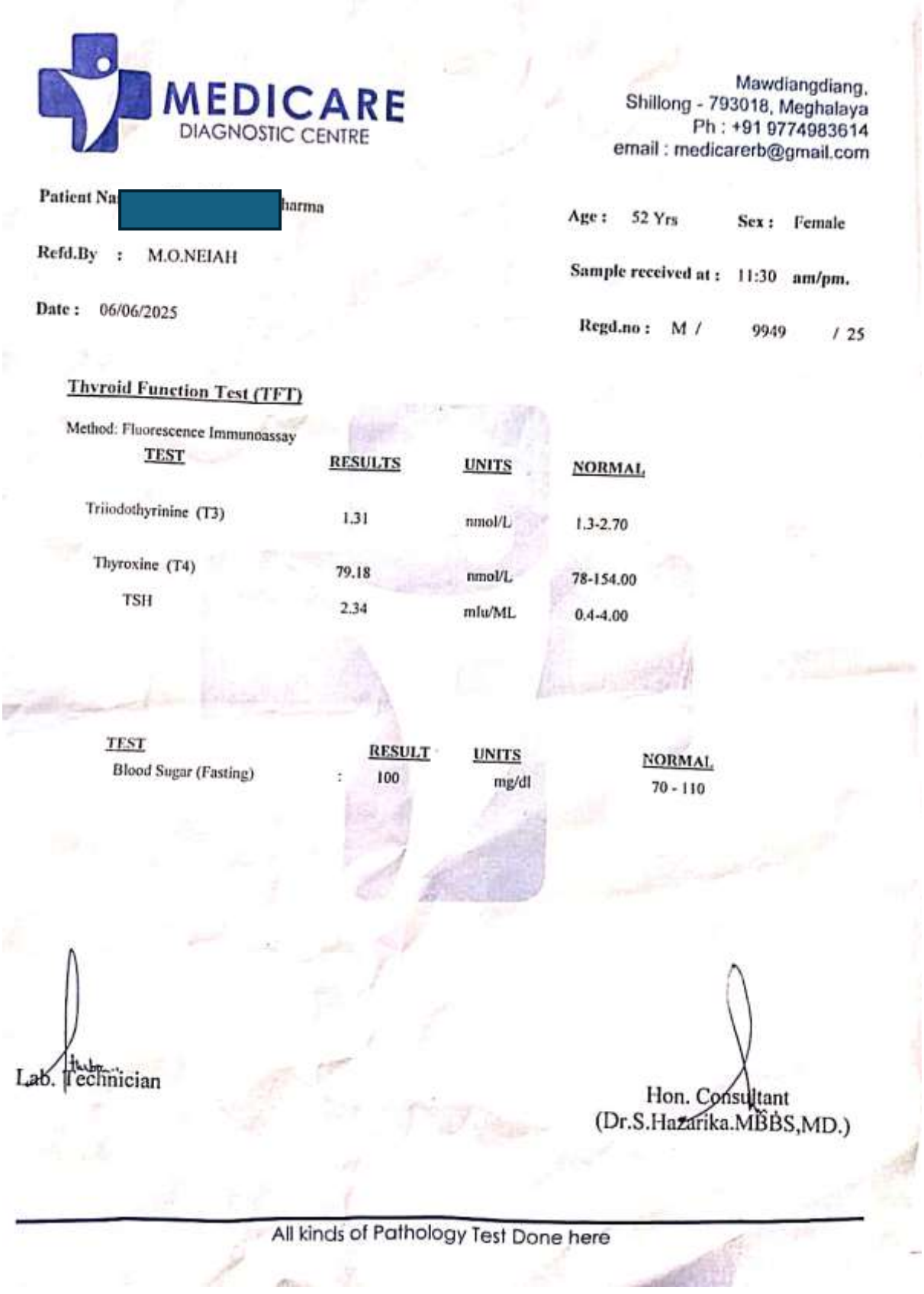
Page 1 Of 1

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
1, Gs Road Opposite Flyover Br
Guwahati 781007
Assam, India
Tel : 9111591115

ULR No.77500011340346-0313

FIGURE 4: THYROID FUNCTION TEST DATED 06/06/2025



MEDICARE
DIAGNOSTIC CENTRE

Mawdiangdiang,
Shillong - 793018, Meghalaya
Ph : +91 9774983614
email : medicarerb@gmail.com

Patient Na [redacted] harma

Age : 52 Yrs Sex : Female

Refd.By : M.O.NEIAH

Sample received at : 11:30 am/pm.

Date : 06/06/2025

Regd.no : M / 9949 / 25

Thyroid Function Test (TFT)

Method: Fluorescence Immunoassay

TEST	RESULTS	UNITS	NORMAL
Triiodothyrinine (T3)	1.31	nmol/L	1.3-2.70
Thyroxine (T4)	79.18	nmol/L	78-154.00
TSH	2.34	mlu/ML	0.4-4.00

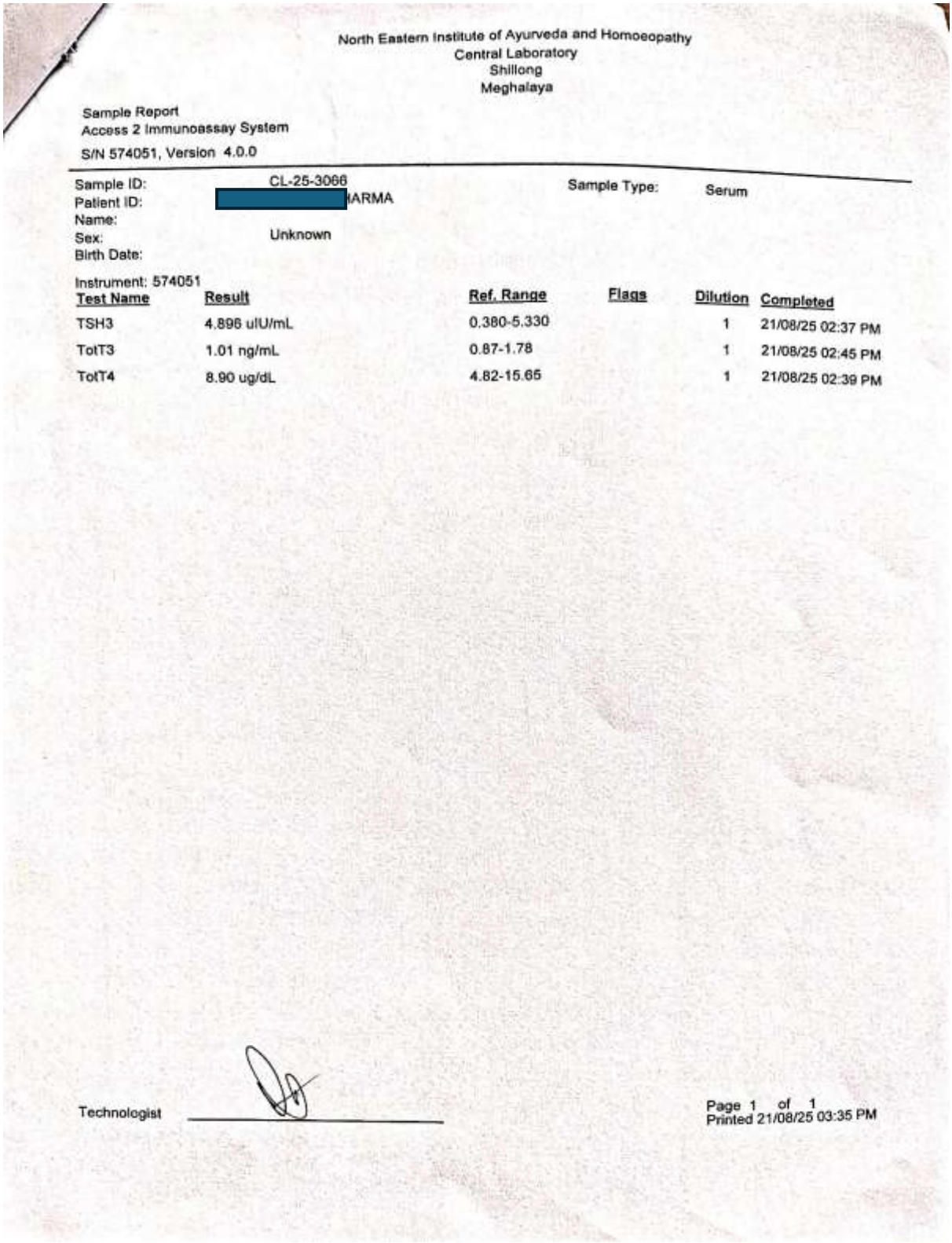
TEST		RESULT	UNITS	NORMAL
Blood Sugar (Fasting)	:	100	mg/dl	70 - 110

Lab. Technician

Hon. Consultant
(Dr.S.Hazarika.MBBS,MD.)

All kinds of Pathology Test Done here

FIGURE 5: THYROID FUNCTION TEST DATED 21/08/2025



North Eastern Institute of Ayurveda and Homoeopathy
Central Laboratory
Shillong
Meghalaya

Sample Report
Access 2 Immunoassay System
S/N 574051, Version 4.0.0

Sample ID: CL-25-3066
Patient ID: [redacted]ARMA
Name:
Sex: Unknown
Birth Date:
Sample Type: Serum

Instrument: 574051

Test Name	Result	Ref. Range	Flags	Dilution	Completed
TSH3	4.896 uIU/mL	0.380-5.330		1	21/08/25 02:37 PM
TotT3	1.01 ng/mL	0.87-1.78		1	21/08/25 02:45 PM
TotT4	8.90 ug/dL	4.82-15.65		1	21/08/25 02:39 PM

Technologist

Page 1 of 1
Printed 21/08/25 03:35 PM

PROVISIONAL DIAGNOSIS: SUBCLINICAL HYPOTHYROIDISM

In ICD-10, SUBCLINICAL HYPOTHYROIDISM is coded as **E03.9**, while in ICD-11 it is coded as **5A00.22.**

CASE ANALYSIS AND TOTALITY OF SYMPTOMS: The totality of symptoms was framed and tailored to the case described above as follows:

1. Fear of Thunderstorms
2. Weakness of memory
3. Lively and joyful
4. Desires sweets
5. Thermal reaction- Chilly
6. Profuse perspiration
7. Fatigueness
8. Flushed Face
9. Hard and irregular stool
10. Tingling of feet
11. Burning sensation of the toes bilaterally
12. History of Tuberculosis
13. Known case of Hypothyroidism.

REPERTORISATION:

FIGURE 6: REPERTORISATION CHART

This analysis contains 868 remedies and 13 symptoms
Intensity is considered
Sum of symptoms (sorted degrees)

		sep.	nat-m.	phos.	lyc.	calc.	graph.	sulph.	nit-ac.	kali-c.	puls.	caust.	hep.	nux-v.	sil.	ars
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		13	13	12	12	12	12	12	12	12	11	11	11	11	11	11
		25	24	28	25	23	23	23	22	19	23	21	21	21	21	18
1. Clipboard 1																
1. MIND - FEAR - thunderstorm, of	(57) 1	2	2	4	2	1	2	1	2		1	1	1		1	
2. MIND - MEMORY - weakness of memory	(405) 1	3	2	3	3	2	2	2	3	1	2	3	3	2	2	3
3. MIND - VIVACIOUS	(137) 1	1	1	2	1		1	1	1	1		1	1	2		1
4. GENERALS - FOOD AND DRINKS - sweets - desire	(285) 1	2	1	2	3	2	2	3	2	2	2	1	2	1	1	1
5. GENERALS - HEAT - lack of vital heat	(292) 1	2	2	3	2	3	3	2	3	3	2	3	3	3	3	2
6. PERSPIRATION - PROFUSE	(298) 1	3	3	2	3	3	1	2	2	3	2	2	3	2	3	3
7. GENERALS - WEARINESS	(367) 1	3	3	3	3	2	3	3	1	1	3	2	2	1	3	1
8. FACE - CONGESTION	(159) 1	1	2	2	2	2	1	1	1	1	3	1	2	3	2	1
9. RECTUM - CONSTIPATION	(527) 1	3	3	3	3	3	3	3	3	2	2	3	1	3	3	3
10. EXTREMITIES - TINGLING - Feet	(120) 1	2	1	2	1	2	1	1	2	2	2	1	2	2	1	1
11. EXTREMITIES - TOES; COMPLAINTS OF	(118) 1	1	1	1	1	1	3	3	1	1	3	3	1	1	1	1
12. GENERALS - HISTORY; PERSONAL - tuberculosis; of	(19) 1	1	1	1		1			1	1					1	
13. GENERALS - HYPOTHYROIDISM	(41) 1	1	2		1	1	1	1		1	1			1		1

THERAPEUTIC INTERVENTION:

Repertorisation was performed using the Radar opus software version 4.4.10, and Phosphorus showed the highest degree of symptoms; however, in consultation with Homoeopathic Materia Medica, Graphites was selected as the final remedy in the initial prescription based on the constitution, physical generals and mentals. The patient was advised to take Graphites - 2 doses in 200 Centesimal potency for 02 (two) days, early morning on an empty stomach (EMES), as a baseline prescription on 13/09/2024.

Later, during the subsequent follow-ups, Phosphorus and biochemic remedies like Calcarea phosphoricum 6x and Thyroidinum 3x were also prescribed to support the potentised remedy prescribed. The remedies were chosen according to symptom similarity as described by Master Dr. Samuel Hahnemann in the Organon of Medicine tailored to their needs.

FOLLOW-UPS AND OUTCOMES:

TABLE 2: FOLLOW-UP RECORDS

DATE OF VISIT	CHANGES NOTICED	PRESCRIPTION WITH DOSES
13/09/2024	Baseline case totality Advise for TFT Laboratory investigation	GRAPHITES 200/ two doses EMES X 5 Glbs X 2 days
21/10/2024	Pain over popliteal region of right leg; Tingling sensation was reduced; Weariness decreased; Bowel movement-hard but regular; No sour smell of Urine; New complaint of small red macular eruptions on the nape of neck associated with intense itching and burning sensations for the past 03 days (most probable cause – after she went for gardening). TSH value at 24/09/2024=7.18 µIU/mL	GRAPHITES 200/one DOSE EMES X 5 Glbs X 1 day; Calendula Q for external application was advised for 1 week.
11/11/2024	Eruptions over the neck – improved; Tingling sensation was reduced; No more fatigueness. Pain over popliteal region of right leg present but reduced.	Make 2 packets of SL To be taken once daily x 2 days Calcarea phosphoricum 6x 2 tablets daily x p.c. x 1 month
30/12/2024	Tingling sensation no more present; Bowel movement- clear; Mild pain and stiffness on turning the neck sideways (most probable cause -overlifting two days back)	GRAPHITES 200/one DOSE EMES X 5 Glbs X 1 day; Calcarea phosphoricum 6x 2 tablets daily x p.c x 1 month
17/01/2025	Pain over popliteal region of right leg decreased; Profuse sweating of whole body got reduced before but re-started; Stiffness of neck improved;	GRAPHITES 200/one DOSE EMES X 5 Glbs X 1 day; Calcarea phosphoricum 6x 2 tablets daily x p.c. x 1 month

24/02/2025	Pain over popliteal region of right leg still present but decreased; Profuse sweating of whole body decreased; Irregular bowel movement since 1 week; Hairfall increased since past 1 week; Intolerance to cold++ causes throat irritation < from cold things Weight=52 kg Advise for TFT Laboratory investigation	PHOSPHORUS 200 for 02 days EMES X 5 Glbs X 2 days; SL To be taken once daily x 1 month
17/03/2025	Decrease appearance of redness over the face; Bowel movement- Regular; **Hairfall decreased;** Intolerance to cold decreased TSH value at 25/02/2025=8.12 µIU/mL	SL To be taken once daily x 1 month THYROIDINUM 3X 2 tablets x To be taken once daily x p.c. x 1 month
25/04/2025	Pain over popliteal region of right leg mildly present; Sweating of whole body minimally present; Lower back pain since past 5 days (most probable cause -overstraining 1 week back) Advise for TFT Laboratory investigation	PHOSPHORUS 200 for 01 day EMES X 5 Glbs X 1 day; THYROIDINUM 3X 2 tablets x To be taken once daily x p.c. x 1 month
18/06/2025	Lower back pain improved; Patient feels energetic; Pain over popliteal region of right leg mildly present when flexing the knee Weight=50.9 kg TSH value at 06/06/2025=2.34µIU/mL	Make 4 packets of SL To be taken once weekly x 4 weeks
21/07/2025	Burning sensation in the right abdomen associated with sour eructation; Bowel soft and regular; No burning sensation over the Toes bilaterally Weight=51.4 kg Advise for TFT Laboratory investigation	PHOSPHORUS 200 for 01 day EMES X 5 Glbs X 1 day; THYROIDINUM 3X 2 tablets x To be taken once daily x p.c. x 1 month
19/09/2025	Burning sensation over the abdomen improved; Decreased flushed appearance on the face; Pain over popliteal region of right leg mildly present occasionally when flexing the knee	Make 4 packets of SL To be taken once weekly x 4 weeks

	Weight=49.4 kg TSH value at 21/08/2025=4.896 µIU/mL	THYROIDINUM 3X 2 tablets x To be taken once daily x p.c. x 1 month

OUTCOMES:

Regular TFT assessment showed variable results. But the values have tapered to a normal level for the past 3 months, as verified by Laboratory values mentioned in TABLE 1.

A gradual decrease in her weight with a normal BMI of 23.17 kg/m^2, with a weight of 49.4 kg from 54.5 Kg over a one-year follow-up period.

At the last visit, the patient was free of most of her somatic complaints.

And the intercurrent acute complaints were also managed successfully with the indicated remedies during the course of the treatment.

DISCUSSION:

The case is observed for around one year at intervals of nearly one month span , as the patient resides in a far-off place from the hospital. Selection of rubrics from the appropriate repertory based on the totality of the symptoms of the case was done in search of the similimum. The weight of the patient was also reduced in the follow-up treatment, as well as improvement in other symptoms, alongside the chief complaints; other intercurrent illnesses were also improved with proper selection of Homoeopathic similimum. This case highlights the effectiveness of individualised Homoeopathic treatment in managing Hypothyroidism. This case demonstrates the Homoeopathy's potential ability without the aid of the other treatment in such a case of Subclinical Hypothyroidism. The patient's significant improvement in the physical symptoms, supported by the improved laboratory values in TSH, validates the effectiveness of the Homoeopathic approach.

CONCLUSIONS:

Homoeopathy can help relieve symptoms in patients with Hypothyroidism. Many discomforts may be managed with the right Homoeopathic medicine, which can lessen suffering and reduce the need for other conventional drugs. More controlled research is needed. This case report adds to the existing evidence on the effectiveness of Homoeopathy for managing Hypothyroidism, especially when treatment is tailored to the individualistic approach. It also concluded that Homoeopathy has a large scope in cases of Hypothyroidism. Although a single case cannot establish causality, it highlights the scope of Homoeopathy as an integrative therapeutic approach. Systematic clinical trials and long-term follow-up are recommended to validate these outcomes further.

ACKNOWLEDGEMENT:

The authors acknowledge the patient for maintaining her faith in the Homoeopathic prescription, attending regular follow-ups and for allowing her case to be published.

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