A Non - Randomized Exploratory Study on Effectiveness of Homoeopathic Treatment in the Cases of Hypothyroidism in Females

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Abstract: Hypothyroidism is amongst the most prevalent thyroid disorders which is affecting a large number of population throughout the whole world. Hypothyroidism is currently second only to the diabetes mellitus in Occurrence of endocrine disorders in India. A major portion of Hypothyroidism cases constitute females. Once a patient has been diagnosed with Hypothyroid then, in most of the cases patient have to take lifelong medication in modern medicine to control the hypothyroidism. This study is carried out on 50 number of patients to evaluate and analyze the effectiveness of homoeopathic medicines prescribed on holistic approach based on the totality of symptoms. This being a non - randomized exploratory study, considering all the criteria, out of 50 cases 11 patients (22% of cases) there was marked improvement whereas in 21 patients (42% of cases) shown moderate improvement. Among the remaining 18 cases, 10 patients (20% of cases) shown mild improvement, however 8 patients i. e.; 16 % of the cases shown no improvement. Therefore, on the basis of the above collected data it is observed that 84% of cases had shown improvement ranging from mild to marked thus it can be concluded that homoeopathic medicines are effective in hypothyroid cases.

Keywords: Hypothyroid, Endocrine disorder, Female, Holistic approach, Homoeopathic medicine

1. Introduction

Under- active thyroid or commonly known as hypothyroidism is a hypometabolic medical condition in which human body produces inadequate quantity of thyroid hormones i.e., thyroxine and tri - iodothyronine. These hormones control every tissue in body using energy, so reduced production of these hormones are insufficient to meet the metabolic need of the body. According to WHO an estimated 40 - 45 million number of people in India and approximately 750 million people worldwide are affected from thyroid disorders. Hypothyroidism is approximately six times more likely to be occurring in females than males. WHO classifies hypothyroidism in ICD classification as E00 - E04.

Etiology and classification:
Based on the origin of Hypothyroidism in human body it can be divided into three types.
1) Primary Hypothyroidism – It occurs when thyroid gland is affected intrinsically. The root cause of this condition is iodine deficiency, autoimmune diseases, thyroid surgery or ectopic or absence of thyroid gland from birth or drug abuse. Due to any of abovementioned causes the level of TSH increase beyond normal range with or without low levels of T3 and T4.
2) Secondary Hypothyroidism – This type of hypothyroidism occurs when cause lie in Pituitary gland due to tumor or trauma.
3) Tertiary Hypothyroidism – This type of hypothyroidism occurs when cause is in hypothalamus region due to tumors, trauma and infiltration.

Pathophysiology: Thyroid hormone secretion is controlled by the trio of Hypothalamus, Pituitary gland and Thyroid gland in an axial manner. In cases of primary hypothyroidism thyroid gland is destructed leading to reduced secretion of T3 and T4 which triggers increase in secretion of TSH.

Presentation of Signs and Symptoms of Hypothyroidism: Tiredness/Fatigue, menstrual irregularities (menorrhagia, polymenorrhea, oligomenorrhea or amenorrhea), cold intolerance, hair loss (diffuse alopecia), thinning of hair, weakness of memory, concentration of patient is decreased, constipation, increase of weight, appetite is decreased, dry, coarse skin, low and depressed feeling, brittle nails, sleepiness feeling throughout the day, muscle aches, stiffness, anxiety, swollen, stiff or painful joints, swelling of the limbs.

Homoeopathy: A basic law of homoeopathy is that with increase in dilution, there is a increase in the potency of homoeopathic medications. So H. A. Robert stated that glands in human body secrete hormones in miniscule amount which have a profound impact on overall human body. Therefore, it approaches the homoeopathic principle and philosophy of attenuation. so we should not neglect the relationship homoeopathic medications may hold to these manifestations of endocrine disorders.

2. Materials and Methods

- Population: The study has been conducted on the patients attending OPD/IPD and peripheral dispensaries Sri Guru Nanak Dev Homoeopathic Medical College and Hospital, Ludhiana.
- Age &Sex: 15 to 45 year, females
- Medicines: Medicine will be prescribed on the basis of symptom similarity and individualization.
• **Pharmacy:** Dr. William Schwabe India Pvt Ltd., Dr. Reckeweg & Co., SBL Pvt Ltd., B. Jain Pharmaceutical Pvt Ltd., HASLAB.

**Inclusion Criteria**
1) Female aged between 15 to 45 year.
2) TSH > 4µIU/ml, with or without reduction of T4.
3) Patient who are taking thyronorm
4) Patient who are not on thyronorm.
5) Patient who give written consent.

**Exclusion Criteria**
1) Patient with any serious illness or any systemic disease such as Diabetes Mellitus, Hypertension,
2) Cardiovascular risk.
3) History of radiiodine treatment, radiation therapy or any surgery for hyperthyroid, thyroid cancer.
4) Patients with central hypothyroidism
5) Pregnant and lactating women.

**Investigation:** TSH and T4, T3

**Type of study:** Exploratory study

**Sample size:** 50 Patients

### 3. Result

As the primary objective of this exploratory study was to test the effectiveness of homoeopathic medications in cases of Hypothyroidism in females, here is the statistical analysis of the data collected from subjects and of efficacy of medication. On the basis of socio economic status it is observed that out of 50 cases 12 patients (24%) were from lower class and 32 cases amounting to 64 % of the cases are from middle class whereas only 6 patients (12%) were from higher class.

Out of 50 Hypothyroidism cases on the basis of non-randomization, the highest density of cases (42%) of Hypothyroidism was present in age group 25 - 35yrs. 28% of cases were in younger age group of 15 - 25yrs whereas remaining 34% cases lies in age group 35 - 45yrs.

![Figure 1: Graphical representation showing distribution of cases in relation to age](image1)

A total of 13 number of medicines were prescribed in this study to the patients on the basis of their totality of symptoms. Calcareacarbonica was prescribed to 10 patients (20%), Lycopodium was prescribed to 8 patients (16%) and 6 patients (12%) were prescribed Natrum muriaticum. Pulsatilla and Phosphorus was prescribed to 5 patients (10%) each. Remaining 32 % of the cases (16 patients) were prescribed Kali carbonicum, Silicea, Sulphur, Sepia, Graphite, Lac canium, Natrum carbonicum and Nux vomica.

![Figure 2: Graphical representation showing distribution of cases in relation to medicine prescribed](image2)

A total of 11 patients (22%) shown marked improvement after taking homoeopathic medication whereas 21 patients (42%) responded moderately to homoeopathic treatment. From remaining 36 % of the cases 10 patients (20%) shown mild improvement however 8 patients (16%) remained irresponsible to homoeopathic treatment and shown no improvement.

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4. Conclusions

To study the efficacy of homoeopathic treatment, paired t-test was applied on this study and the findings of t statistic from the sample were greater than from t statistic for 95% confidence level at 0.05 i.e. (2.0096). On the basis of findings, we can reject the null hypothesis and alternate hypothesis of homoeopathic medicines being effective is accepted on the basis of this “non randomized exploratory study on effectiveness of homoeopathic treatment in the cases of hypothyroidism in females”. Therefore, we can conclude that homoeopathic medicines respond well and are effective in the cases of hypothyroidism.

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References