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Management Of Hypothyroidism with Individualised Homoeopathic Medicine - A Case Report

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Abstract: ***Background: Hypothyroidism is characterised by inadequate secretion of thyroid hormones with a general reduction in metabolic function that exhibits as slowing of physical and mental activity. Homoeopathic treatment is an complementary therapy that can help reduce the intake of standard medications and provide cure. Case Summary: This case reports the treatment of a hypothyroidism case with individualized homoeopathic medicine without any conventional supplement, over a period of 5 months there were no recurrence of illness and patient is asymptomatic till date. On the basis of the totality of characteristic symptoms and analysis by repertorization, homoeopathic medicine Phosphorous was prescribed. Repetition was done according to the response of medicine which follows the principles of Homoeopathy. The patient showed stable improvement in the domain of signs and symptoms gradually when assessed post treatment with baseline score on the basis of The Billewicz Clinical Score. The Serial thyroid function tests (TFT) reports during follow up visit and Billewicz Clinical Score improvement are evidence about the effectiveness of homoeopathic medicines to stimulate thyroid gland to produce normal production of hormone. The individual curative response of the case was assessed using Modified Naranjo criteria for homoeopathic case reporting, casual attribution (MONARCH) which had a score of 11. So, this case study presents the role of Homoeopathy as a possible treatment option for the Primary Hypothyroidism.***

Keywords: Case report, Individualized Homoeopathy, Primary Hypothyroidism, Thyroid Profile Test, Billewicz Clinical Score

1. Introduction and ROL

Hypothyroidism is decreased thyroid function. Hypothyroidism most often results from dysfunction of the thyroid that is primary hypothyroidism but can also occur as a result of defects along the hypothalam0 - pituitary axis or from intake of lower - than - required doses of exogenous thyroid hormone in patients with primary hypothyroidism 1. Overt hypothyroidism, defined as a serum thyrotropin level greater than the upper normal limit with a concomitant serum free thyroxine (T4) value less than the lower normal limit is less common than subclinical hypothyroidism, defined as a thyrotropin value greater than the upper normal limit in association with a serum free T4 value within the reference range. Hypothyroidism is more common in females as compared to males and incidence increases with the age 2.

Estimates of the true prevalence of both overt hypothyroidism and subclinical hypothyroidism in the adult population vary by geographic location but in general range from approximately 0.2% to 1.0% for overt hypothyroidism to as high as approximately 10% for subclinical hypothyroidism, with the prevalence of subclinical hypothyroidism increasing with age, 3, 4.

2. Case Report

A 31-year-old married female presented at OPD of on 30 Jan 2023 with the following complaints:

- Irregular, suppressed menstrual cycle for 6 months
- Luecorrhea bloody
- Sluggishness and laziness
- Headache extending to nose

History of Presenting Complaints

Her menses became irregular 6 months, LMP was 10/11/2022, cycle was 3 - 4 days, irregular flow ameliorating on rest and headache which extended to nose. She also complained of bloody leucorrhea in between menses. She came to O. P. D. for checkup on feb 3, 2023 with above complaints and her for thyroid profile test with TSH level raised to 12.66., The patient did not receive any Allopathic or other alternative treatment for the above complaints before the visit.

Past History

- Ceaseren section with one healthy born male child on 3rd Oct 2020.
- All milestones achieved on time and vaccinated.
- Typhoid 7 years ago treated with allopathic medications

Family History

Mother: Suffering from diabetes mellitus.
Father: Apparently healthy

Clinical Findings

General Examination
Fair complexion
Weight – 69kg
Height – 158 cm
Blood Pressure - 120/70 mmHg
Pulse Rate – 84/min
Respiratory Rate – 18/min

Homoeopathic Generals

Mental generals

The patient was apparently well, but after some discords with the husband was living separetely since last 6 months.

Sexually abstinence got her more angry and irritated. She started with complains of headache and irregular menses. She is an extrovert and loves to party.

Physical generals

The thirst for large quantities in short interval, aversion to milk, desire fish. She had normal bowel habit and sound sleep

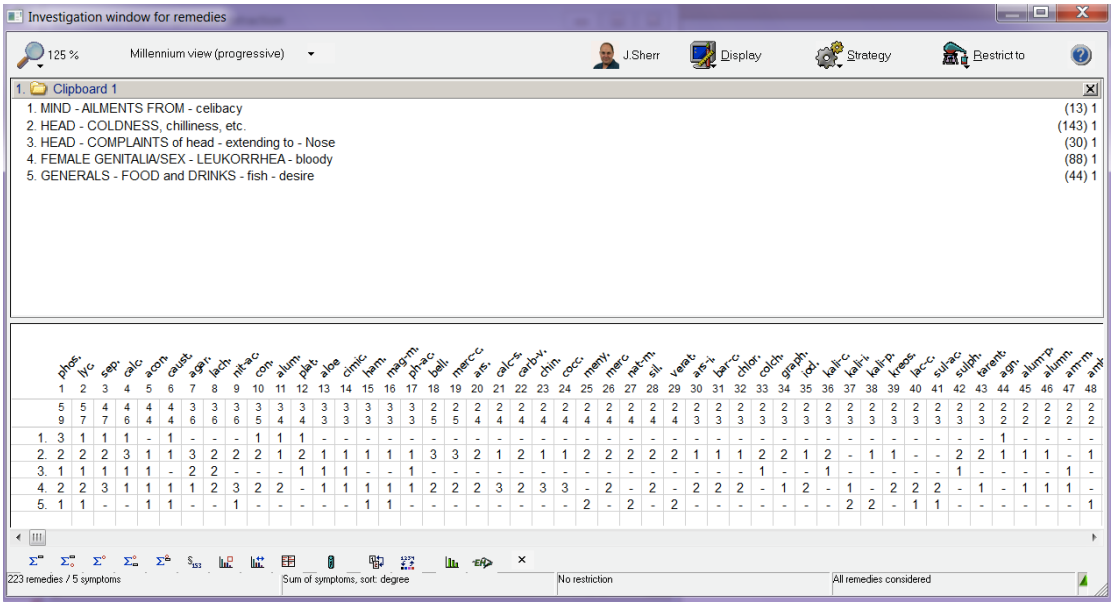
Analysis of a Case

On detailed case taking, after analysis and evaluation, the characteristic symptoms were considered for forming the totality relevant rubrics were selected for repertorization. Ailments from celibacy, head coldness with chilliness and pain extending to nose, bloody leucorrhea, and desire for fish were considered as peculiar symptoms.

Repertorisation was done using synthesis repertory, version 9.0 of RADAR software. The repertorial totality is as follows -

MIND - AILMENTS FROM - celibacy
HEAD - COLDNESS, chilliness, etc.
HEAD - COMPLAINTS of head - extending to - Nose
FEMALE GENITALIA/SEX - LEUKORRHEA - bloody
GENERALS - FOOD and DRINKS - fish – desire

Repertotial sheet:

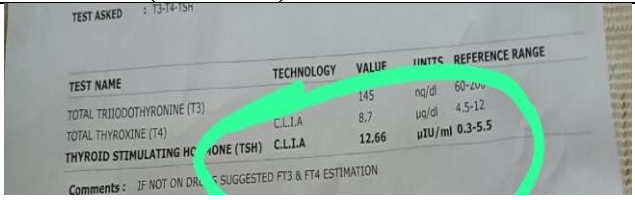
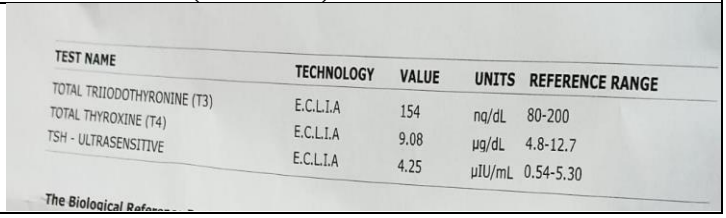


Investigation

Thyroid Profile Test (TFT)
At baseline - (31/01/2023) -
T3 - 145 **ng/dL**
, T4 - 8.7 **µg/dL**
TSh - 12.66 µIU/ml

After 5 months - (19/06/2023) -
T3 - 154 **ng/dL**
, T4 - 9.08 **µg/dL**
TSh - 4.25 µIU/ml

Table 1: Investigation reports

At baseline - (31/01/2023) -	After 5 months - (19/06/2023) -
	

Treatment

Considering repertorial totality and reference with Materia Medica, Phosphorous was selected as an individualized constitutional remedy.1 M potency was used repeated weekly 5 doses in sachhrum lactis along with placebo in globules no.35 repeated BD.

Follow - up and Outcome

The follow - up of the patient was assessed every month or as required. Improvement status of the patient was assessed in terms of clinical signs and symptoms on the basis of Billewicz Clinical Score and on the basis of Thyroid profile

test. The Billewicz score utilizes 8 symptoms and 6 signs to assess the thyroid status, and diagnose hypothyroidism.

Table 2: Billewicz Clinical Score - before and after

Symptoms/signs	Present		Absent	
	Before	After	Before	After
Diminished sweating	+4	+2	0	0
Dry skin	+3	+1	0	0
Cold intolerance	+4	+3	0	0
Weight increase	+1	0	0	0
Constipation	0	0	0	0
Hoarseness	+3	+1	0	0
Deafness	0	0	0	0
Slow movements	0	0	0	0
Coarse skin	+6	+2	0	0
Cold skin	+3	+1	0	0
Periorbital puffiness	+3	+1	0	0
Pulse rate	+4	+2	0	0
Ankle jerk	0	0	0	0
Total	+31	+13	0	0

Table 3: Timeline including follow - up of the case.

Date	Complaints	Prescription
05.03.2023	General condition was unchanged Menses - suppressed Headache frequency reduced, pain still radiating to nose Leucorrhea present.	Phosphorous 1M/weekly 3 doses. Placebo 30/TDS/28 days
03.04.2023	Menses - on time 28 days cycle was 3 - 4 days, scanty flow, LMP - 28/03/2023 Headache frequency reduced, pain still radiating to nose Leucorrhea better, no stains since last 3 weeks	Phosphorous 1M/weekly 3 doses. Placebo 30/TDS/28 days
02.05.2023	General condition was better LMP - 26/04/2023, duration 3 - 4 days, but flow scanty, Headache and leucorrhea did not reccur	Placebo 30/TDS/14 days
06.06.2023	General condition was better LMP - 27/05/2023, duration 3 - 4 days, moderate flow	Placebo 30/TDS/30 days Advised –TFT
19.06.2023	General condition was better LMP - 27/05/2023, duration 3 - 4 days, moderate flow	Placebo 30/TDS/30 days Advised –TFT
21.07.2023	General condition was better LMP - 27/05/2023, duration 3 - 4 days, moderate flow. No recurrence of leucorrhea and headache.	Placebo 30/TDS/30 days

3. Discussion

Thyroid hormones are important for growth, development, reproduction and regulation of energy metabolism. Iodine nutrition is a key determinant of thyroid disease risk; however, other factors, such as ageing, smoking status, genetic susceptibility, ethnicity, endocrine disruptors and the advent of novel therapeutics, including immune checkpoint inhibitors, also influence thyroid disease epidemiology 5, 6. In this condition the T3 and T4 levels remains unchanged while the TSH levels are mildly elevated [7]. Lethargy, constipation, cold intolerance, intellectual and motor dullness, dry skin, hoarse voice, slowed reflexes, and bradycardia are typical symptoms [8, 9]. This case reports the treatment of a hypothyroidism case with individualized homoeopathic medicine without any conventional supplement, over a period of 5 months there were no recurrence of illness and patient is asymptomatic till date. Her menses became irregular 6 months, LMP was 10/11/2022, cycle was 3 - 4 days, irregular flow ameliorating on rest and headache which extended to nose. She also complained of bloody leucorrhea in between menses. She came to O. P. D. for checkup on feb 3, 2023 with above complaints and her for thyroid profile test with TSH level raised to 12.66., The patient did not receive any Allopathic or other alternative treatment for the above complaints before the visit. The patient was apparently well, but after some discords with the husband was living separately since last 6 months. Sexually abstinence got her more angry and irritated. She started with complains of headache and irregular menses. She is an extrovert and loves to party. On detailed case taking, after analysis and evaluation, the characteristic symptoms were considered for forming the totality relevant rubrics were selected for repertorization. Ailments from celibacy, head coldness with chilliness and pain extending to nose, bloody leucorrhea, and desire for fish were considered as peculiar symptoms. Considering repertorial totality and reference with Materia Medica, Phosphorous was selected as an individualized constitutional remedy.1 M potency was used repeated weekly 5 doses in sachhrum lactis along with placebo in globules no.35 repeated BD. The follow - up of the patient was assessed every month or as required. Improvement status of the patient was assessed in terms of clinical signs and symptoms on the basis of Billewicz Clinical Score and on the basis of Thyroid profile test. The Billewicz score reduced from +31 to +13 which is good sign of improvement

(table 2). The patient in general and symptomatically was better (table 1 and 3). Homoeopathy studies on hypothyroidism have shown marked improvement [11 - 14]. The individual curative response of the case was assessed using Modified Naranjo criteria for homoeopathic case reporting, casual attribution (MONARCH) which had a score of 11 [15]. Reporting of the case adheres to HOM - CASE - CARE [16]guidelines.

4. Conclusion

This case report provides significance of individualization of homoeopathy and conclusive fact which shown the potential role of homoeopathy in reversing the functional disturbance of thyroid gland where Ignatia amara was prescribed as an individualized medicine. This is a single case study, for scientific validation further well - designed studies may be taken up.

Conflict of interest: none

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