International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2025: 7.089

# Homoeopathic Management of Primary Hypothyroidism: A Case Report

**Dr. J. K. Sulohitha Priya[1], Dr. R. Richard Franklin[2]**

[1]PG Scholar, MD PART 1, Department of Practice of Medicine, White Memorial Homoeo Medical College & Hospital, Attoor, Kanyakumari, Tamilnadu, India
Email: *sulohitha259[at]gmail.com*

[2] Guide, professor, Department of Practice of Medicine, White Memorial Homoeo Medical College & Hospital, Attoor, Kanyakumari, Tamilnadu, India
Email: *rrfranklin24[at]gmail.com*

**Abstract:** ***Hypothyroidism is one of the most common endocrinopathy worldwide, and its incidence is increasing rapidly. 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. The prevalence of hypothyroidism in India is 11%, compared with only 2% in the UK and 4-6% in the USA. The main line of conventional system of medicine is to supplement thyroid hormone for the rest of life. CASE SUMMARY: A 24-year unmarried female came with the complaints of weakness and tiredness. Since 3 months also had complaints of hair fall and she also had weight gain. Patient came to Homoeopathic treatment. Thyroid function test showed findings for primary hypothyroidism. After detailed case taking constitutional medicine Pulsatilla nigricans were given as per Homoeopathic principals. After the treatment for about 9 months the TSH value came to normal.***

**Keywords:** Homoeopathy, Primary hypothyroidism, Pulsatilla nigricans

## 1. Introduction

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. Hypothyroidism is one of the most common endocrinopathy worldwide, and its incidence is increasing rapidly [(1)]. 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%. Prevalence of Hypothyroidism in the reproductive age group is 2-4% [(2)]. Symptoms commonly associated with hypothyroidism include weight gain, fatigue, poor concentration, depression, diffuse muscle pain, and menstrual irregularities, constipation, cold intolerance, dry skin, proximal muscle weakness, and hair thinning or loss [(3)]. 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 [(2)]. Untreated hypothyroidism may lead to serious cardiovascular and neurological complications, mental health problems, myxoedema and infertility[(4)]

Differential diagnosis of Primary Hypothyroidism on the basis of clinical presentation Euthyroid sick syndrome, Goiter, Myxedema coma, Anemia, Subacute thyroiditis, Iodine deficiency, Addison disease, Chronic fatigue syndrome, Depression, Erectile dysfunction, Infertility [(5)]. The gold-standard treatment for primary hypothyroidism is thyroid hormone replacement therapy with Levothyroxine [(6)]. The treatment dosage of thyroid hormone is gradually titrated upwards until a normal physiological- concentrations of free-thyroxine (FT4) and thyroid stimulating hormone (TSH) in the serum [(7)]. The general approach in Homoeopathy towards treatment is 'The real sick man is prior to the sick body [(8)].

## 2. Case Report

A 24year old unmarried female presented with the complaints of weakness, tiredness for the past 3 months which was sudden in onset she was unable to do her daily works. She also feels always sleepy and wants to sleep day and night. she also complaints of hair fall in bunches whenever she combs her hair. There was also history of weight gain since 2 months, she gained 3 kgs. Dryness of skin present. Patient did not took any other mode of treatment.
No menstrual irregularities. No relevant past history.

**Family History**
Mother had complaint of thyroid disorders

**Menstrual History**
LMP:13 years, CYCLE:29 days, DURATION :3 days, lower abdominal pain during menses, no history of leucorrhoea.

**General Examination**
- Dark complexion
- Patient is conscious well oriented with time place and person
- Well-built and nourished
- No deformity in gait, skin: dryness of skin
- Height -153 cm
- Weight -55 kg
- Blood pressure- 110/70 mm of hg
- Pulse -76beats / min
- Respiratory rate -17 cycles /min
- No pallor, icterus, clubbing, cyanosis lymphadenopathy, oedema

**Physical Generals**:

- Appetite -good, THIRST -decreased in quantity, STOOL-passes daily but with difficulty while passing, Desire-chicken, Aversion -sweets, Intolerance -fish

**Mental Generals**

Irritable in nature. Fear of dogs. Hasty in nature.

**Local Examination**

On examination of neck revealed a uniform enlargement of the thyroid Enlargement, moves upward on swallowing. On palpation,the margins of the gland were well defined and no nodules were detected.

**Lab Investigation**

Thyroid profile:

At base line (20-09-2023)

T3-145ng/dl, T4-8.9Uµg/dl, TSH-12.35µIU/mL

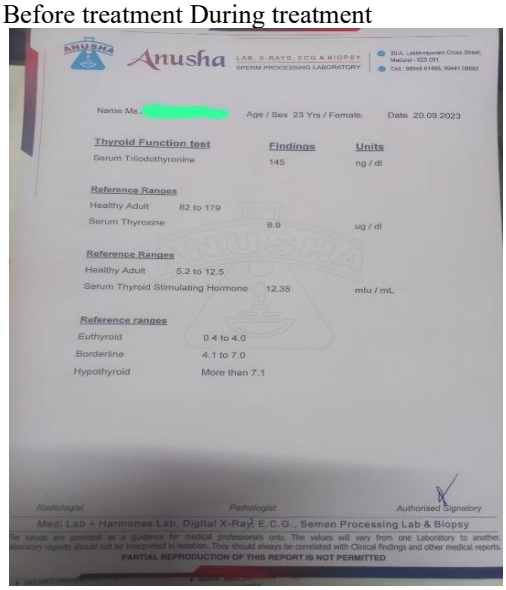
**Totality of Symptoms**

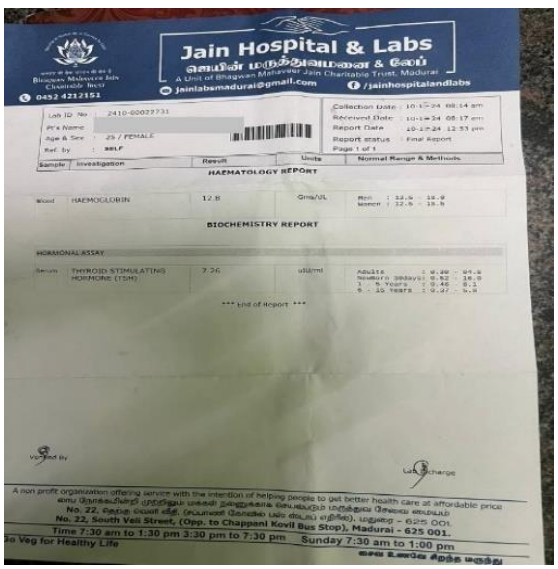
- Irritable in nature
- Hasty
- Fear of dog
- Desire -chicken,
- Aversion -sweets
- Intolerance-fish
- Weight gain
- Hairfall in bunches
- Tiredness

**Repertorization:**

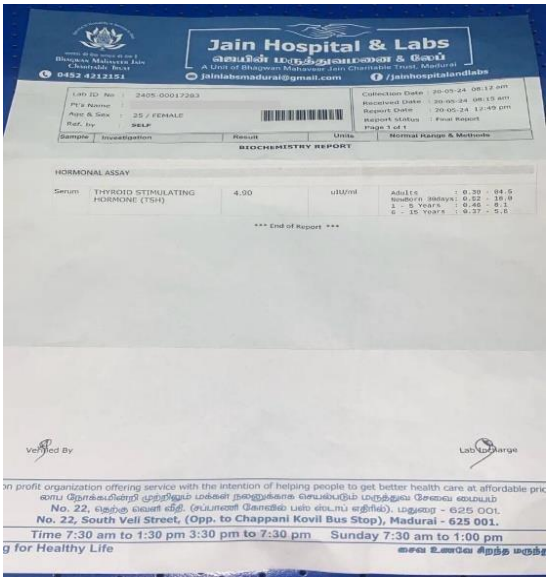
Done using complete repertory


Before treatment During treatment



After treatment




**Prescription and Follow Up**
20-09-2023
Pulsatilla Nigricans 200 /4 Doses Weekly Once Morning

| Date | Symptoms | Prescription |
|---|---|---|
| 23-10-2023 | Tiredness slightly reduced | Placebo 30/tds |
| | Dryness of skin present | |
| | Hair fall slightly reduced | |
| | Constipation better | |
| 10-11-2023 | Tiredness slightly better | Pulsatilla 1M /2 dose/weekly once/morning Nihilinum 3-3-3 |
| | Hair fall same | |
| | Dryness of skin still present | |
| | Constipation still present | |
| 29-11-2023 | Tiredness was same as before Hair fall reduced | Placebo /3-3-3 |
| | Constipation better slightly | |
| | Dryness of skin still present | |
| 23-12-2023 | Tiredness reduced but still present slightly | Placebo/3-3-3 |
| | Constipation was better than previous | |
| | Hair fall reduced but still present | |
| 10-01-2024 | Tiredness present | Nihilinum 3-3-3 |
| | Hair fall reduced | |
| | Dryness of skin reduced | |
| | Constipation better | |
| | Thyroid profile - TSH-7.26MIU/ml | |
| 13-02-2024 | Tiredness reduced slightly | Placebo 3-3-3 |
| | Hair fall reduced | |
| | Constipation better | |
| 20-03-2024 | Tiredness reduced but still present | Pulsatilla 1M /2 dose/weekly once/morning Nihilinum 3-3-3 |
| | Hair fall reduced | |
| | Constipation better | |
| 19-04-2024 | Tiredness reduced | Placebo 3-3-3 |
| | Hair fall reduced | |
| | Dryness of skin reduced | |
| | Constipation better | |
| 20-05-2024 | Tiredness better. | Placebo 3-3-3 |
| | Patient actively engaged in her works Hair fall better. | |
| | No other complaints. | |

## 3. Discussion

This case reports the treatment of hypothyroidism with individualized Homoeopathic medicine without any conventional supplement, over a period of 9 months. There were no recurrence. TSH level became 4.90µIU/ml within 9 months. This shows effectiveness of Homoeopathic medicine Pulsatilla nigricans in the treatment of hypothyroidism.

## 4. Conclusion

This case study highlights the effectiveness of individualized Homoeopathic medicine Pulsatilla nigricans for managing hypothyroidism. The remedy was selected after framing the totality and repertorization. As this case involved single case further research involving a large number of cases is necessary.

## References

[1] Thyroid disorders in India: An epidemiological perspective. Indian journal of endocrinology and metabolism.
[2] Prevalence of hypothyroidism in infertile women and evaluation of response of treatment for hypothyroidism on infertility. International Journal of Applied and Basic Medical Research.
[3] Gaitonde DY, Rowley KD, Sweeney LB. Hypothyroidism: an update. Am Fam Physician. 2012;86(3):244–51.
[4] Ghana: a retrospective histopathological study at the Korle-Bu teaching hospital.
[5] Patil N, Rehman A, Hypothyroidism JI. Hypothyroidism. StatPearls [Internet] Treasure Island. 2020;
[6] Management Of Endocrine Disease: Pitfalls on the replacement therapy for primary and central hypothyroidism in adults. European journal of endocrinology.
[7] Brown BT, Graham PL, Bonello R, Pollard H. A biopsychosocial approach to primary hypothyroidism: treatment and harms data from a randomized controlled trial. Chiropr Man Therap [Internet]. 2015;23(1):24. Available from: http://dx.doi.org/10.1186/s12998-0150068-5
[8] Kent JT. Lectures on Homoeopathic Philosophy. P) Ltd. 1989;766–72.