

Hypothyroidism and It's Homoeopathic Management

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Abstract: *Hypothyroidism is the most common thyroid dysfunction that affects people globally. At present thyroid disease from the second most common endocrine disorder in India next only to Diabetes Mellitus. Synthetic Levothyroxine supplement remains as a conventional treatment for Hypothyroidism since 1927. There is no cure available for Hypothyroidism but it is controllable. In case of modern medicine treatment of hypothyroidism is life long and patient suffering from various side effects of allopathic drugs.*

Keywords: Hypothyroidism, TSH level, Homoeopathic medicine, Hormones

1. Introduction

The term Hypothyroidism signifies inadequate production of thyroid hormones for a longer period. Iodine deficiency remains the commonest cause of Hypothyroidism in world wide.^[1] Hypothyroidism has been listed under the code E00 – E04 according to the ICD classification. The female: male ratio is approximately 6:1. The risk is higher in postpartum period and during menopause after which the risk increase with age. The World Health Organization (WHO) estimates that about 2 billion people are iodine deficient, based on urinary excretion data.^[2] Hypothyroidism, also called underactive thyroid, is when the thyroid gland doesn't make enough thyroid hormones to meet our body needs. There are some indications that Hypothyroidism could arise from viral infections, life style disorders, environmental factors, or even diet related issues like food preservatives.^[1]

2. Definition

Hypothyroidism is a hypometabolic clinical state resulting from inadequate production of thyroid hormones for prolonged periods, or rarely, from resistance of the peripheral tissues to the effects of thyroid hormones.^[4]

The clinical manifestations of Hypothyroidism depend upon the age onset of disorder are divided into 2 forms:-

- Cretinism or Congenital Hypothyroidism is the develop of severe Hypothyroidism during infancy & childhood.
- Myxoedema is the adulthood Hypothyroidism.

Classification & Etiology of Hypothyroidism:^[1]

Based on the level of affection, Hypothyroidism has been classified into Primary, Secondary & Transient Hypothyroidism.

1) Primary Hypothyroidism:

- Iodine deficiency
- Auto-immune Hypothyroidism
- Iatrogenic – Radioiodine treatment , subtotal / total thyroidectomy
- Drugs- Lithium , paraaminosalicylic acid & cytokines

- Congenital - Absent or ectopic thyroid gland , dysshormonogenesis
- Idiopathic

2) Secondary Hypothyroidism:

- Hypopituitarism - Tumors , trauma
- Isolated TSH deficiency or inactivity
- Hypothalamic disease – Tumors , trauma , infiltration , idiopathic

3) Transient Hypothyroidism:

- Silent thyroiditis including postpartum thyroiditis.
- Subacute thyroiditis
- Withdrawal of thyroxine treatment in individuals with intact thyroid.

Pathophysiology^[5]

Secretions of thyroid hormones are regulated by the hypothalamic pituitary thyroid axis.

In primary Hypothyroidism, the following changes occur:

- Destruction of the thyroid gland leads to decreased secretion of thyroid hormones T3 & T4.
- In response, TSH secretion increases.

Myxedema: Dermal mucinosis is caused by increased deposition of connective tissue components (glycosaminoglycans, hyaluronic acid, and mucopolysaccharides) within the reticular dermis.

- Protein mucopolysaccharide complex binds water, resulting in non-pitting edema.

Myxedema coma: Patients with longstanding Hypothyroidism often develop adaptive mechanisms, including chronic peripheral vasoconstriction, diastolic hypertension and diminished blood volume to preserve a normal body core temperature. Myxedema coma occurs when a precipitating event disrupts the homeostasis.

Clinical Presentation ^[6]

General Symptoms	Signs
Tiredness, weakness	Dry coarse skin
Dry skin	Anemia
Feeling cold	Cool peripheral extremities
Hair loss	Puffy face, hands & feet (myxoedema)
Difficult concentrating & poor memory	Diffuse alopecia
Constipation	Bradycardia, narrow pulse pressure
Weight gain with poor appetite	Peripheral oedema
Dyspnoea	Delayed tendon reflex relaxation
Hoarse voice	Carpal tunnel syndrome
Menorrhagia (later oligomenorrhoea or amenorrhoea)	
Paresthesia	
Impaired hearing	

Differential Diagnosis: ^[7]

- Depression
- Congestive heart failure
- Dementia
- Amyloidosis
- Nephrotic syndrome
- Chronic nephritis

Complications: ^[7]

- Birth defects
- Goiter
- Cardiac failure
- Infertility
- Mental Health issues, depression
- Myxoedema
- Peripheral neuropathy

Laboratory Investigations: ^[1]

Thyroid profile:

- Serum TSH Levels (Thyroid Stimulating Hormone) – Normal values of TSH are – 0.4 to 4.5 μ IU/ml
- T4 (Thyroxine) - Normal value of T4 – 4.0 to 12.0 μ g/ml
- T3 (Triiodothyronine) - Normal value of T3 - 0.9 to 1.95ng /ml

Ultrasound -USG of neck is useful to assess the size and shape of thyroid gland also to assess a thyroid nodule in term of size, number & extent.

Anti-TPO antibodies - Positive in auto-immune thyroiditis

Nuclear Scan

A. General Management:

Dietary Management: Diet is the greatest factor in lifestyle and has a direct and positive relation with health. Several nutrients are important for optimal thyroid health.

Foods to be avoided:

- **Soy:** Soybeans and soy- rich foods may inhibit the activity of an enzyme that makes thyroid hormones.

- **Certain vegetables:** Cruciferous vegetables that are rich in fiber, like broccoli, cabbage, spinach may inhibit thyroid medication absorption.
- **Others:** Caffeine, tobacco, and alcohol can also influence the effectiveness of thyroid medicines.

Foods to be included:

- **Antioxidant rich fruits and vegetables:** Blueberries, tomatoes, bellpepper and other foods rich in antioxidants can improve overall health and benefit the thyroid gland.
- **Tyrosine:** This amino acid is used by the thyroid gland to produce T3 & T4. Good sources of tyrosine are meats, dairy and legumes.

B. Homoeopathic Management

Homoeopathy is a unique system of medicine based on individualization & symptom similarity of the patient. Homoeopathic medicines not only annihilate the disease in its whole extent in the shortest, most reliable & most harmless way, but also prevent the complication associated with it. In cases of Hypothyroidism homoeopathic management has been found to be very efficacious.

Natrum Mur- Great liability to take cold. The prolonged taking of excessive salt causes profound nutritive changes to take place in the system, and there arises not only the symptoms of salt retention as evidenced by dropsies and oedema, but also an alteration in the blood causing a condition of anaemia and leucocytosis. Coldness. Menses irregular; Great weakness and weariness. Great dryness of mucus membranes from lips to anus; constipation

Calcarea Carbonica- Disposed to grow fat, corpulent, unwieldy tendency to obesity. Coldness: general; of single parts in youth. Girls who are fleshy, plethoric, being the keynote of its action, swelling of glands, scrofulous and rachitic conditions generally offer numerous opportunities for the exhibition of Calcarea. Pituitary and thyroid dysfunction. Persons of scrofulous type, who take cold easily. Great sensitiveness to cold. Difficulty swallowing. Painless hoarseness; worse in the morning. Great debility. Sensation as if the throat were contractile once swallowing.

Pulsatilla- Adapted to persons of indecisive, slow, phlegmatic temperament; Woman inclined to be fleshy, with scanty and protracted menstruation. Great dryness of mouth in the morning, thirstlessness. Tongue dry; covered with tenacious mucous. Great dryness of throat in the morning.

Bromium- Stony, hard, scrofulous or swelling of glands, especially on lower jaw and throat (thyroid, sub maxillary, parotid, testes). Hoarseness coming on from being overheated. Hard goitre. The glands are stony with a cancerous tendency.

Spongia- Swelling and induration of glands; goitre. Thyroid gland swollen even with chin with suffocation at night. Violent pain and grasping respiration; awakened suddenly after midnight with suffocation and great anxiety. Thyroid gland swollen. Stitches and dryness. Hoarseness.

Thyroidinum- Thyroid produces anaemia, emaciation, muscular weakness, sweating and headache, nervous tremor

of face and limbs, tingling sensations, paralysis. Excessive obesity. Great weakness and hungry, marked sensitiveness to cold. Hypothyroidism after acute diseases. Easy fatigue, weak pulse, cold hands and feet, low blood pressure, chilliness and sensitive to cold. Palpitation from least exertion. Throat- dry, congested, raw, burning.

Iodum- Persons of scrofulous diathesis, with dark or black hair and eyes; a low cachectic condition, with profuse debility. Great weakness. Hypertrophy and induration of glandular tissues. Palpitation, worse from least exertion. Sluggish vital reaction. Weakness and loss of breath. Thyroid enlarged. Great weakness during menses. Menstrual irregularities.

References

- [1] Oberoi, G & Subramanian, Kiruthiga. (2018 April). Role of Homoeopathic Supplement Therapy in Hypothyroidism- A Case Study. Indian Journal of Applied Research. Vol- 8. pg. 478,479 [Internet] Available from: <https://www.researchgate.net>
- [2] Harrison's (2004) Principles of Internal Medicine.(18th edn.) McGraw-Hill companies, Inc, New York, USA; pg- 2914;
- [3] Mohan Harsh , Textbook of pathology, 7th edition, New Delhi published by Jaypee Brothers Medical Publishers (P) Ltd, 2005, pg.793-794.
- [4] Guilmette, Julie,Thyroid gland Endocrine abnormalities Hypothyroidism (2003- 2017) [Int.] Available from: <https://www.pathologyoutlines.com>
- [5] Maxine A Papadakis, Stephen J. McPhee, Michael W. Rabow ;Current Medical Diagnosis & Treatment 2017, (Sept. 2016) pg.2911
- [6] Smith, Roger P, Netter Frank H; Netter's Obstetrics and gynecology 2nd ed, (2008); pg: 82;
- [7] Allen HC. Allen's Keynote Rearranged and Classified with leading Remedies of the Materia Medica and Bowel Nosodes. 10th Edition: B. Jain Publishers (P) Ltd; 2016. p. 64, 72, 155, 212, 250, 385.
- [8] Boericke William. Pocket Manual of Homoeopathic Materia Medica & Repertory. B. Jain Publishers (P) Ltd; 2013. p. 130, 144, 349, 459, 536, 603, 647.
- [9] Clark John Henry. A Dictionary of Practical Materia Medica. Reprint Edition. B. Jain Publishers (P) Ltd; 1997. p. 27, 305, 338, 356, 549, 907, 1237, 1437.