

HOMOEOPATHIC TREATMENT OF HYPOTHYROIDISM: A CASE REPORT

Dr. S. Karunakara Moorthi, Dr. Raja Manoharan*, Dr. Kumaravel

Kolkata India.

*Corresponding Author: Dr. Raja Manoharan

Kolkata India.

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ABSTRACT

Hypothyroidism is the most common thyroid dysfunction that affects people globally. At present thyroid disease form the second most common endocrine disorder in India next only to diabetes mellitus. It occurs more in females; and the risk increases with age and those with a family history of thyroid problem. The main line of allopathic system of medicine is to provide thyroid hormone for the rest of life of the patient. Homoeopathy is the best holistic therapy for hypothyroidism. We report a case of 19 year old female presented with enlarged thyroid gland with throat pain occasionally, and irregular menses treated effectively with homoeopathic medicines without any conventional supplement. The TSH report confirmed the diagnosis of hypothyroidism. After case taking, Natrium Muriaticum 200 C was prescribed on the basis of totality of symptoms. TSH reports during follow up visit and the symptomatic improvement provided documentary evidence about the effectiveness of homoeopathic medicines to stimulate thyroid gland to produce normal production of hormone.

KEYWORDS: Hypothyroidism, Case report, Homoeopathy, Totality of symptoms.**INTRODUCTION**

Hypothyroidism is a condition in which there is insufficient synthesis and release of thyroid gland. Thyroid hormones regulates the metabolism of whole body. Iodine deficiency remains the most common cause of hypothyroidism worldwide. In areas of iodine sufficiency, autoimmune disease (Hashimoto's thyroiditis) and iatrogenic causes (treatment of hypothyroidism) are most common.^[1] The prevalence of primary hypothyroidism is 1:100 but increases to 5:100 if patients with subclinical hypothyroidism are included. The female, male ratio is approximately 6:1.^[2]

When the deficiency of thyroid hormone is due to inadequate production of thyroid hormone by the thyroid gland, it is known as primary hypothyroidism. When the deficiency is due to inadequate stimulation of thyroid gland by the pituitary it is known as secondary hypothyroidism. Thyroid gland is regulated by the pituitary gland. Thyroid hormone exists in two major form thyroxin (T4) and Tri iodo thyronin (T3). When the level of T3 and T4 fall, pituitary increase the production of TSH and the TSH in turn stimulates thyroid gland to produce more T3 and T4 and this occurs vice versa.

The most common serum assessment is evaluation of TSH. Additional blood tests used to confirm the diagnosis or determine the cause of hypothyroidism are the free T3, free T4 level and thyroid auto antibody test (antibodies against thyroid peroxidase may be detected).

If the test results (low T4 and raised TSH) and physical examination are abnormal, USG can be done to check for nodules or inflammation.

CASE REPORT

A female aged 19 years presented on July 27th 2016 with enlargement of thyroid gland and swelling moves on deglutition with throat pain occasionally since 2 years. She had anxiety about her complaints. She also have hair fall, acne and oily face. She was under thyroid hormone supplement on daily basis for 1 year but when the thyroid profile showed normal results, she stopped the supplement intake herself without any expert opinion. Subsequently her presenting complaints appeared and she came to consultation at the OPD of NHRIMH, Kottayam.

Patient had a history of measles at the age of 8 years and was treated with allopathic medication. She also had an attack of chickenpox at the age of the age of 12 years which was treated with homoeopathy. Family history revealed nothing except allergic rhinitis for her paternal grandfather. Menstrual history revealed she have irregular, late menses since menarche (FMP-16yrs, LMP-06/06/16), duration and quantity of bleeding is normal, there is no concomitant symptoms before, during and after menses.

Her physical generals are normal. She have craving for salt, milk and sweet. She have fear of expressing

emotions especially with loved ones because she might be rejected by them so she never have habit of revealing the matters but there was no history of any rejection in reality. She also have fear of worms. Patient is thermally hot.^[3]

On local examination she had Grade 3 swelling: Thyroid swelling visible without hyperextended neck. Diagnosis was confirmed by and TSH report; TSH report showed high value of 265.86 μ IU/ml.

Considering the above symptomatology, medicine was selected and it was confirmed by systematic

repertorization in complete repertory using Radar10 Software.^[4]

The following rubrics were selected for repertorization.

MIND- FEAR- animals of, worms of.

FEMALE- MENSES- late, too.

GENERALITIES- FOOD and drinks-milk desires.

GENERALITIES- FOOD and drinks-salt or salty food - desires.

GENERALITIES- FOOD and drinks-sweets- desires.

EXTERNAL THROAT-SWELLING-Thyroid Gland.

FACE-GREASY.

FACE-ERUPTION-acne.

Table 1: Repertorisation Table.

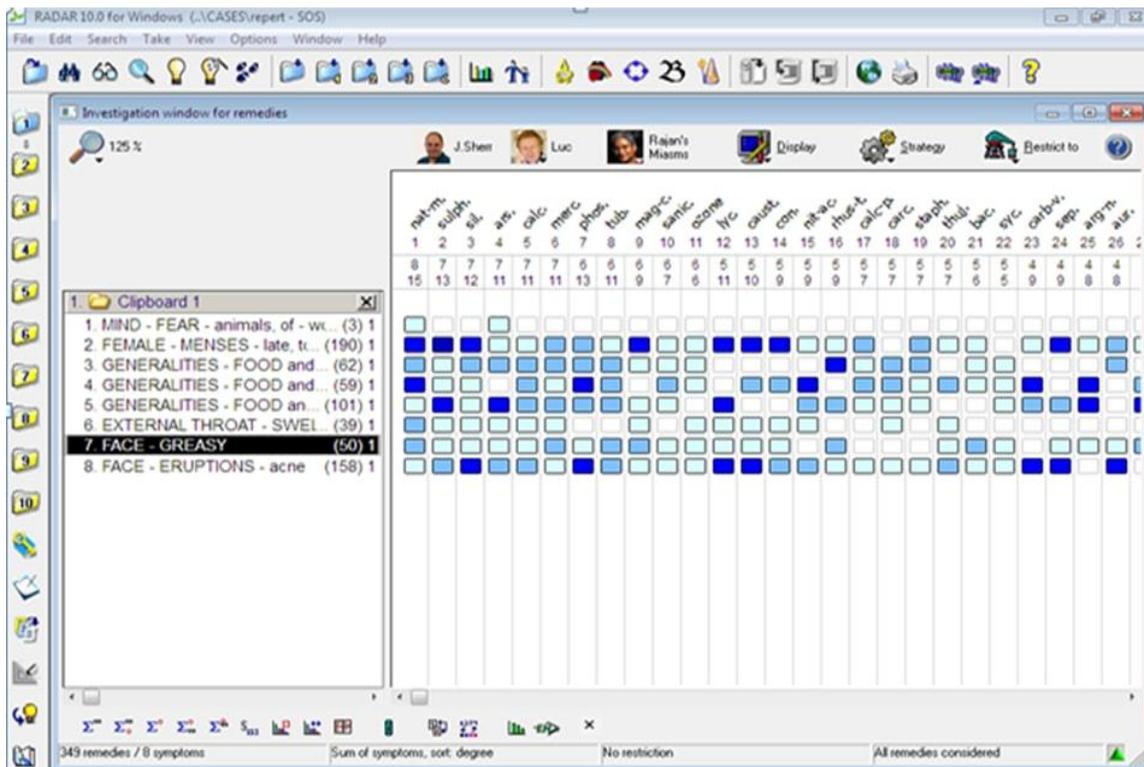


Table 2: Follow up and outcomes.

Date of first and follow up visits	Indications for prescription/ totality	Medicine with repetition and dose
27/07/2016	Reportorial totality	NATRUM MURIATICUM 200/2D (1D stat and 1D s.o.s); followed by placebo for 15 days.
10/08/2016	Thyroid gland enlargement persists as same, anxiety reduced, amenorrhoea, acne with oily face and hair fall persists Generals: Normal TSH level reduced to 222.33 μ IU/ml	NATRUM MURIATICUM 200/ 2D (1D stat and 1D s.o.s); followed by placebo for 15 days.
20/08/2016	Thyroid gland enlargement persists as same, anxiety reduced, amenorrhoea persists, acne with oily face and hair fall slightly reduced Generals: Normal TSH level reduced to 56.13 μ IU/ml	Placebo prescribed for 15days
08/09/2016	Menses appeared on 20/08/16, duration-5days, normal bleeding, no clots, thyroid gland enlargement persists as same, anxiety reduced, acne with oily face slightly	Placebo prescribed for 15days

	improving and hair fall slightly better Generals: Normal	
21/09/2016	Menses regular, acne with oily face reduced, anxiety reduced, acne reduced, thyroid swelling persists and hair fall reduced Generals: Normal	Placebo prescribed for 15days
05/10/2016	Menses regular, acne and hair fall reduced, anxiety reduced and thyroid swelling persists as same Generals: Normal TSH level reduced to normal limits (2.65 μ IU/ml)	Placebo prescribed for 15days
19/10/2016	White patch on face, acne and hair fall better, menses regular, thyroid swelling persists as same and anxiety better Generals: Normal	NATRUM MURIATICUM 200/1D (1D stat) followed by placebo for 15days
30/11/2016	Thyroid swelling slightly reduced, menses late (LMP-27/10/16), anxiety better, white patch on face persists, acne and hair fall better Generals: Normal	NATRUM MURIATICUM 200/2D (1D stat and 1D s.o.s); followed by placebo for 15 days
21/12/2016	Thyroid swelling slightly reduced in size, menses regular, acne and hair fall better, anxiety better and white patch on face fading Generals: Normal	Placebo prescribed for 15days
20/1/2017	Thyroid swelling slightly reduced with symptomatic improvement of the patient Generals: Normal	Placebo prescribed for 30days

Table 3: Investigation Reports.

SL No	Date of follow ups	TSH (μ IU/ml)
Before treatment	25/07/16	265.86
Follow up 1	10/08/16	222.33
Follow up 2	20/08/16	56.13
Follow up 3	05/10/16	2.65
Follow up 4	18/04/2017	2.28

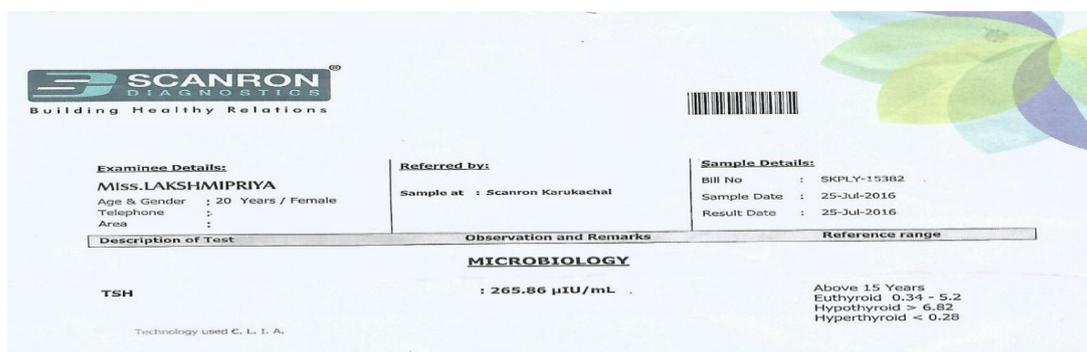


Figure 1: Before treatment



Figure 2: Follow up 1

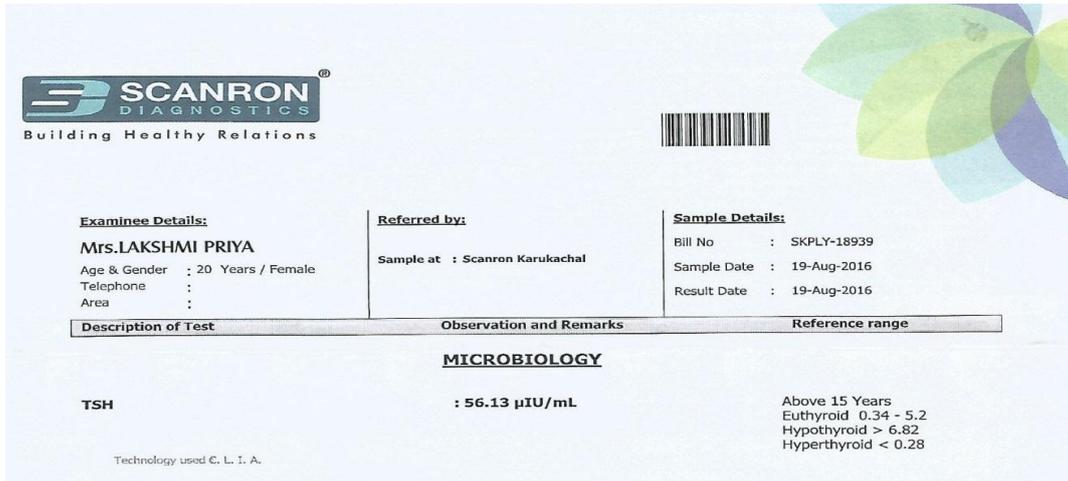


Figure 3: Follow up 2

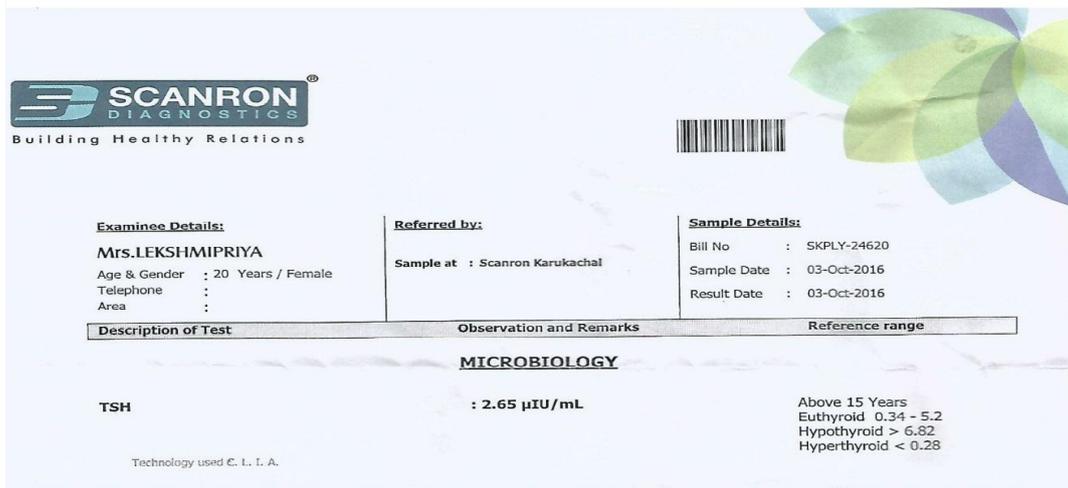


Figure 4: Follow up 3

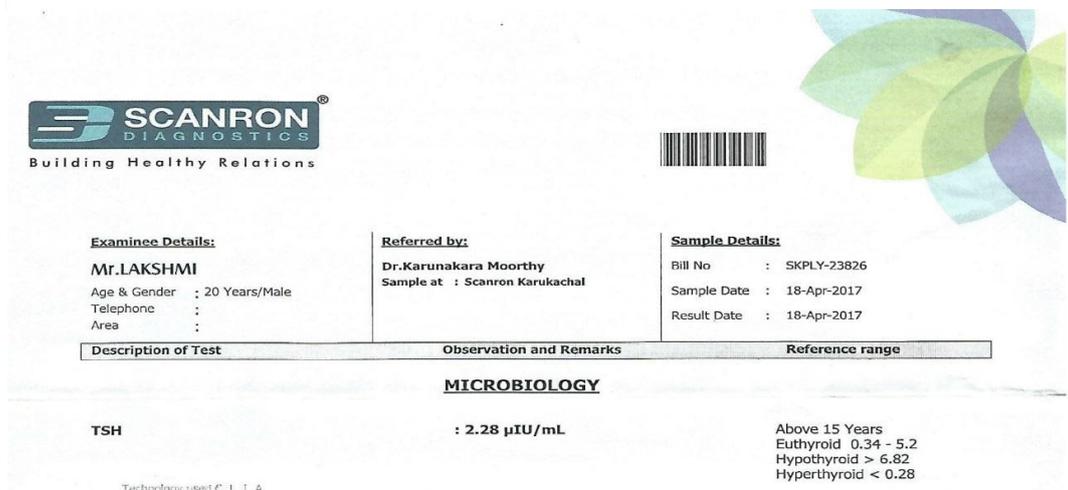


Figure 5: Follow up 4

DISCUSSION AND CONCLUSION

In Homoeopathy, we treat the disease not by supplementing the deficiency, but by the stimulation of function of thyroid gland on the body effectively; it acts

on the body at the level of immunity. In case of conventional allopathic treatment, thyroid dysfunction entails a lifelong regimen of supplements. There are many adverse reactions associated with this lifelong levothyroxin therapy even though the dosage is

determined and regulated by patient's history, symptoms and current TSH level.

A case presented with hypothyroidism with evidence of TSH report directs to the excellent illustration of how you can get effectively treated with homoeopathy without any external supplements. The patient has been under regular intake of thyroxine tablets before 1 year and she stopped the hormone supplement herself after 1 year. In spite of the intake of supplements, the patient had raised levels of TSH. Natrum Muraticum 200 was selected based on the totality of symptoms of the individual after proper and detailed case taking. With the 1st dose of medicine, TSH levels tend to reduce and subsequently with further doses established hormonal balance in a short span of time. Subsequently her thyroid swelling reduced, her menses become regular, her anxiety reduced, acne and hair fall improved.

The case was followed up for 1 year to ensure the stability of the general improvement of the patient.

The aim of homoeopathic treatment is to stimulate the body's hemostatic mechanism. In order to achieve this, we have to give the right similimum at the right time. Thus homoeopathy should be the first choice for hypothyroidism as it acts quickly and effectively treating the disease from its roots.

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