Management Of Hypothyroidism With Homoeopathic Treatment As Adjuvant Therapy: A Case Report

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Abstract
Hypothyroidism has emerged as one of the most common endocrine disorders worldwide, causing serious complications if undetected or untreated. However, clinical manifestations range from severe symptoms to specific nonspecific symptoms such as fatigue, weight gain, depression, and pain. The standard treatment for hypothyroidism is to restore thyroid function by taking synthetic hormones daily. Homoeopathic medicine plays an important role in treating diseases of thyroid. **Case Summary:** A 40-year-old case reported in the OPD of Dr. M.P.K. Homoeopathic Medical College, Hospital & Research Centre, Jaipur, Rajasthan with reports of raised levels of thyroid stimulating hormone presented with Menorrhagia, Hair Fall, Obesity and pain in limbo-sacral region. After thorough case taking and repertorisation, *Sepia Officinalis 200* was given and that showed symptomatic relief as well as reduction in the TSH levels. This is documented evidence that homeopathic interventions can effectively manage and treat hypothyroidism and produce the desired effects.

Keywords: Hypothyroidism, Homoeopathy, *Sepia Officinalis*, Thyroid Function Test

INTRODUCTION

Thyroid which comprises of two lobes connected together by an isthmus, is an endocrine gland responsible mainly for the maintenance of a normal basal metabolic rate of the body. It secretes predominantly thyroxine (T_4) and only a small amount of triiodothyronine (T_3) and histologically it is made up of follicular cells (which secrete thyroid hormones) and para-follicular C-cells (which secrete calcitonin). Thyroid-stimulating hormone (TSH) which is released from the anterior pituitary in response to stimulation by thyrotropin releasing hormone (TRH) released by the hypothalamus, stimulates the production of T_3 and T_4 in the thyroid. T_3 and T_4 (> 99.9%) circulate in plasma bound to thyroxine binding globulin (TBG). The minute fraction of unbound (free) hormone diffuses into tissues and exerts its metabolic action. There is a negative feedback of thyroid hormones on the pituitary and so when plasma concentrations of T_3 and T_4 are raised (hyperthyroidism), TSH secretion is suppressed, and conversely when concentration of T_3 and T_4 are decreased (primary hypothyroidism), TSH level is elevated.[1,2,3]

Decrease in thyroid hormone production is generally due to thyroid failure (primary hypothyroidism) or, less commonly, pituitary or hypothalamic disease (secondary hypothyroidism).1 of 4000 newborns suffers from Congenital hypothyroidism; the importance of its recognition and prompt treatment for child development has led to the adoption of neonatal screening programs. Silent or subacute thyroiditis may cause transient hypothyroidism. *Subclinical* (or *mild*) *hypothyroidism* is a state of normal free thyroid hormone levels and mild elevation of thyroid-stimulating hormone (TSH). With higher TSH levels and low free T_4 levels, symptoms become more readily apparent in clinical (or overt) hypothyroidism. Most common etiologies of hypothyroidism include the areas of iodine insufficiency, autoimmune disease and iatrogenic causes. The prevalence increases with age and the peak age of occurrence is around 60 years. Novel anticancer and immunomodulatory treatments, such as tyrosine kinase inhibitors and alemtuzumab, can also induce thyroid autoimmunity via their effects on T cell regulation.[2,4]

In childhood too, hypothyroidism can occur. In a clinic-based study from Mumbai, out of 800 children with thyroid disease, 79% had hypothyroidism. Common causes of hypothyroidism in these children were thyroid dysgenesis, dyshormonogenesis, and thyroiditis. A condition in which there is increased TSH but T4 and T3 remains normal is termed as Subclinical Thyroid. [1,5]

Lethargy, dry hair and skin, cold intolerance, hair loss, difficulty concentrating, poor memory, constipation, mild weight gain with poor appetite, dyspnea, hoarse voice, muscle cramping, and menorrhagia mainly constitute to the symptoms of hypothyroidism.[4]

On examination cardinal features include bradycardia, mild diastolic hypertension, prolongation of the relaxation phase of deep tendon reflexes, and cool peripheral extremities. Goiter may be palpated, or the thyroid may be atrophic and

non-palpable. Carpal tunnel syndrome may be present. An enlarged cardiac silhouette may be caused by pericardial effusion. The most extreme presentation is characterized by a dull, expressionless face, sparse hair, peri-orbital puffiness, large tongue, and pale, doughy, cool skin. The condition may progress into a hypothermic, stuporous state (*myxedema coma*) with respiratory depression. Factors that predispose to myxedema coma include cold exposure, trauma, infection, and administration of narcotics. In mild hypothyroidism, the classic findings of overt hypothyroidism may not be present, and the clinical picture may be dominated by fatigue and ill-defined symptoms.[4]

Decreased serum-free T_4 is common to all varieties of hypothyroidism. An elevated serum TSH is a sensitive marker of primary hypothyroidism but is not found in secondary hypothyroidism. A summary of the investigations used to determine the existence and cause of hypothyroidism. Thyroid peroxidase (TPO) antibodies are increased in >90% of pts with autoimmune-mediated hypothyroidism. Elevated cholesterol, increased creatine phosphokinase, and anemia may be present; bradycardia, low-amplitude QRS complexes, and flattened or inverted T waves may be present on ECG.[4]

CASE REPORT:

Patient Information

A 40 year-old female patient presented at OPD of Dr. M.P.K. Homoeopathic Medical College, Hospital & Research Centre, Jaipur, Rajasthan on 22 Jan 2022 with the following complaints which were Menorrhagia from 5-6 months, Obesity from 5-6 months, Hair fall from 1 year but excessively from 4-5 months, pain in lumbo- sacral region which is aggravated from exertion and ameliorated by pressure. She had her thyroid profile 1 year back, that is why she is advised to get tested for thyroid profile again.

History of Present Complaints

She was apparently well before 5-6 months but gradually she started having heavy menses. Also, she was gaining weight continuously. She also complaints of hair fall from roots. She came to O.P.D. for checkup on 22 Jan 2022 with above following complaints. We advised her to come up with her thyroid profile tested. On 28 Jan 2022, it was seen that her TSH level was raised (TSH- 21.390µIU/mL). After case taking we came to know that the patient is already taking Allopathic medicine salt- Thyroxine Sodium tablets (Thyrox 50 mcg).

Family History

Her mother is having Poly- arthralgia and Hypothyroidism; Her Father- Hypertension. She has 2 children which are healthy. Elder son is 15yrs of age and younger daughter is of 10yrs of age.

GYNAECOLOGICAL/ OBSTETRIC HISTORY

LMP-04 Jan 2022

From 5-6 months she is having profuse menses. Duration: 5-7days. She uses 5-6 pads for first four days. Frequency: 30-40days. Character of blood is dark red. Mode of delivery is vaginal. No history of miscarriages and abortions.

Physical generals

The patient is sensitive to both the temperature. She did not like to drink plain milk (but drinks tea). Her appetite slowly decreased from 5-6 months. Thirst is normal 2-3L/day. Urine and stool were regular and satisfactory. Perspiration is profuse, non- staining and non-offensive. The tongue was moist and clean.

Mental generals

Patient told that earlier (before marriage) she was very joyful person. After marriage things changed because her sister-in law troubles her but from 1 year issues has increased in her family. She (sister-in law) instigates all the other family members against her. Now patient has become resistant to the family members and does not care at all and also have become irritable. Patient cried while telling her problems.

Analysis and Evaluation

The symptoms narrated by the patient in detailed case taking, were considered for the analysis and evaluation. These were: Irritability, Indifference, Weeps when telling her symptoms were important mental symptoms in this case Aversion to milk, Decreasing Appetite were physical generals. Menorrhagia, hair fall, obesity and Lumbo- sacral pain better by pressure.

Selection of remedy was based on the mental as well as physical general symptoms

Diagnostic assessment

Thyroid Profile Test (TFT): On Laboratory investigation, on 28 Jan 2022, showed Thyroid stimulating hormone level significantly elevated to 21.390µIU/mL.

Treatment

Considering knowledge of Materia Medica[5,6], *Sepia Officinalis* was selected as an individualized single constitutional remedy.

On first visit after detailed case taking, she was prescribed *Sepia Officinalis* 200C potency in single dose followed by placebo for 14 days.

Auxiliary measures

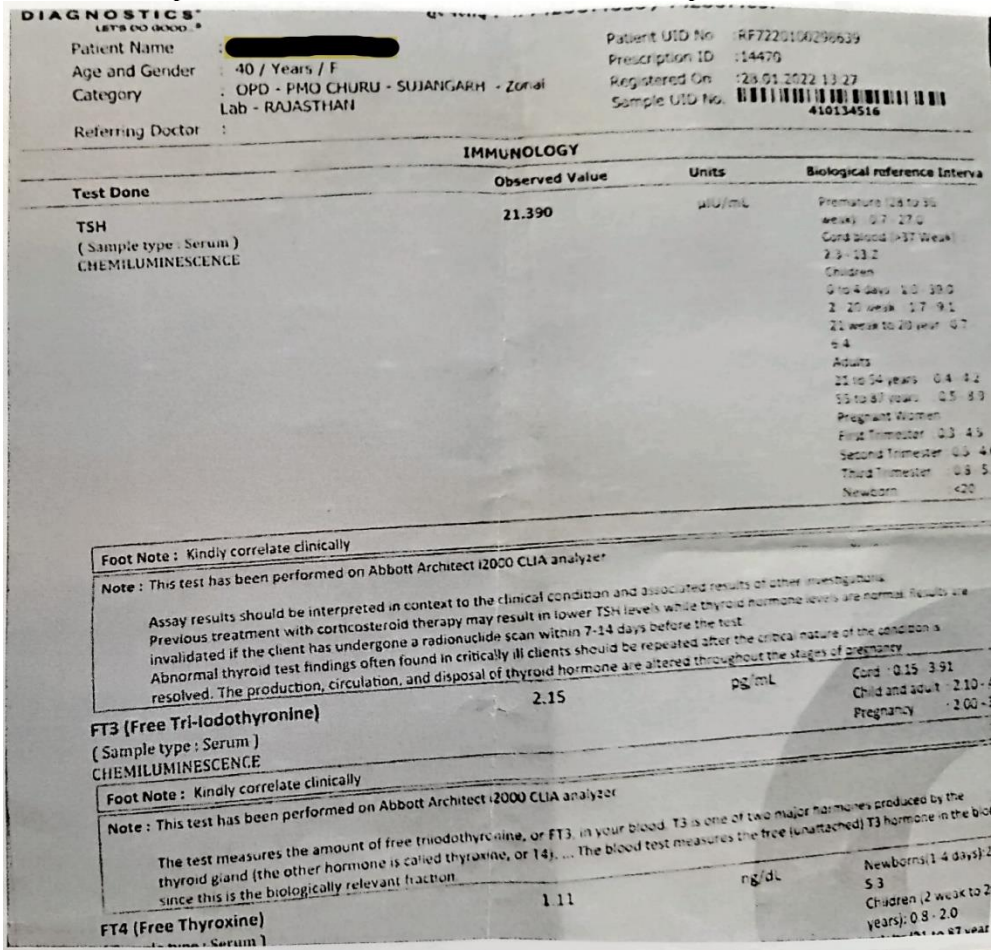
The patient was advised to avoid junk/fast food and high-calorie diet and take plenty of water and fruits. Regular morning brisk walking along with yoga and meditation.

Follow-up and Outcome

Date	Complaints	Prescription
Feb 11, 2022	• Slight amelioration in pain of lumbo- sacral region • Hairfall- SQ • Appetite- SQ	Phytum 200/ 1Dose Rubrum 30/TDS- 14days
Feb 24, 2022	• Slight amelioration in irritability • Slight amelioration in pain of lumbo- sacral region • Slight amelioration in Appetite • Hairfall- SQ • LMP: 14 Feb 2022	Phytum 200/ 1Dose Rubrum 30/TDS- 14days
March 11, 2022	Patient in her language stated that amelioration is stand still.	*Sepia Officinalis* 200/ 1Dose; Rubrum 30/TDS- 14days
March 25, 2022	• Amelioration in almost every complaint • Hairfall- SQ • LMP: 17 March 2022	Phytum 200/ 1Dose Rubrum 30/TDS- 14days
April 08, 2022	• Amelioration in almost every complaint • Better in Hairfall. (Intensity is decreased) • Advised for thyroid profile	Phytum 200/ 1Dose Rubrum 30/TDS- 14days
April 22, 2022	• Amelioration in almost every complaint • Better in Hairfall. (Intensity is decreased) • LMP: 20 April 2022 • Thyroid Profile showed reduction in value of TSH: 15.800µIU/mL	Phytum 200/ 1Dose Rubrum 30/TDS- 14days

Laboratory Reports:

1. Report at the time of commencement of homoeopathic treatment



DIAGNOSTICS

Patient Name : [redacted]
Age and Gender : 40 / Years / F
Category : OPD - PMO CHURU - SUJANGARH - Zonal Lab - RAJASTHAN
Referring Doctor :

Patient UID No : RF72201080296639
Prescription ID : 14470
Registered On : 28.01.2022 13:27
Sample UID No : 410134516

IMMUNOLOGY

Test Done	Observed Value	Units	Biological reference Interva
TSH (Sample type : Serum) CHEMILUMINESCENCE	21.390	µIU/mL	Premature (28 to 36 weeks) 0.7 - 27.0 Cord blood (>37 Week) 2.3 - 13.2 Children 0 to 4 days 1.0 - 39.0 2 - 20 week 1.7 - 9.1 21 week to 20 year 0.7 - 6.4 Adults 21 to 54 years 0.4 - 4.2 55 to 87 years 0.5 - 8.9 Pregnant Women First Trimester 0.3 - 4.5 Second Trimester 0.5 - 4.6 Third Trimester 0.8 - 5.2 Newborn <20

Foot Note : Kindly correlate clinically

Note : This test has been performed on Abbott Architect i2000 CLIA analyzer

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disposal of thyroid hormone are altered throughout the stages of pregnancy.

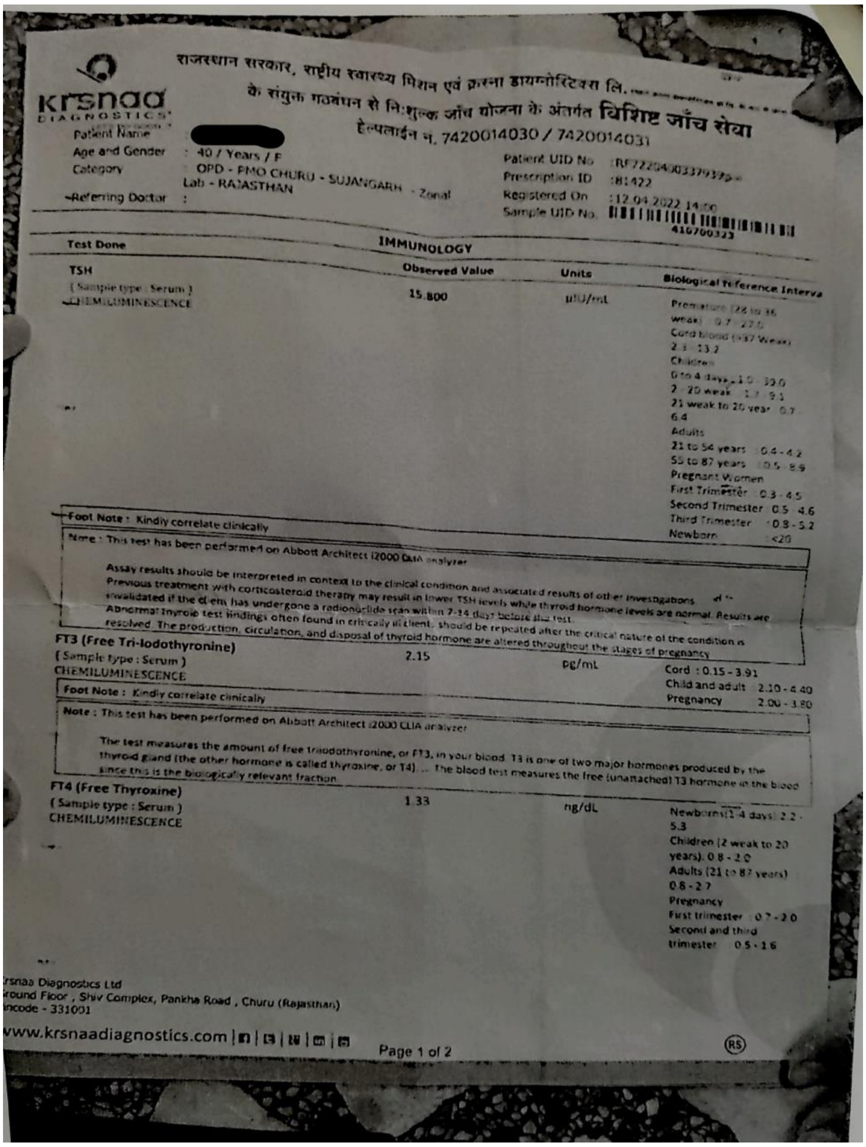
FT3 (Free Tri-Iodothyronine) (Sample type : Serum) CHEMILUMINESCENCE	2.15	pg/mL	Cord : 0.15 - 3.91 Child and adult : 2.10 - 4 Pregnancy : 2.00 - 5

Foot Note : Kindly correlate clinically

Note : This test has been performed on Abbott Architect i2000 CLIA analyzer

The test measures the amount of free triiodothyronine, or FT3, in your blood. T3 is one of two major hormones produced by the thyroid gland (the other hormone is called thyroxine, or T4). ... The blood test measures the free (unattached) T3 hormone in the blo since this is the biologically relevant fraction

FT4 (Free Thyroxine) (Sample type : Serum)	1.11	ng/dL	Newborns(1-4 days): 2 - 5.3 Children (2 week to 2 years): 0.8 - 2.0


राजस्थान सरकार, राष्ट्रीय स्वास्थ्य मिशन एवं क्रस्ना डायग्नोस्टिक्स लि.
के संयुक्त गठबंधन से निःशुल्क जाँच योजना के अंतर्गत विशिष्ट जाँच सेवा
हेल्पलाईन न. 7420014030 / 7420014031

krsnaa DIAGNOSTICS

Patient Name : [redacted]
Age and Gender : 40 / Years / F
Category : OPD - PMO CHURU - SUJANGARH - Zonal Lab - RAJASTHAN
Referring Doctor :

Patient UID No : RF72204003379379
Prescription ID : 81422
Registered On : 12.04.2022 14:00
Sample UID No. 410700323

IMMUNOLOGY

Test Done	Observed Value	Units	Biological Reference Interval
TSH (Sample type : Serum) CHEMILUMINESCENCE	15.800	µIU/mL	Premature (28 to 36 weak) 0.7 - 27.0; Cord blood (>37 Weak) 2.3 - 13.2; Children: 0 to 4 days 1.0 - 39.0; 2 - 20 weak 1.7 - 9.1; 21 weak to 20 year 0.7 - 6.4; Adults: 21 to 54 years 0.4 - 4.2; 55 to 87 years 0.5 - 8.9; Pregnant Women: First Trimester 0.3 - 4.5; Second Trimester 0.5 - 4.6; Third Trimester 0.8 - 5.2; Newborn <20

Foot Note : Kindly correlate clinically

Note : This test has been performed on Abbott Architect I2000 CLIA analyzer

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill client, should be repeated after the critical nature of the condition is resolved. The production, circulation, and disposal of thyroid hormone are altered throughout the stages of pregnancy.

Test Done	Observed Value	Units	Biological Reference Interval
FT3 (Free Tri-Iodothyronine) (Sample type : Serum) CHEMILUMINESCENCE	2.15	pg/mL	Cord : 0.15 - 3.91; Child and adult 2.10 - 4.40; Pregnancy 2.00 - 3.80

Foot Note : Kindly correlate clinically

Note : This test has been performed on Abbott Architect i2000 CLIA analyzer

The test measures the amount of free triiodothyronine, or FT3, in your blood. T3 is one of two major hormones produced by the thyroid gland (the other hormone is called thyroxine, or T4) ... The blood test measures the free (unattached) T3 hormone in the blood since this is the biologically relevant fraction.

Test Done	Observed Value	Units	Biological Reference Interval
FT4 (Free Thyroxine) (Sample type : Serum) CHEMILUMINESCENCE	1.33	ng/dL	Newborns (1-4 days) 2.2 - 5.3; Children (2 weak to 20 years) 0.8 - 2.0; Adults (21 to 87 years) 0.8 - 2.7; Pregnancy: First trimester 0.7 - 2.0; Second and third trimester 0.5 - 1.6

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2. Report after 3 months of homoeopathic treatment

Discussion and Conclusion

Hypothyroidism has emerged as one of the most common chronic progressive endocrine disorders worldwide, causing serious complications if undetected or untreated. Symptoms are controlled with conventional treatments. Homeopathy manages and treats hypothyroidism without side effects, and drugs are selected according to the patient's mental and other physical characteristics. In endocrine disorder, such as thyroid disorder, Homoeopathic medicine acts to stimulate the gland when there is deficient secretion & where secretion is much than resist it. Endocrinal disorder is basically hereditary or constitutional defects, in such cases Homoeopathic medicine acts smoothly; and selection of medicine depends on the totality of an individual. Master Samuel Hahnemann has quoted, “What action is exerted on the skin by certain diseases of the glands with an internal secretion (thyroid gland, ovaries, testicles, suprarenal capsules, pituitary gland, etc.) must remain reserved for future research. In aphorism 3 of Organon of Medicine fifth edition, Hahnemann states that, “If the physician clearly perceives *what is to be cured in diseases*, that is to say, in every individual case of disease (*knowledge of disease, indication*),……” Understanding the disease and its components is the first assignment a doctor must complete; only then will he be able to distinguish between typical and uncommon symptoms and comprehend the whole person. A detailed case taking with psycho-somatic approach should be adapted during the case taking. This case demonstrates that homeopathic medicines are effective in treating hypothyroidism. The choice of remedy is entirely based on the individual’s totality of all mental and physical reactions. It is based on the Principle of Homoeopathy “SIMILIA SIMILIBUS CURANTER” A positive improvement in serum TSH test values were seen and also documented. The case was followed for over a year to confirm the patient's overall improvement. Homeopathy aids in healing ailments by stimulating the inner self-mechanisms and life force. Stimulates the body to return hormone secretion to normal levels in endocrine disorders such as hypothyroidism. Being from a homoeopathic background, the main point of concern was not only to lower the TSH levels but also to treat patient as a whole and individually. She received better medical and psychological care, which significantly reduced her anxiousness.

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