



## Homoeopathy As An Adjuvant In The Case Of Hypothyroidism: A Case Report

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### ABSTRACT

Biochemically diagnosed hypothyroidism, is primary hypothyroidism defined as higher serum thyroid-stimulating hormone (TSH) levels and thyroxine levels below the reference range. Its prevalence is higher in women and the elderly.

**Keywords:** Hypothyroidism, Adjuvant, Lachesis, Constitutional Approach

### INTRODUCTION

The thyroid is a small gland that is situated anterior to the trachea between the supra-sternal notch and the cricoid cartilage. It has two lobes that are joined by an isthmus. The average thyroid weighs 12 to 20 grams, has a soft consistency, and is quite vascular. The endocrinological condition known as hypothyroidism, which affects the thyroid gland's ability to produce enough thyroid hormone, is becoming more and more widespread throughout the world.<sup>1</sup>

The thyroid gland produces two major hormones, thyroxine (T<sub>4</sub>) and triiodothyronine (T<sub>3</sub>). Production of T<sub>3</sub> and T<sub>4</sub> in the thyroid gland is mediated by thyrotropin (thyrotropin releasing hormone, TSH), a glycoprotein released by thyrotroph cells of the pituitary in response to the hypothalamic tri-peptide, thyrotrophin-releasing hormone (TRH).<sup>2</sup>

Primary hypothyroidism is up to 8–9 times more common in women than in men, and the prevalence increases with age, with a peak incidence between the ages of 30 and 50 years.<sup>3</sup> In primary hypothyroidism, the thyroid gland produces insufficient thyroid hormones, while in secondary hypothyroidism, the pituitary gland stimulates the thyroid gland insufficiently. In hypothyroidism, T<sub>3</sub> and T<sub>4</sub> are decreased and circulating TSH levels are elevated. The thyroid axis is involved in regulating cell differentiation and metabolism of nearly all nucleated cells. Therefore, the thyroid gland influences the body's energy levels, blood circulation, immunity, body growth and development. Thus, thyroid dysfunction can range from common symptoms such as fatigue, drowsiness, dry skin, dry hair, menorrhagia, and weight gain to constipation, hoarseness, carpal tunnel syndrome, alopecia, depression, and infertility. It presents with multiple symptoms, ranging from dysentery to less common symptoms such as bradycardia, cutaneous myxoedema. Thyroid disease primarily affects women. Although most cases of hypothyroidism are not clinically apparent, it is important to avoid overlooking the diagnosis in middle-aged women who complain of nonspecific symptoms such as fatigue, weight gain, depression, and ductal percutaneous syndrome.<sup>2</sup>

Worldwide, environmental iodine deficiency is the most common cause of thyroid disorders, including hypothyroidism.<sup>4</sup> Thyroid hormone replacement therapy with levothyroxine, the exogenous form of T<sub>4</sub>, has been the “gold standard” for the treatment of primary hypothyroidism for more than 60 years.<sup>5</sup>

Thyroxine occurs naturally as a racemic mixture of levo (sodium L-thyroxine) and dextro forms.<sup>6</sup> Levothyroxine was introduced in 1962 with the realization that the levo form was better absorbed and had greater physiological activity compared with the dextro form.<sup>6,7</sup> In the 1970s, it was also noted that administration of both LT<sub>4</sub> and LT<sub>3</sub> was not required for successful treatment of hypothyroidism.<sup>8</sup> Because the T<sub>3</sub> preparations have a short biological half-life, the treatment approach transitioned to LT<sub>4</sub> monotherapy, such that today almost all patients with hypothyroidism receive once-daily synthetic thyroxine preparations.<sup>9</sup>

Despite the intake of levothyroxine monotherapy, sometimes patient may or may not get symptomatic relief. Here, Homoeopathy works wonders. Homeopathic remedies for hypothyroidism are chosen to offer individualized treatment based on the study of patient's under-active thyroid, its extent, causes, genetic patterns, emotional and hormonal imbalances, physical and mental conditions. selected to provide.<sup>9</sup>

**CASE REPORT:**

A female-aged 39 years came to General OPD of Dr. M.P.K. Homoeopathic Medical College Hospital & Research Centre on Sept 29<sup>th</sup>2021.

**Appearance:** She is very lean, thin, stoop shouldered . The clothes she was wearing were dull though she is from very well off family.

**Presenting Complaints:** Lethargy, lean, thin, burning in soles, burning in vagina (often)

**HOPC:** She got tested for Thyroid profile on 13th April 2021 which showed TSH 12.2. Doctor gave her thyroxine 75mg daily once a day. Then again she got tested for TSH on 27th Sept and is showed value of 10.1. There is slight reduction in the value of TSH but her presenting complaints (lethargy, burning in soles) were same as before. She heard about Homoeopathic treatment and that is why she visited us.

**GYNAECOLOGICAL/ OBSTETRIC HISTORY**

Menarche	At the age of 16 yrs
LMP	19th Sept 2021
Menstrual cycle: duration Frequency Character	3-5days(sometimes menorrhagia) (uses 3-6pads for first 3 days) 24-28days (Early) Dark red blood. Sometimes Clotted (but N/S) Mild Dysmenorrhea (Acc. to Numeric Pain Rating Scale- 3-4 marks) Leucorrhoea: Sometimes, no modality. But acrid, causes itching & burning.
GPAL	G <sub>2</sub> P <sub>2</sub> A <sub>0</sub> L <sub>2</sub> 1Girl,1 Boy
Mode of Delivery	Vaginal Delivery
Complication (if any)	N/S

**HOMOEOPATHIC GENERALS**

**Physical generals**

Thermal Reaction	Hot
Food & Drinks- Cravings/ Aversion/ Aggravation/ Amelioration	N/S
Appetite	Satisfactory. Take proper meals
Thirst	Dry Mouth, while drinking well. 3-4L/ day
Stool	Satisfactory
Urine	N/S
Perspiration	Offensive
Sleep Dreams	Satisfactory N/S

**Mental generals**

According to the patient: I don't feel like doing anything. I don't feel like taking bath. I just want to lie down.

**Analysis and Evaluation**

The symptoms narrated by the patient in detailed case taking, were considered for the analysis and evaluation. These were: her physical appearance, lethargyness, burning in soles and vagina. Her physical generals were also marked i.e.

hot thermal reaction, dryness of mouth along with profuse and offensive perspiration. Selection of remedy was based on the physical general, mental generals as well according to her appearance.

### Treatment

Considering knowledge of *Materia Medica*<sup>10,11</sup>, *Sulphur* was selected as an individualized single constitutional remedy. On first visit 27th Sept 2021 after detailed case taking, she was prescribed *Sulphur* 200C potency in single dose (Early Morning Empty Stomach) followed by placebo for 14 days. Also, patient is advised to take thyroxine 75mg/OD/daily along with homoeopathic medicines.

### 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
Oct 06, 2021	Slight amelioration in burning in soles. (15-20% better) Offensive Perspiration, dryness of mouth and Lethargyness-SQ	Phytum 200/ 1Dose/ STAT Rubrum 30/TDS- 14days
Oct 21, 2021	Amelioration in burning in soles. (30% better) Other complaints SQ	<i>Sulphur</i> 200/ 1Dose/ EMES Rubrum 30/TDS- 14days
Nov 05, 2021	Amelioration in burning in soles. (40-50% better) Slight amelioration in Lethargyness (10-15% better) Dryness of mouth and offensive perspiration- SQ	Phytum200/ 1Dose/ STAT Rubrum 30/TDS- 14days
Nov 18, 2021	Amelioration in burning in soles (50-60% better) and in Lethargyness (20% better)	Phytum 200/ 1Dose/ STAT Rubrum 30/TDS- 14days
Dec 01, 2021	Patient in her language stated that amelioration is stand still.	<i>Sulphur</i> 200/ 1Dose/ EMES Rubrum 30/TDS- 14days
Dec 17, 2021	SQ. Amelioration is stand still.	<i>Sulphur</i> 1M/ 1Dose/ EMES Rubrum 30/TDS- 14days
Dec 29,2021	Patient seems to be happy as her mental complaints are better. She is feeling lively. She has started taking baths willingly. Amelioration in burning in soles (upto 80% better) and lethargyness (60% better), offensiveness and in dryness of mouth as well.	Phytum 200/ 1Dose/ STAT Rubrum 30/TDS- 14days
Jan 12, 2022	Amelioration in almost every complaint.	Phytum 200/ 1Dose/ STAT Rubrum 30/TDS- 14days
Jan 28, 2022	Amelioration in almost every complaint. Advised for Thyroid Profile Test.	Phytum 200/ 1Dose/ STAT Rubrum 30/TDS- 14days
Feb 10, 2022	Thyroid Profile done on 8th Feb which showed TSH value of 4.1.	<i>Sulphur</i> 1M/ 1Dose/ EMES/ SOS Phytum 200/ 1Dose/ STAT Rubrum 30/TDS- 21days

### Discussion and Conclusion

Hypothyroidism has risen as one of the foremost common persistent dynamic endocrine clutters around the world, causing serious complications if undetected or untreated. Indications are controlled with conventional medicines.

This case is one of the best example of Homoeopathy as an adjuvant in Hypothyroidism as it hastens the curative process and restores the health. In this case report the patient was on her thyroxine medications for about 6 months but her symptomatic complaints were not improving, after hearing word of mouth she decided to take homoeopathic treatment.

Here *Sulphur* was given after assessing the patient by using homoeopathic tools such as case taking and repertory software. A positive improvement is seen not only in her presenting complaints but in serum TSH test values. The case was followed up for 2 years to confirm the patient's overall improvement. Homeopathy helps treat diseases by stimulating the mechanisms and vital forces of the inner self. In endocrine disorders such as hypothyroidism, it stimulates the body to return hormone secretion to normal levels.

Patient's Laboratory Reports are as under:

Report on 13 April 2021

**PROCESSED AT :**

**Thyrocare**  
Unique Destination, 1st Floor,  
Jaipur, Rajasthan - 302015



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**NAME :** ██████████ (39Y/F)  
**REF. BY :** DR S M SHARMA  
**TEST ASKED :** TFT

**SAMPLE COLLECTED AT :**  
(3020163530),ROYAL PATH LAB,63 ROYAL  
HOUSE,SUBHASH NAGAR ,SHOP CENTER,PETAL  
FACTORY, JAIPUR,302016

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIJODOTHYRONINE (T3)	C.L.I.A	123	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	7.7	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.L.I.A	12.2	µIU/mL	0.55-4.78

**Comments :** \*\*\*

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

**Method :**

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY  
T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY  
USTSH - Third Generation Ultrasensitive Chemi Luminescent Immuno Assay

**Disclaimer :** Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference. In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same laboratory.

**Sample Collected on (SCT)** : 12 Apr 2021 08:00  
**Sample Received on (SRT)** : 13 Apr 2021 13:00  
**Report Released on (RRT)** : 13 Apr 2021 14:50  
**Sample Type** : SERUM  
**Labcode** : 1412072528/RA163  
**Barcode** : BQ055528

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Report on 27Sept. 2021

**PROCESSED AT :****Thyrocare**Unique Destination, 1st Floor,  
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**9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable**

**NAME** : ██████████ (39Y/F)  
**REF. BY** : DR S M SHARMA  
**TEST ASKED** : TFT

**SAMPLE COLLECTED AT :**  
 (3020163530), ROYAL PATH LAB, 63 ROYAL  
 HOUSE, SUBHASH NAGAR, SHOP CENTER, PETAL  
 FACTORY, JAIPUR, 302016

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	102	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	8.2	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.L.I.A	10.1	µIU/mL	0.55-4.78

**Comments :** \*\*\*

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**Method :**

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY  
 T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY  
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**Sample Collected on (SCT)** : 26 Sep 2021 08:00  
**Sample Received on (SRT)** : 27 Sep 2021 13:50  
**Report Released on (RRT)** : 27 Sep 2021 16:20  
**Sample Type** : SERUM  
**Labcode** : 1412728729/RA163  
**Barcode** : BQ062816

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Report on 8Feb. 2022

**PROCESSED AT :**  
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**NAME :** ██████████ (39Y/F)  
**REF. BY :** DR S M SHARMA  
**TEST ASKED :** TFT

**SAMPLE COLLECTED AT :**  
 (3020163530),ROYAL PATH LAB,63 ROYAL  
 HOUSE,SUBHASH NAGAR ,SHOP CENTER,PETAL  
 FACTORY, JAIPUR,302016

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	127	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	10.2	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.L.I.A	4.1	µIU/mL	0.55-4.78

**Comments :** \*\*\*

**The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.**

**Method :**

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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**Sample Collected on (SCT)** : 7 Feb 2022 08:00  
**Sample Received on (SRT)** : 8 Feb 2022 13:00  
**Report Released on (RRT)** : 8 Feb 2022 15:29  
**Sample Type** : SERUM  
**Labcode** : 1412072859/RA)63  
**Barcode** : BQ054329

  
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