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ROLE OF HOMOEOPATHIC MEDICINE IN THE MANAGEMENT OF A CASE OF HYPOTHYROIDISM IN ADULT AGE GROUP: A CASE REPORT

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ABSTRACT:

Hypothyroidism is the most common endocrine disorder in India whose incidence has been gradually increasing over years. Hypothyroidism is a hypo metabolic state characterized by general reduction of metabolic function, manifesting slow mental as well as physical functioning. This article deals with one such case of hypothyroidism which shows promising results with Staphysagria as a constitutional remedy.

KEYWORDS:

Homoeopathy, Hypothyroidism, Thyroid Stimulating Hormone.

INTRODUCTION:

Hypothyroidism (also known as underactive thyroid, low thyroid or hypothyreosis) is a clinical state resulting from insufficient synthesis and release of thyroid hormones.[1] The prevalence of hypothyroidism in India is 11%.[2] However, females are more affected than men with prevalence of 10% in adult women and 3% in adult men. Depending on the time of onset, the condition can be congenital or acquired later in life. Further, it can even be classified as Primary hypothyroidism, where the thyroid gland is primarily affected and Secondary hypothyroidism, where the thyroid gland is normal but the regulating system has some abnormality.[1]

Following are the signs and symptoms of hypothyroidism: (Table 1)

SYMPTOMS	SIGNS
Tiredness, weakness, dry skin, hair loss, difficulty concentrating and poor memory, constipation, weight gain, low appetite, dyspnoea, hoarse voice, menorrhagia, paraesthesia, impaired hearing	Dry coarse skin, cold peripheral extremities, puffy face, hands and feet, diffuse alopecia, bradycardia, peripheral oedema, delayed tendon reflex, carpal tunnel syndrome, serous cavity effusion.

Table 1- Signs and symptoms of hypothyroidism

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DIAGNOSIS:

Diagnosis is made by thyroid function test (TFT) which measures the concentration of thyroid stimulating hormone (TSH), triiodothyronine (T3), and tetraiodothyronine (T4) in blood.

Homoeopathic system of medicine treats patient based on the ‑law of similia‖. A careful review of homoeopathic literature describes the scope in management of hypothyroidism with homoeopathy. Most of the time constitutional defects leads to the development of endocrine disorders like hypothyroidism. Conventional treatment for hypothyroidism includes thyroxine given in a dose of 1.6 µg/kg in adults orally as single daily doses. Average daily dose for adults is 0.1-0.2 mg of L- thyroxine sodium.[1] In aphorisms, it is mentioned that no real cure of a disease can take place without a strict individualization of each case of disease which is possible by studying the individual, characteristic symptoms produced by the patient. Homoeopathy plays a role in such conditions because the remedy selection depends on individual totality.[4]

CASE REPORT:

This is a case report of a male patient aged 32 years, working for IT based company at Bangalore who presented to the outpatient department of Government Homoeopathic Medical College and Hospital on 04.11.2022 with the complaints of gradual weight gain and increasing hair fall since almost a year.

The patient was apparently healthy till last year after which he gradually started gaining weight (almost 8-9 kg in past 1 year) and eventually started noticing bunches of hair falling off from root. He also corroborates this incidence with development of his symptoms like increased mental sensitiveness and getting angered easily. The onset and progression of complaints has been gradual.

Past History:

Used to frequently get headaches during childhood

Known Case of- Hypothyroidism – diagnosed 1 week back- not under any medication

Family History:

Father- Apparently healthy

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Mother- Hypothyroidism for 15 years

Brother- Apparently healthy

Personal History:

Diet- Mixed

Appetite- Reduced

Thirst- Thirsty

Desire- Nothing specific

Aversion- Nothing specific

Micturition- 4-5 times/ day; 1time/ night

Bowel- Regular, Satisfactory.

Sleep- Refreshing

Dreams- Nothing significant

Perspiration- Generalized, No odour, no staining

Thermals- Chilly

Life Space Investigation:

Patient belong to good socioeconomic status. His childhood was uneventful, has always been good at studies. He got married at the age of 28 years. Wife has always been dominating. He couldn‘t speak against her because he was scared of ruining their relationship. A year back there was an issue at home between his wife and his brother where he felt his opinion wasn‘t considered and his wife blamed him for not being supportive in spite of, he trying his best to be there for her. He was very hurt by this comment, but then tried moving on. Every small argument at home has started to make him very angry then on, but never really tried showing it as he felt he would again lose in argument. He still feels if he would have tried stopping his brother from getting into argument with his wife then, today he wouldn‘t have been blamed by his wife this way.

GENERAL PHYSICAL EXAMINATION:

No signs of pallor, cyanosis, clubbing, icterus, lymphadenopathy, oedema.

Nails-pink.

Height-5 feet 7 inch.

Weight-72 kg.

Tongue-clean, moist.

Skin-No abnormalities.

Hair-Falling of hair from root. Thinning of hair was seen and hair was dry and rough in texture.

VITAL SIGNS:

Temperature- afebrile at the time of examination.

Pulse- 72 beats /min.

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Respiratory rate- 18 cycles/ min.

Blood pressure- 122/80 mm Hg.

SYSTEMIC EXAMINATION:

Respiratory system- NVBS audible, no added sounds

Cardiovascular system-S1, S2 heard, no murmur

GIT-Bowel sounds heard, per abdomen soft and tender

LOCAL EXAMINATION OF NECK:

No swelling or lobe enlargement seen

No local tenderness

INVESTIGATION:

28.10.2022: TSH- 204.217; T3- 0.55; T4- 2.0

DIAGNOSIS: Hypothyroidism

EVALUATION OF THE CASE: (Table 2)

MENTAL GENERALS	PHYSICAL GENERALS	CHARACTERISTIC PARTICULARS
Angered easily Emotions suppressed Reproaching oneself Sensitive to others comment Timid	Appetite reduced Thirsty Chilly	Hair fall Weight gain Hypothyroidism

Table 2- Evaluation of the case

With the help of ‒The Chronic disease by Dr Samuel Hahnemann‖ miasmatic evaluation for the presenting symptoms was done, which showed the predominance of Psoro-Sycotic miasm. Considering the above symptomatology.

REPERTORIAL TOTALITY:

1. MIND- ANGER- easily
2. MIND- EMOTIONS- suppressed
3. MIND- REPROACHING himself
4. MIND- SENSITIVE- opinion of others, to the
5. MIND- timidity
6. HEAD- HAIR- falling
7. GENERALS- HYPOTHYROIDISM
8. GENERALS- OBESITY

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REPERTORIAL SHEET: (Image 1)

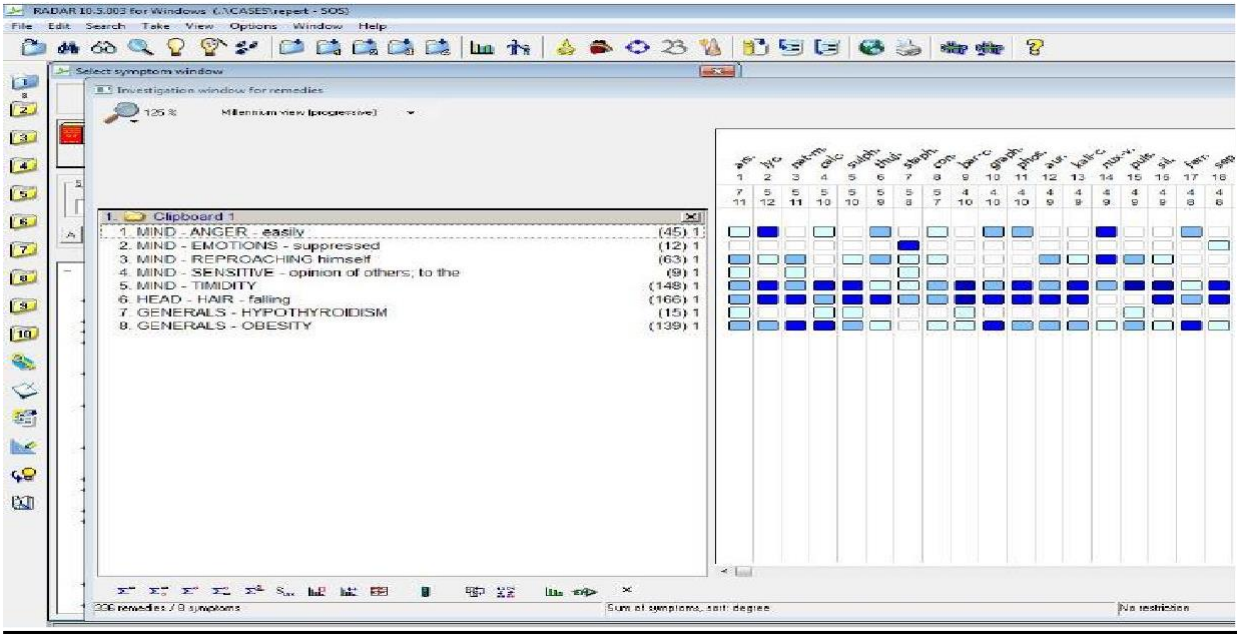

Image 1- Repertorial sheet

Prescription: (on 04.11.2022)

Rx: Staphysagria 1M- 1 dose (early morning empty stomach)

Blank Globule (0-0-5) x 1 month given orally

AUXILIARY MANAGEMENT:

- Regular exercise like walking, skipping.
- Taking iodine rich food.
- Avoid cabbage, broccoli and cauliflower

FOLLOW UP: (Table 3)

05.12.2022	Appetite improved Anger still remains same Hair fall persists Weight remains same	Rx: Sac Lac - 1 dose (early morning empty stomach Blank Globule (0-0-5) x 1 month- orally
10.01.2023	Anger reduced Hair fall reduced Weight remains the same	Rx: Blank Globule (0-0-5) x 1 month- orally

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08.02.2023	Patient feeling better Hair fall reduced Generals improved No new complaints	Rx: Blank Globule (0-0-5) x 1 month- orally
06.03.2023	Patient feeling better Weight reduced- 70 kg Hair fall reduced Generals improved TSH-2.04, T3-136, T4-7.7 (03.03.2023)	Rx: Blank Globule (0-0-5) x 1 month- orally

Table 3- Follow up


TATA 1mg Labs
TATA 1MG Technologies Pvt. Ltd
LABORATORY: No-607,80 Ft Road, Kormangala, 6th block, Bangalore - 560095 Karnataka.
www.1mglabs.com
care@1mglabs.com | 080-43941539
CIN: U74140DL2015PTC279229
REGISTERED OFFICE: Level 3, Vasant Square Mall, Pocket V, Sector B, Vasant Kunj, New Delhi - 110070
MC - 4291

Name			:
Age/Gender	: 32 Y 0 M 0 D /Male	Registration Date	: 28-Oct-22 01:10 PM
Patient ID	: MGB256914	Collection Date	: 28/Oct/2022 06:37AM
Barcode ID / Order ID	: c1471772 / 5944394	Sample Receive Date	: 28/Oct/2022 01:10PM
Referred By	: SELF	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 28/Oct/2022 06:16PM

Immunology

Test Name	Result	Unit	Bio. Ref. Range	Method
Thyroid Profile				
T3, Total	0.55	ng/mL	0.35-1.93	CMIA
T4, Total	**2.0**	µg/dL	4.87-11.72	CMIA
Thyroid Stimulating Hormone - Ultra Sensitive	**204.217**	µIU/mL	0.35-4.94	CMIA

Results are rechecked.

Rerun on dilution.

Comment:

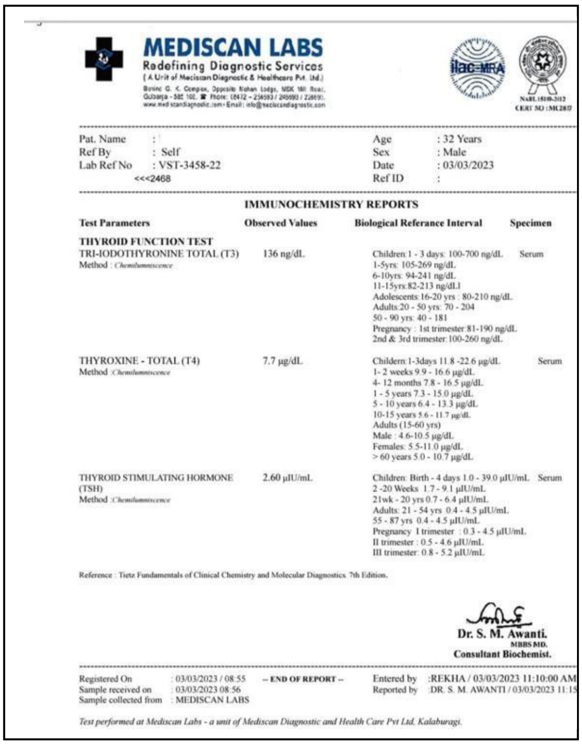
- Below mentioned are the guidelines for pregnancy related reference ranges for TSH, total T3 & Total T4.

Pregnancy			
	TSH (µIU/mL) (as per American Thyroid Association)	Total T3 (ng/mL)	Total T4(µg/dL)
1st trimester	0.1-2.5	0.81-1.90	7.33-14.8
2nd trimester	0.2-3.0	1.00-2.60	7.93-16.1
3rd trimester	0.3-3.0	1.00-2.60	6.95-15.7

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm.
- The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- TSH is secreted in a dual fashion: Intermittent pulses constitute 60-70% of total amount, background continuous secretion is 30-40% These pulses occur regularly every 1-3 hrs.
- Total T3 & T4 concentrations are altered by physiological or pathological changes in thyroxine binding globulin (TBG) capacity .
- The determination of free T3 & free T4 has the advantage of being independent of changes in the concentrations and binding properties of the binding proteins.
- Changes in thyroid status are typically associated with concordant changes in T3, T4 and TSH levels.
- Unexpectedly abnormal or discordant thyroid test values may be seen with some rare, but clinically significant conditions such as central hypothyroidism, TSH-secreting pituitary tumors, thyroid hormone resistance, or the presence of

Dr. Vinisha Nahata
MBBS, DCP
Reg No: 108310

Image 2- Before Treatment


MEDISCAN LABS
Redefining Diagnostic Services
(A Unit of Mediscan Diagnostic & Healthcare Pvt. Ltd.)
NABL 15189-2012
CERT NO :MC2817

Pat. Name	:	Age	: 32 Years
Ref By	: Self	Sex	: Male
Lab Ref No	: VST-3458-22 <<<2468	Date	: 03/03/2023
		Ref ID	:

IMMUNOCHEMISTRY REPORTS

Test Parameters	Observed Values	Biological Referance Interval	Specimen
THYROID FUNCTION TEST			
TRI-IODOTHYRONINE TOTAL (T3) Method : Chemiluminescence	136 ng/dL	Children:1 - 3 days: 100-700 ng/dL 1-5yrs: 105-269 ng/dL 6-10yrs: 94-241 ng/dL 11-15yrs:82-213 ng/dL1 Adolescents:16-20 yrs : 80-210 ng/dL Adults:20 - 50 yrs: 70 - 204 50 - 90 yrs: 40 - 181 Pregnancy : 1st trimester:81-190 ng/dL 2nd & 3rd trimester:100-260 ng/dL	Serum
THYROXINE - TOTAL (T4) Method :Chemiluminescence	7.7 µg/dL	Childern:1-3days 11.8 -22.6 µg/dL 1- 2 weeks 9.9 - 16.6 µg/dL 4- 12 months 7.8 - 16.5 µg/dL 1 - 5 years 7.3 - 15.0 µg/dL 5 - 10 years 6.4 - 13.3 µg/dL 10-15 years 5.6 - 11.7 µg/dL Adults (15-60 yrs) Male : 4.6-10.5 µg/dL Females: 5.5-11.0 µg/dL > 60 years 5.0 - 10.7 µg/dL	Serum
THYROID STIMULATING HORMONE (TSH) Method :Chemiluminescence	2.60 µIU/mL	Children: Birth - 4 days 1.0 - 39.0 µIU/mL 2 -20 Weeks 1.7 - 9.1 µIU/mL 21wk - 20 yrs 0.7 - 6.4 µIU/mL Adults: 21 - 54 yrs 0.4 - 4.5 µIU/mL 55 - 87 yrs 0.4 - 4.5 µIU/mL Pregnancy I trimester : 0.3 - 4.5 µIU/mL II trimester : 0.5 - 4.6 µIU/mL III trimester: 0.8 - 5.2 µIU/mL	Serum

Reference : Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics 7th Edition.

Dr. S. M. Awanti.
MBBS MD.
Consultant Biochemist.

Registered On : 03/03/2023 / 08:55
Sample received on : 03/03/2023 08:56
Sample collected from : MEDISCAN LABS
-- END OF REPORT --
Entered by :REKHA / 03/03/2023 11:10:00 AM
Reported by :DR. S. M. AWANTI / 03/03/2023 11:15

Test performed at Mediscan Labs - a unit of Mediscan Diagnostic and Health Care Pvt Ltd. Kalaburagi.

Image 3- After Treatment

DISCUSSION:

Homoeopathy is a holistic system of medicine and we treat based on individualization. In this diagnosed case of hypothyroidism, the patient was presenting with chronic complaints. After carefully examining the case, we formed a chronic totality and assessed the symptoms. Since there were distinct general symptoms, Kent's approach of repertorization was used and after differentiation from materia medica, Staphysagria was the chosen remedy. The patient showed some improvement during the initial follow up and significant improvement throughout the subsequent follow ups. The TSH reports also revealed falling levels of TSH. Apart from Staphysagria, Lycopodium, Natrum Mur, Calcarea, Sulphur received the highest

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values during repertorization. But Staphysagria was chosen over all these remedies because of the presence of marked presentation like suppressed emotions, reproaching oneself, sensitive to others opinion and thermals being chilly.

Also, in the following case the changes in the casual attribution were assessed using Modified Naranjo Criteria (Table 4). Total score as per the criteria in this case is (+8) which is relatively close to the total of +13 which signifies the positive casual attribution of individualized homoeopathic remedy to the clinical outcome.

Sl.no	Modified Naranjo Criteria	Yes	No	Not sure	Case
1.	Was there an improvement in the main symptom or condition for which thehomoeopathic medicine was prescribed?	+2	-1	0	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-1	0	+1
3.	Was there an initial aggravation ofsymptoms?	0	0	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0	+1
5.	Did overall well-being improve?(suggest using validated scale)	+1	0	0	0
6.	Direction of cure: did some symptomsimprove in the opposite order of the development of symptoms ofthe disease?	0	0	0	0
	Direction of cure: did at least two ofthe following aspects apply to the order of improvement of symptoms—from organs of more importance tothose of less importance—from deeper to more superficial aspects of the individual—from the top downward.	+1	0	0	+1
7.	Did old symptoms (defined as nonseasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvements?	0	0	0	0
8.	Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider the known course of the disease, other forms of treatment, and other clinically relevant interventions).	-3	+1	0	+1
9.	Was the health improvement confirmedby any objective evidence? (e.g., lab test, clinical observation, etc.	+2	0	0	+2
10.	Did repeat dosing, if conducted, createsimilar clinical improvement?	0	0	0	0
	Total score (Maximum score= +13;Minimum score = -3) T				+8

Table 4- Assessment of Modified Naranjo Criteria Score

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CONCLUSION:

The case study highlights the value of constitutional homoeopathic medicine treated on an individuality basis. It also demonstrates the critical significance that a carefully selected constitutional homoeopathic remedy plays in restoring the thyroid gland's functioning abnormality. It supports the fact that, in the treatment of hypothyroidism, a simple minimum dose is necessary, followed by infrequent repetitions. However, this is a single case report, additional research must be done that may make this study useful.

CONFLICT OF INTEREST: None

FINANCIAL SUPPORT: Not available

DECLARATION OF PATIENT CONSENT: Patient consent was taken for images to be reported for this article.

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