IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

EFFECTIVENESS OF INDIVIDUALISED HOMOEOPATHIC REMEDY IN THE TREATMENT OF SUBCLINICAL HYPOTHYROIDISM- A CASE REPORT

Ananya Balakrishna[1], Praveen Kumar[2]

[1] MD Scholar, Department of Case Taking & Repertory, Government Homoeopathic Medical College and Hospital, Bengaluru- 560079.

[2] Assistant Professor Department of Case Taking & Repertory, Government Homoeopathic Medical College and Hospital, Bengaluru- 560079.

ARTICLE INFO:

Article History:

Received On: 10/12/2024

Accepted On: 20/12/2024

Published On: 30/12/2024

eISSN No: 3048-6270

DOI:

https://doi.org/10.59939/3048-6270.2024.v2.i4.4

Website:

https://www.homoeopathicchronicles.com/archives/volume-ii-issue-iv

Keywords:

Subclinical Hypothyroidism, Case Report, Homoeopathy, Calcarea phosphoricum

ABSTRACT

Subclinical Hypothyroidism (SCH) is a prevalent endocrine disorder marked by an underactive thyroid gland, which can lead to symptoms such as irregular menses, hairfall, fatigue, weight gain, cold intolerance, and mood disturbances. Biochemically, the condition is characterized by elevated serum Thyroid Stimulating Hormone (TSH) levels, with serum triiodothyronine (T3) and thyroxine (T4) concentrations falling within the lower or normal limits of the reference range.A 29-year-old female, consulted in OPD of GHMC&H Bengaluru on 4.7.24 with irregular menses and diffuse hairfall since 6 months associated with history of weight gain, lethargy, dryness of skin, lack of concentration, small quantity of food causes fullness and constipation. As per the investigations on2.7.24, elevated TSH value was found to be 7.360µIU/mL.After thorough case taking, homoeopathic treatment with CalcareaPhosphoricum 200&1M led to remarkable improvement assessed using modified Naranjo criteria. With 6 months of individualised Homoeopathic treatment, TSH level is found to be within the normal limits i.e 1.71µIU/mL as per the investigations on 13.12.24.The homoeopathic system of medicine, through its individualized and holistic approach, has been reported to improve serum thyroid profiles in SCH patients. Additionally, it addresses overall vitality and immunity, leading to enhanced well-being in a shorter time frame.

IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

INTRODUCTION

Subclinical hypothyroidism is biochemically defined as an elevated serum thyrotropin level in combination with a serum free T4 level that is within the population reference range. The incidence of SCH varies among populations and ranges from 3 to 15%, with a higher incidence associated with increasing age, female sex[1]. Iodine shortage is the most frequent cause of hypothyroidism in the world. Subclinical hypothyroidism is asymptomatic most of the time. However, it can present with symptoms of hypothyroidism like dry skin, hair loss, constipation, dysphagia, loss of appetite, dyslipidemia, decreased attention span,muscular weakness, cramps, stiffness, fatigue, irregular periods, menorrhagia, decreased libido,weight gain, cold intolerance, etc[2].

Current guidelines tend to recommend thyroid hormones for adults with thyroid stimulating hormone (TSH) levels >10 mIU/L and for people with lower TSH values who are young, symptomatic, or havespecific indications for prescribing[3]. TSH >10 mIU/L persons had a rate of 3% to 8%. While thyroid hormone replacement therapy is the standard treatment for subclinical hypothyroidism (SCH), recent studies indicate that there are no clinically meaningful benefits of levothyroxine replacement for quality of life or thyroid-related symptoms in non pregnant adults with SCH (thyrotropin level elevated but ≤10 mIU/L and normal free thyroxine [FT4] levels)[4].

Calcareaphosphoricum is a tubercular remedy and belongs to the mineral kingdom. It has a special affinity to anemic people, peevish flabby have cold extremities and feeble digestion with tendency to perspiration& glandular enlargement[5,6]. It has a significant action and influences the thyroid hormone target tissue which is goitrogenic[7]. SCH falls under the ICD -11code5A00.Z.Constitutional prescription is a method to identify the constitution of an individual and treat the patient as a whole irrespective of names of the diseases and organs affected. 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". The following case report is an example how holistic approach can contribute to the prompt and complete improvement of the patient.

CASE REPORT

A 29-year-oldfemale patient, MrsA reported to the outpatient department of Government Homoeopathic Medical College and Hospital on 4.07.2024 with the complaints of irregular menses and hairfall since 6 months.

IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

HISTORY OF CHIEF COMPLAINT

Patient was apparently well 7 months ago. She started with the c/o irregular menses and diffuse hair fall since 6months,her cycles were once in 2months or 3 months. LMP was 12.04.24. Flow lasted for 3-4days with minimal clots. She consulted a gynaecologist and started taking hormonal pills. She used to get menses only if she takes the hormonal pills otherwise, menses gets delayed. Her complaints were associated with history of weight gain, lethargy, dryness of skin, lack of concentration; small quantity of food causes fullness and constipation.

PAST HISTORY

Medical history: H/o dengue at 19 years of age; took allopathic treatment

Treatment history: Took hormonal pills for her c/o irregular menses

Surgical history: Nothing significant

Allergic history: Not allergic to drug, diet and dust

FAMILY HISTORY

Father	Type 2 Diabetes Mellitus	Alive
Mother	Hypothyroidsm	Alive
Younger Sister	ApparentlyHealthy	Alive
Husband	Apparently Healthy	Alive
One Daughter	Apparently Healthy	Alive

TABLE 1: Family History

MENSTRUAL HISTORY

PAST MENSTRUAL HISTORY

Age of Menarche – At 11 years of age

Cycles – Regular

Duration of menstrual period – 3 days

Flow – Moderate (D1- 2 pads; D2- 2pads; D3- spotting)

Colour of the flow – Red

Smell – Not present

Clots – Present (minimal)

Associated complaints–Pain in lower abdomen on 1st or 2nd day of

IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

menses

Leucorrhea 1 week before menses

PRESENT MENSTRUAL HISTORY

LMP – 12.04.2024

Cycles – Irregular

Duration of menstrual period – 4 days

Flow – Moderate (D1- 2 pads; D2- 2pads; D3 4- spotting)

Colour of the flow – Dark red

Smell – Not present

Clots – Present (minimal)

Associated complaints - lower abdominal pain on 1st& 2nd day of menses

Leucorrhea 3 days before menses

OBSTETRICAL HISTORY

Gravida:1 Para:1 Livebirth:1 Abortion:0

No.	Any complaints during pregnancy	History of abortion/ recurrence	Treatment taken	Type of Delivery	Child Alive/ dead/ still birth/ age	Birth weight
1.	Nothing specific	Nil	Nil	FTNHD	Alive /2years	3.2kgs

TABLE 2: Obstetrical History

PERSONALHISTORY

- DIET :Mixed
- HUNGER :Tolerable
- APPETITE :Reduced,easy satiety
- THIRST :Thirsty,drinks 3-4litres/day
- CRAVING :Smoked food
- AVERSION :Nothingspecific
- BOWELHABITS :Irregular,alternate days,hard,unsatisfactory
- BLADDERHABITS :4-5timesperday;1-2timepernight
- SLEEP :Sound,refreshed
- DREAMS :Unremembered

IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

- PERSPIRATION :Generalised
- THERMALSTATE : Chilly patient
- ADDICTION : Tea : 2-3 times/day

LIFE SPACE INVESTIGATION

Patient hails from middle socioeconomic family background. Her father is an engineer and mother is a housewife. She was born and bought up in Bangalore. She has one younger sister.

CHILDHOOD: Her childhood was uneventful. Shares good relationship with parents and her sibling.

ADULTHOOD: She joined coaching classes for Chatered accountancy examination preparation during her Bcom. There were times she studied for 16hours a day. But she failed to clear the CA exams even after trying for 2 years. Later she joined a reputed firm to work.

MARRIAGE: Married at the age of 24years.She has a good relationship with her husband.

WORK: She started working in an asset management company few months after marriage. She had no issues at work place.

CHILD: She has one daughter who is healthy and 2years of age. She resigned her job after the delivery of her child, as she was unable to manage both child and job together.

WITH FAMILY: She had to do all the household chores, she felt frustrated for being at home and not going for the job as she had no help. She gets easily annoyed of any domestic issues with her in laws and shouts at them in anger. 7-8 months back her mother-in-law shouted at her for something which she was not at fault, in front of other family members. After this her menses became irregular, she started gaining weight and has diffuse hair fall.

AS A PERSON: She lacks confidence. Cannot take decisions on her own, Anxious about her health since her complaints.

ON OBSERVATION: Slow, Sensitive.

GENERAL PHYSICAL EXAMINATION

Weight:75 kg

Height: 160 cmBMI: 29.29kg/mt^2

Moderately built and nourished

Pulse: 78 / min, regular rhythm, normal volume

Blood pressure: 120/70 mmHg;

Respiratory rate: 16breaths/min;

IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

Temperature: A febrile at the time of examination

Neck :Acanthosis nigricans present

Skin & nails: dryness of skin

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

LOCAL EXAMINATION

EXAMINATION OF THYROID GLAND

- INSPECTION: Acanthosis nigricans present & no other skin changes
  No scars, No mass/swelling seen, No movement of gland elicited-swallowing & on protrusion of tongue.
- PALPATION: No tenderness, No mass felt palpation, Symmetrical thyroid lobes elevation on swallowing, No lymphadenopathy, No tracheal deviation
- PERCUSSION: No dullness elicited in retrosternal space
- AUSCULTATION: No bruits heard over both lobes

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM	: No abnormality detected
CARDIO VASCULAR SYSTEM	: No abnormality detected
GASTROINTESTINAL SYSTEM	: No abnormality detected
NERVOUS SYSTEM EXAMINATION	: No abnormality detected

PROVISIONAL DIAGNOSIS: HYPOTHYROIDISM

INVESTIGATION DONE: DATE:02.07.2024

THYROID PROFILE (Figure1):T3=1.44ng/ml;T4=7.64µg/dl;TSH=7.360µIU/mL

URINE PREGNANCY TEST - Negative

IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

Medical Laboratory Report

240242103058056

Mrs. A

PID NO: P22724526628702

Female Age: 29 Year(s) Female

Reference: DR.CENTRE NEUROSCIENCE

Sample Collected At:
Centre For Neuroscience
Centre For Neuroscience Old iifr Building, Indian Institute Of Science 560001 India
Processing Location:- Metropolis Healthcare Ltd. #76/10,15th cross,Malleshwaram,Bangalore.

VID: 240242103058056
Registered On: 02/07/2024 12:02 PM
Collected On: 02/07/2024 11:59AM
Reported On: 02/07/2024 10:14 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid panel-1 (T3/T4/TSH) (Serum,Chemiluminescence)			
T3 (Total)	1.44	ng/mL	0.84-2.01
T4 (Total)	7.64	µg/dL	5.1-14.1
TSH(Ultrasensitive)	7.360	µIU/mL	0.5-8.9

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	-Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. -Subclinical Autoimmune Hypothyroidism -Intermittent T4 therapy for hypothyroidism -Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	-Chronic Autoimmune Thyroiditis -Post thyroidectomy,Post radioiodine -Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	-Interfering antibodies to thyroid hormones (anti-TPO antibodies) -Intermittent T4 therapy or T4 overdose -Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	-Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness -Subclinical Hyperthyroidism -Thyroxine ingestion"
Decreased	Decreased	Decreased	-Central Hypothyroidism -Non-Thyroidal illness -Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	-Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule -Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	-T3 toxicosis -Non-Thyroidal illness

References: 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET - Vol 357 - February 24, 2001
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011,vol. 59

-- End of Report --

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-5857

Page 22 of 22

Dr. Srilalitha P
MBBS, MD
KMC:1219 KTK

METROPOLIS The Pathology Specialist

INNER HEALTH REVEALED

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf.

FIGURE 1: Before Treatment

IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

FINAL DIAGNOSIS: SUBCLINICAL HYPOTHYROIDISM

CASE ANALYSIS:

COMMONSYMPTOMS	UNCOMMONSYMPTOMS
Irregular menses Weight gain Hairfall Dryness of skin Lethargy	Lack of confidence Cannot take own decisions Sensitive to crticism Easy satiety Craving for smoked food Hard unsatisfactory stools Thirsty Chilly Patient

TABLE 3 – Analysis of Symptoms.

EVALUATION OF SYMPTOMS

MENTALGENERAL	PHYSICALGENERALS	CHARACTERISTICPARTICULARS
Lack of confidence+++ Cannot take own decisions++ Sensitive to criticism++	Easy satiety++ Craving for smoked meat++ Hard unsatisfactory stools++ Thirsty+ Chilly Patient+	Irregular menses++ Hairfall++

TABLE 4 – Evaluation of Symptoms

TOTALITY OF SYMPTOM:

Lack of confidence

Cannot take own decisions

Sensitive to criticism

Easy satiety

Craving for Smoked meat

Hard unsatisfactory stools

Irregular menses

Hair fall

SELECTION OF REPERTORY: HOMPATH SOFTWARE[8]

IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

REPERTORIAL TOTALITY AND RESULTS

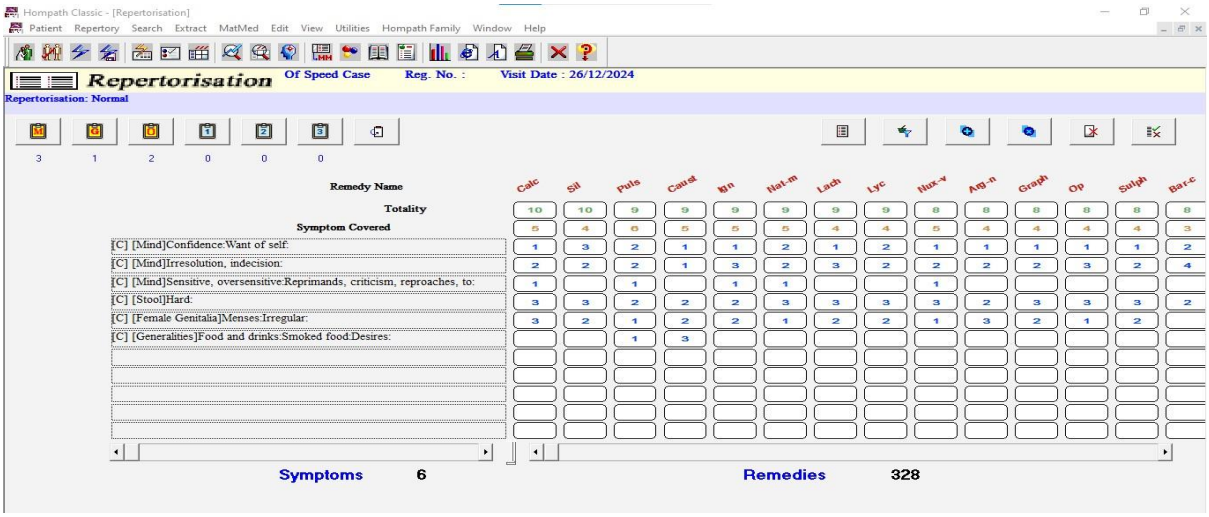


FIGURE 2 – Repertorial Totality

PRESCRIPTION: Rx: CALCAREA PHOSPHORICUM200/OD-3Doses

FOLLOW UP

DATE	OBSERVATION	PRESCRIPTION	DOSES
7/08/24	Patient got her menses on 15/07/24 Flow-moderate with minimal clots Hairfall - same Weight - 74kgs Appetite improved; Stools – hard Patient feels better	Rx: PL	BD for 1month
10/09/24	Patient got her menses on 17/08/24 Flow-moderate with minimal clots Hairfall - reduced Weight - 72kgs Appetite improved; Stools are normal Patient feels better	Rx: PL	BD for 1month
12/10/24	LMP- 17/08/23 Hairfall - persisting Weight - 70kgs All generals are good Patient feels better	Rx:Calcarea phosphoricum1M PL	weekly once 1 dose for 2 weeks BD for 1 month
15/11/24	Patient got her menses on 22/10/24 Flow-moderate, with minimal clots Hairfall - reduced Weight 67kgs All generals are good	Rx: PL	BD for 1 month **ADVICE:** Thyroid Profile
16/12/24	Patient got her menses on 21/11/24 Flow-moderate, with minimal clots No hairfall Weight 65kgs All generals are good	Rx: PL	BD for 1 month

TABLE 5 – Follow Up

IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

Medical Laboratory Report

Mrs. A
NO 201 2ND FLORE SREE GURUVAR KASHI MATH 8TH MAIN 19TH CROSS , BANGALORE NORTH
Tel No : 7259529343
PIN No: 560003
PID NO: P1832200371231
Age: 29 Year(s) Sex:

220183000361846

Reference: Dr.SELF
Sample Collected At:
Home Visit
Home Visit Rv Metropolis 08066883939 Bangalore Karnataka 560003 India
Processing Location:RV Metropolis Diagnostic & Health Care Centre Pvt Ltd - Bangalore

VID: 220183000361846
Registered On: 13/12/2024 10:03AM
Collected On: 13/12/2024 10:03AM
Reported On: 13/12/2024 01:36PM

Interpretation :

1. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
2. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
3. HoloTranscobalamin II levels are a more accurate marker of active VitB12 component.

T3 (Total) (Serum,Chemiluminescence)	1.10	ng/mL	0.84-2.01

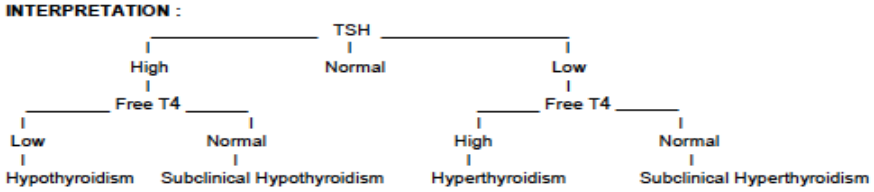
Note : Please note recent change in Reference range

T4 (Total) (Serum,Chemiluminescence)	9.36	µg/dL	5.1-14.1

Note : Please note recent change in Reference range

TSH(Ultrasensitive) (Serum,Chemiluminescence)	1.71	µIU/mL	0.54-5.30

INTERPRETATION :



Interpretation :

- Increased TSH is seen with intake of iodine, Lithium, Amiodarone drugs and also indicates considerable physiologic & seasonal variation.
- Decreased TSH values require correlation with patient age & clinical symptoms and seen with intake of few drugs e.g. L-dopa, glucocorticoids.
- Transient alteration in TSH is seen in non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe

Dr. SRILALITHA P
MBBS, MD
KMC:1219 KTK

Page 7 of 9

RV METROPOLIS The Pathology Specialist

*This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf. *** Referred Test*

INNER HEALTH REVEALED

FIGURE 3 – After Treatment

IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

DISCUSSION

In the above case, patient presented with the complaints of irregular menses associated with hair fall, weight gain, lethargy, constipation and dryness of skin. Her thyroid profile showed normal T3, T4 levels with elevated TSH levels of **7.360 µIU/mL**(Figure 01).CALCAREA PHOSPHORICUM 200 and 1M was prescribed after repertorising based on the totality of the patient considering her mind and physical generals, with the help of HOMPATH Software[5](Figure 02).After first prescription patient got her menses. Totally five follow ups were done and the patient started improving since the first prescription. Patient's menses became regular, hair fall reduced, weight was reduced, generals were improved and overall patient felt better. The Thyroid profile was repeated on 13/12/24 which showed normal TSH levels of **1.71 µIU/mL**(Figure 03).

This shows how Homoeopathic remedies acts rapidly, gently and are safer for cases of Subclinical Hypothyroidism with overall improvement of the patient, unlike the conventional mode of treatment with thyroid hormone replacement therapy that would have significant side effects.

Also, in the following case the changes in the casual attribution were assessed using Modified Naranjo Criteria[6] (Table06). Total score as per the criteria in this case is (+9) which is relatively close to the total of +13 which signifies the positive casual attribution of individualized homoeopathic remedy to the clinical outcome.

MODIFIED NARANJO CRITERIA

					Case
	Modified Naranjo Criteria	**Yes**	**No**	**Not sure**	
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	+2
2.	Didtheclinicalimprovementoccurwithinaplausibletimeframerelativetothedrugintake?	+1	-2	0	+1
3.	Was there an initial aggravation of symptoms?	+1	0	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e. were other symptom sultimately improved or changed)?	+1	0	0	+1
5.	Did overall well-being improve?	+1	0	0	+1

IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

6.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0
	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms —from organs of more importance to those ofless importance —from deeper to more superficial aspects of the individual —from the top downward.	+1	0	0	+1
7.	Did old symptoms (defined as non seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	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 confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2	0	0	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	0
	Total score (Maximum score= +13; Minimum score = -6)				+9

TABLE 6 - Modified Naranjo Criteria

CONCLUSION:

This case is evidence for homoeopathy having prolific results in cases of Subclinical Hypothyroidism with complete recovery of a person without thyroid replacement therapy, since the basis of prescription here has been upholding the importance of holistic and individualistic approach; further verification of the fact has been suggested to evaluate the effectiveness of homoeopathic treatment in Subclinical Hypothyroid.

CONFLICT OF INTEREST: None

FINANCIAL SUPPORT: None

IJFIRH
eISSN: 3048-6270
Volume II, Issue IV
Oct - Dec 2024
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

DECLARATION OF PATIENT CONSENT: Consent was obtained in the appropriate written consent form. In the form the patient has given her consent for mentioning her clinical information to be reported in the journal. The patient understands that her name and initials will not be published.

REFERENCE

1. Peeters RP. Subclinical hypothyroidism. New England Journal of Medicine. 2017 Jun 29;376(26):2556-65. Available from: https://emrc.mui.ac.ir/sites/emrc/files/Journal_Club/96-07-01/Subclinical%20Hypothyroidism.pdf
2. Biondi B, Cappola AR, Cooper DS. Subclinical hypothyroidism: a review. Jama. 2019 Jul 9;322(2):153-60.Available from: https://www.anp3sm.com/wp-content/uploads/2019/07/MISE-AU-POINT- HYPOTHYROIDIE-INFRACLINIQUE-ET-AGE.pdf
3. Colledge ,N.(2010a).Davidson's Principles and Practice of Medicine (23rd ed.). Churchill Livingstone/Elsevier.
4. Bekkering GE, Agoritsas T, Lytvyn L, Heen AF, Feller M, Moutzouri E, Abdulazeem H, Aertgeerts B, Beecher D, Brito JP, Farhoumand PD. Thyroid hormones treatment for subclinical hypothyroidism: a clinical practice guideline. Bmj. 2019 May 14;365..Available from: https://www.bmj.com/content/365/bmj.l2006.long
5. Boericke William, (2012) Pocket manual of Homoeopathic MateriaMedica and Repertory, (9th ed.).New Delhi, Jain Publishers.
6. Clarke J. A dictionary of practical materiamedica 1/e, vol 3, B.Jain Publishers; New Delhi, 2012,1226-27.
7. Block J. Nineteenth-century homeopathic materiamedica texts predict source materials whose physiological actions influence thyroid activity. Homeopathy. 2019 Sep;32(03):214-22. Availbale from: https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0039-1677704
8. Hompath classic,Computer Software.(2009)
9. Lamba, C.D. *et al.* (2020) 'Evaluation of the modified naranjo criteria for assessing

causal attribution of clinical outcome to homeopathic intervention as presented in case reports', *Homeopathy*, 109(04), pp. 191–197. doi:10.1055/s-0040-1701251. Available from: https://www.researchgate.net/publication/340254527

10. Mitra S, Biswas S, Gain B, Jahan H, Karmakar A. A case of subclinical-hypothyroidism well managed by individualized Homoeopathic medicine: An evidence-based case report. Available from: https://www.homoeopathicjournal.com/articles/965/7-4-5-764.pdf

***Address for Correspondence:**
Ananya Balakrishna, MD Scholar, Department of Case Taking & Repertory, Government Homoeopathic Medical College and Hospital, Bengaluru- 560079.Email: ananya.891@gmail.com

How to cite this Article:

Balakrishna A, Kumar P. Effectiveness of individualised homoeopathic remedy in the treatment of subclinical hypothyroidism- a case report. International Journal for Fundamental and Interdisciplinary Research in Homoeopathy [Internet]. 2024 Dec 30;2(4):33–46. Available from: https://doi.org/10.59939/3048-6270.2024.v2.i4.4