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HOMOEOPATHIC APPROACH TO AUTO-IMMUNE DISORDER- A CASE REPORT ON HASHIMOTO'S THYROIDITIS

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ABSTRACT

In regions of the world with adequate iodine, it is the most frequent cause of goitrous hypothyroidism. Women are more likely to have it. Characterised by intrathyroidal lymphocytic infiltration with germinal center development, follicular damage or destruction and fibrosis. Thyroglobulin autoantibodies and anti-TPO antibodies support the diagnosis. It is important to determine whether the person and their first-degree relatives have a history of autoimmune endocrinopathies and other autoimmune disorders like rheumatoid arthritis. Hashimoto's thyroiditis is known to be associated with immunogenetic predisposition, exposure to excess iodine, interferon therapy, and pregnancy or the postpartum period[1].

Case summary:

A 44-year-old female presented with the complaint of weight gain and easy fatiguability since 8 years. Calcarea carbonicum was prescribed based on the constitutional totality and the patient was generally feeling better with blood report within normal limits.

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INTRODUCTION

Hashimoto thyroiditis is an autoimmune disease that destroys thyroid cells by cell and antibody-mediated immune processes. It is the most common cause of hypothyroidism in developed countries[2]. There is a compensatory phase during which an increase in TSH maintains normal thyroid hormone levels because the autoimmune disease gradually impairs thyroid function. This condition is known as subclinical hypothyroidism, even though some people may only have mild symptoms. Later, unbound T4 levels decrease and TSH levels increase even more; known as clinical hypothyroidism or overt hypothyroidism and it becomes more noticeable at this point (typically TSH >10 mIU/L)[3].

Women are more commonly affected. According to estimates, the incidence is 3.5 per 1000 for women and 0.8 per 1000 for men annually. The majority of women receive their diagnoses between the ages of 30 and 50, despite some sources stating that they occur more frequently in the fifth decade of life.

It can also be associated with other auto-immune conditions like pernicious anemia, celiac disease, vitiligo, rheumatoid arthritis etc.

Levothyroxine at the recommended dosage of 1.6 to 1.8 mcg/kg/day is the mainstay of conventional treatmen. It converts T4 into T3 which is the active form of thyroid hormone. Excessive supplementation can lead to deleterious and morbid effects, such as arrhythmias (the most common being atrial fibrillation) and osteoporosis[3].

By stimulating the body's innate healing mechanisms, homeopathy seeks to restore balance and harmony, supporting the immune system's function and reducing the frequency and intensity of autoimmune flare-ups. Additionally, homeopathy considers the emotional and mental aspects of the individual, recognizing the interconnectedness of mind, body, and spirit in health and healing. Homeopathy helps improve their quality of life by addressing symptoms and enhancing overall health and vitality[4].

This article throws a light on the importance of prescribing a constitutional remedy in auto-immune diseases.

CASE REPORT

Presenting complaints

Weight gain and easy fatiguability since 2 months

Associated with drowsiness and hair fall

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History of presenting complaints

Patient named Mrs. G, 44 years old, female, Hindu by religion, a house-wife came with the complaint of increasing weight and easy fatiguability for 2 months, visited GHMCH, Bengaluru OPD on 10th of February 2024. Weight gain was more significant, there was sudden weight gain of 6kgs within 2 months of duration (i.e., from 56kgs to 62kgs) associated with easy fatiguability and both mental and physical exertion fatigues her. And also presents with drowsiness, does not feel fresh even after 7-8 hours of sleep and hair fall which is more while brushing the hair and head bath. The presenting complaints raised the suspicion regarding the thyroid involvement. Thereby patient was sent for TSH. Patient reported to the OPD, the next week, with the reports, elevated TSH was observed. And in the month of March 2024, Anti-TPO was advised. And the values were found to be elevated. Hence the case was diagnosed to be Hashimoto's thyroiditis

Past history

No significant past medical and surgical history

Family history

Father- DM

Mother- Dyslipidemia and hypothyroidism

Siblings- younger sister- hypothyroidism, elder brother- Schizophrenia

Physical generals

Diet: Vegetarian
Appetite: good
Thirst: Thirsty, small quantity in frequent intervals
Craving and Aversion: Nil
Bowel habits: Once/day, hard stools, has to strain for 10-15 mins
Bladder habit: 5-6times/day, once/night
Sleep and dreams: Unrefreshing, 7-8hrs of sleep, dreams of daily activities
Perspiration: generalized, profuse, no stain, no offensiveness
Thermals: Chilly patient – prefers summer, cannot tolerated cold weather, bath: warm water, doesn't want fan, covers while sleeping
No Addictions

Menstrual history

Menarche: 14 years of age
Cycle: regular, 28-30 days cycle
Flow: moderate 3 pads /3/2/2/1
Duration :5 days
LMP: 23/2/23

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Clots: present occ.
Colour: dark red
Associated complaints: nil

Obstetrical history

Primipara-G1P1A0L1D0
LCS: at the age of 28 years
Female
Birth weight: 2.6 kg
C-section – rigid cervical os

Life space investigation

Patient hails from low socio- economic family, mother-house maid and father -shop keeper. Has 2 siblings. Studied up to SSLC. Average at studies, not that good at grasping, had to study repeatedly which lead to inferiority complex.

Later discontinued studies due to financial difficulty. At the age of 20 years worked as a sales girl in textile industry. She developed inferiority complex as she was not able to talk in English and her co- workers were fluent in English, regretted for not studying well.

At the age of 22 years got married in a joint family. Maintained good relation with husband. Mother in law would taunt her. Husband did not take her side. This made her leave her husband's home.

She denied to re-marry. She returned to her husband home. She has anxiety about future as husband is ill. She is anxious about trifle things like doing house hold things and managing shop. She is more anxious in the morning (as soon as she wakes up – thinking about work she gets anxious)

Patient as a person – likes to be with people but share her feelings only with family members. Rarely gets angry, shouts when angry.

DIAGNOSIS

Hashimoto's thyroiditis

ICD 11 code is **5A03.20**

Diagnostic criteria: Thyroid profile and Anti-TPO levels.

Hanhemann's classification of disease- True chronic disease of syphilitic origin.

TOTALITY OF SYMPTOMS

1. Anxiety about trifles
2. Dullness of mind
3. Hard stools
4. Unrefreshing sleep

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5. Thirst for small quantities very often
6. Physically fat
7. Fatiguability
8. Hairfall
9. Thyroid gland affections

REPORTORIAL TOTALITY

1. Mind- anxiety trifles about
2. Mind- dullness, sluggishness
3. Stool- hard
4. Sleep- unrefreshing
5. Stomach- thirst, small quantity, for
6. Generals- obesity
7. Generals- weariness
8. Generalities- Hypothyroidism

Flat Repertorisation

No sort | By Chapter | By Degree | Options | Remedies (Score/No. of symptoms) | Remedy filter

(By Chapter)	Degree	Calc. 16/8	Chin. 12/8	Lyc. 19/7	Graph. 17/7	Sulph. 17/7	Lach. 16/7	Nat-m. 16/7	Sil. 15/7	Bry. 12/7	Kali-c. 12/7	Bar-c. 11/7	Carb-v. 11/7
1. MIND - ANXIETY - trifles, about	2	1	2		1				2		1	1	
2. MIND - DULLNESS, sluggishness, difficulty of ...	2	3	2	3	3	3	3	3	3	3	3	3	3
3. STOMACH - THIRST - small quantities, for (in...	2	1	2	3		2	2	1		1			1
4. STOOL - HARD	2	3	1	3	3	3	3	3	3	3	2	2	2
5. SLEEP - UNREFRESHING	2	1	2	3	1	2	3	2	2	1	1	2	1
6. GENERALITIES - OBESITY	2	3	1	2	3	2	1	2	1	1	2	1	1
7. GENERALITIES - WEARINESS	2	1	1	3	3	3	3	3	3	2	1	1	2
8. GENERALITIES - HYPOTHYROIDISM	2	3	1	2	3	2	1	2	1	1	2	1	1

FIGURE 1 Repertorial chart for the case

PRESCRIPTION

Rubrum TID x 2 weeks

FOLLOW UP

Date	Symptoms	Prescription
17/2/2024	C/o hairfall persists C/o easy fatiguability and drowsiness persists	Calcarea carbonicum 200 BDx3 days Rubrum TIDx2weeks
3/3/2024	C/o hairfall slightly reduced C/o easy fatiguability better C/o drowsiness reduced	Rubrum BDx2weeks

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20/3/2024	Previous complaints better No new complaints	Rubrum BDx2weeks
19/2/2025	Complaints are better No new complaints TSH within normal limits	Rubrum BDx2weeks

TABLE 1 - Follow up

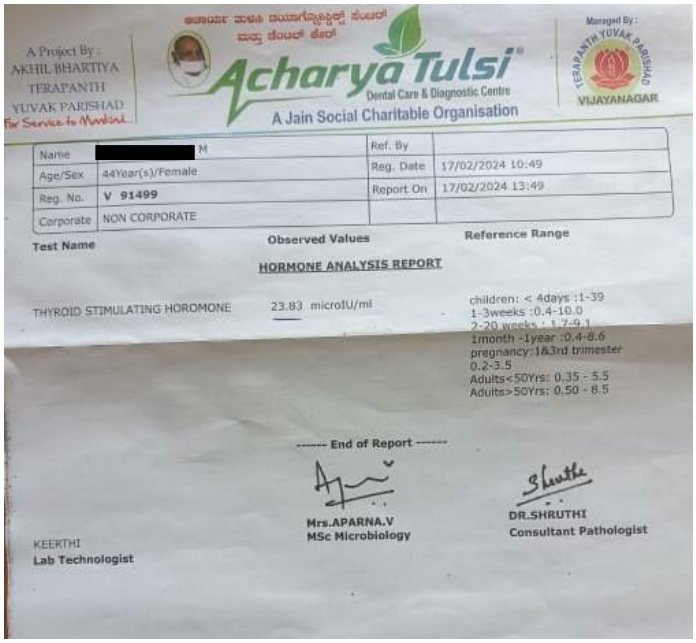

FIGURE 2 TSH 1ST Follow up

FIGURE 3 Anti-TPO before treatment

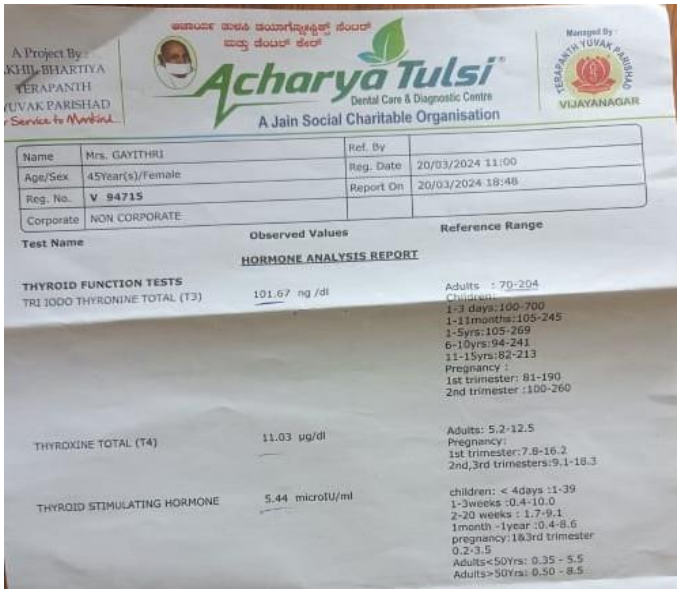

FIGURE 4 TFT 2nd follow up

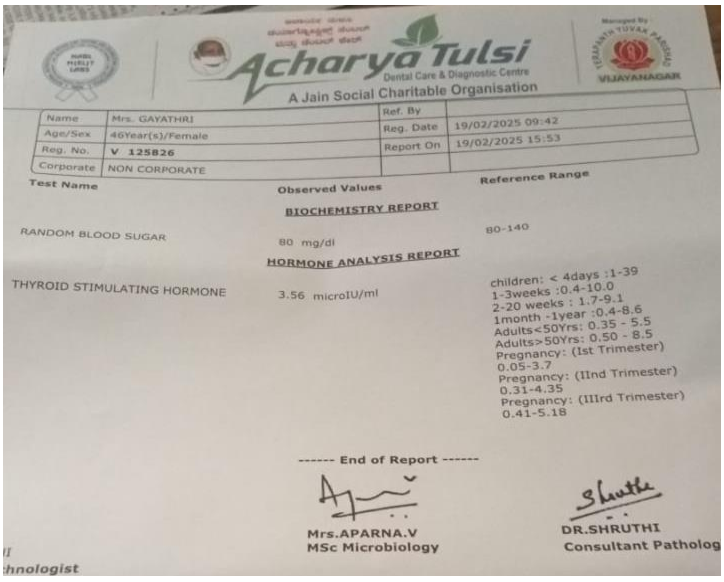

FIGURE 5 TSH 4th follow up

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Modified Naranjo Criteria	Yes	No	Not sure	Case
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	+2
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-2	0	+1
Was there an initial aggravation of symptoms?	+1	0	0	0
Did the effect encompass more than the main symptom or condition (i.e. were other symptoms ultimately improved or changed)?	+1	0	0	+1
Did overall well-being improve?	+1	0	0	+1
Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?				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 of less importance -from deeper to more superficial aspects of the individual -from the top downward.	+1 +1	0 0	0 0	+1
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
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
Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2	0	0	+2
Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	0
Total score (Maximum score= +13; Minimum score = -6)				+9

TABLE 2 Assessment of Modified Naranjo Criteria Score

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OBSERVATIONS AND DISCUSSION

Calcarea carbonicum was the choice of remedy taking into consideration totality of symptoms. Prescribed in 200th potency twice a day for 3 days. In the 1st follow up, complaints persisted. In the 2nd follow up, complaints were better and thyroid function test was under normal levels. The Modified Naranjo Criteria used for assessing causal attribution of improvement yielded a 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. This case highlights the importance of constitutional approach in auto-immune conditions and scope of homoeopathy in treating auto-immune diseases.

Calcarea carbonica, a homeopathic remedy, has been studied for its potential to modulate the immune system, exhibiting anti-inflammatory and anti-tumor effects through mechanisms like reducing cytokine levels and inhibiting cancer cell adhesion and invasion[5].

A study was published in CELLMED at Mahesh Bhattacharyya Homeopathic Medical College and Hospital (The West Bengal University of Health Sciences) Efficacy of two commonly used potentized homeopathic drugs, Calcarea carbonica and Lycopodium clavatum, used for treating polycystic ovarian syndrome (PCOS) patients: II. Modulating effects on certain associated hormonal levels by ascertaining hormonal levels, which showed positive results thereby suggesting that calcarea carbonicum has effect on hormonal imbalance[6].

CONCLUSION

Hashimoto's thyroiditis is an auto-immune condition, seen more commonly in females. Homoeopathy principles are based on boosting the internal immunity of a person and thereby help in arresting the progresson of the disease through body's natural healing methods. The constitutional approach in homoepathy has shown positive effects in this case, without any thyroid hormone supplementation, in a span of 2 weeks duration. There is a scope for further studies involving various auto-immune disorders managing with constitutional remedy.

DECLARATION BY AUTHORS

Ethical approval: Approved

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