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USE OF HOMOEOPATHIC MEDICINE IN HYPOTHYROIDISM A CASE REPORT

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ABSTRACT

Hypothyroidism is the most common. thyroid dysfunction that Having the most of peoples. Recent thyroid disease form the second most common endocrine disorder in india next only do diabetes mellitus. The thyroid disfunction is most or more common in females and risk increase with age and those with a strong family History of thyroid problem. In the allopathic system of medicine is to given thyroid Hormone for the rest of life of the patient. Homeopathy is the Best medicinal treatment for Hypothyroidism. we report a case of 45 yrs old female having a enlargement thyroid with pain in the throat sometimes with anxiety .palpitation and Increased weight, pain in legs. Pain in the knee joint due to reduced calcium level. Treated by Homoeopathic medicines without any supplement. The TSH Report is done for confirmation of the diagnosis of hypothyroidism. After case taking Sepia 200 C was prescribed on the basis of totality of symptoms. TSH reports done after treatment for seeing a improvement of the patient for documentation and evidence about be effectiveness of Homeopathe medicines to stimulate thyroid gland to produce normal production of Harmone.

KEYWORDS: Hypothyroidism, Case report, Homoeopathy, Totality of symptoms,

INTRODUCTION

Hypothyroidism is a condition in which there is insufficient synthesis and release of thyroid gland. Thyroid hormones regulates the metabolism of whole body, lodine deficiency remains the most common cause of hypothyroidism worldwide. In areas of iodine sufficiency, autoimmune disease (Hashimoto's thyroiditis) and iatrogenic causes (treatment of hypothyroidism) are most common. The prevalence of primary hypothyroidism is 1:100 but increases to 5:100 if patients with subclinical hypothyroidam are included. The female, male ratio is approximately 6:1.

When the deficiency of thyroid hormone is due to inadequate production of thyroid hormone by the thyroid gland, it is known as primary hypothyroidism. When the deficiency is due to inadequate stimulation of thyroid gland by the pituitary it is known as secondary hypothyroidism. Thyroid gland is regulated by the pituitary gland. Thyroid hormone exists in two major form thyroxin (14) and Tri iodo thyrunin (T3). When the level of 13 and T4 fall, pituitary increase the production of TSH and the TSH in turn stimulates thyroid gland to produce more 13 and 14 and this occurs vice versa.

The most common serum assessment is evaluation of TSH. Additional blood tests used to confirm the diagnosis or determine the cause of hypothyroidism are the free T3, free 14 level and thyroid auto antibody test (antibodies against thyroid peroxidase may be detected).

If the test results (low T4 and raised TSH) and physical examination are are aboormal, USG can be done to check for nodules or inflammation.

CASE REPORT

A female aged. 45. Years presented on 2nd January 2022 with enlargement of thyroid gland and swelling moves pn deglutation with thorat pain since one year she had anxity, palpitations,she also have hair fall ,increased perspiration,brown pigmentation pn the face ,pain in joint, symptoms of chloasma. She was under thyroid hormone supplement on daily basis for one year but when the thyroid profile showed normal result,she stopped the supplement intake herself ,without any expert opinion.Subsequently her presenting complaints appeared and she came to consultation at OPD of Dr.JJM HMC jaysinghpur

Patient had history of dengue fever 4 months back , History allergic rhinitis since childhood was treated with allopathic medication,

Family History revealed Nothing expect allergy rhinitis for her maternal side

Patient had history of histrectomy done 10 years back due to dysfunction uterine bleeding

In her physical general weight was increased upto 68 kg ,she have craving for oily, spicy, pungent things. Indefferent to those loved best , irritable, easily offended,fear of alone, anxiety,dryness of Thorat, anxious, ambitious,hard working want to independent, Patient is thermaly chilly,

On local examination She had grade 2 swelling.thyroid swelling visible without hyper extended neck . Diagnosis was confirmed by TSH report .TSH level was increased upto 8.095 uIU/ml

Considering the above symptomatology medicine was selected and it was confirmed by systematic repertorization on complete repertory using Radar 10 software

The following Rubrics were selected for repertorization

Mind -QUARRELSOME

MIND-ANGER

MIND -ANXITY MORNING

MIND-INDIFFERENCE FAMILY TO HIS

MIND -INDUSTRIOUS

MIND -CONFUSION

GENERALS-FOOD AND DRINKS PUNGENT. THINGS - DESIRE

THORAT -DRYNESS

ABDOMEN -FULLNESS SENSATION OF
BACK-PAIN EXERTION AMEL
SLEEP- SLEEPLESSNESS AT NIGHT

Table 1 : Repertorization table

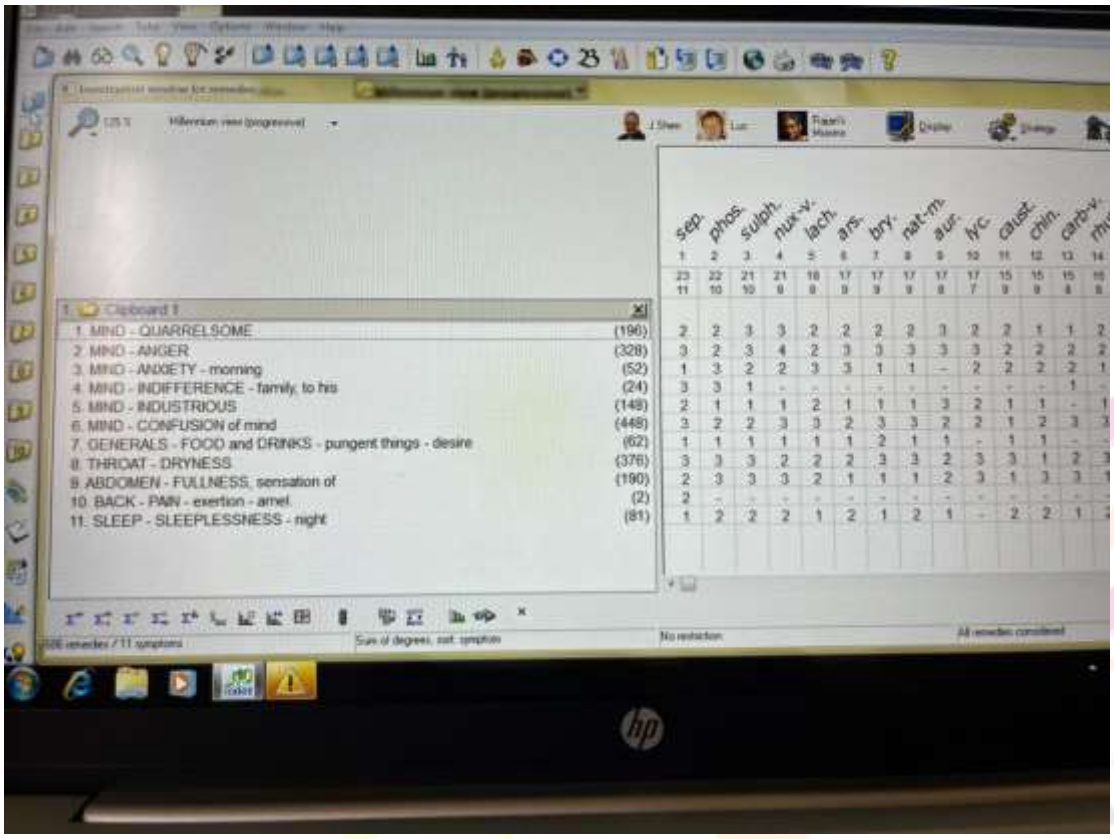


Table 2: Follow up and outcomes

#Date of first and follow up visit

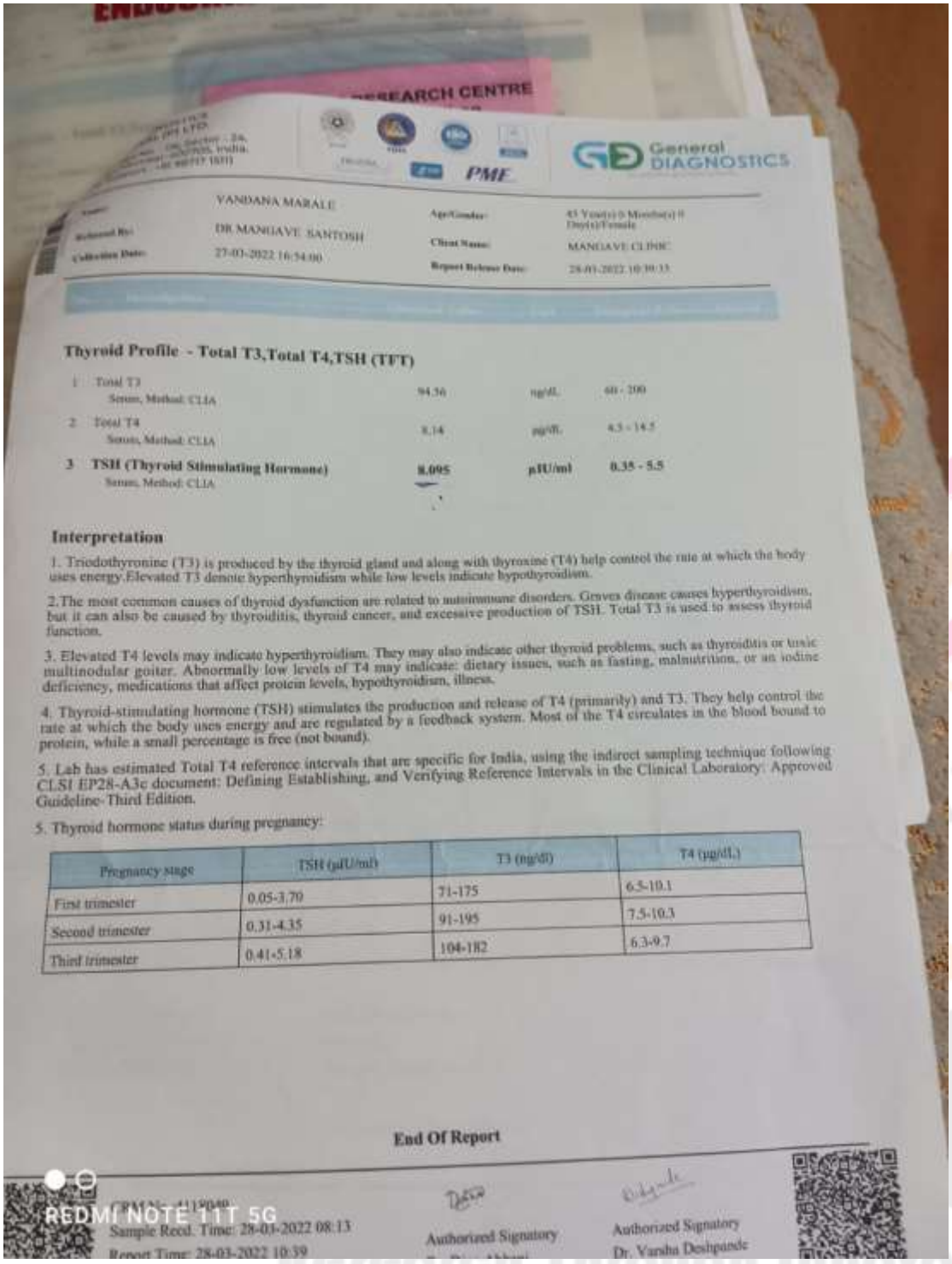
1) 02/01/2022
2)20/01/2022
3)15/02/2022
4)27/02/2022
5)21/03/2022
6)08/04/2022
7)30/04/2022
8)09/05/2022
9) 26/05/2022
10)13/06/2022

#Indications for prescription/totality

1)Reportorial totality
2) anxiety reduced,pain in joint reduced Thyroid Englandmeny as it is ,
Genrals normal
TSH level 8.095uIU/ml

3) Thyroid gland sweeling slightly reduced
Genrals normal
4) Perspiration reduce pain reduce, weakness reduce
Genrals normal
5) weakness reduce,pain in back reduce
Genrals normal
6) hair fall reduce, anxiety reduced, thyroid swelling reduced,
Genrals normal
7) Pigmentation on face wash reduced , sweeling of thyroid gland reduced , patient feels better
Genrals normal
8) thyroid swelling reduced, anxiety reduced, patient feels better
Genarals normal
9) thyroid Swelling reduced in size , pigmentation on reduced ,sleep improved
General normal
10)thyroid Swelling reduced with Symptomatic improvement of patients
General normal
#Medicine with repetition and dose
1)Sepia 200 one dose 4glb 40 No
Placebo 3 Glb BID for 15 days
2)Sepia 200 one dose 4glb 40 No
Placebo 3 Glb BID for 15 days
3)Placebo 3 Glb BID for 15 days
4)Placebo 3 Glb BID for 15 days
5))Placebo 3 Glb BID for 15 days
6))Placebo 3 Glb BID for 15 days
7)Placebo 3 Glb BID for 15 days
8)Placebo 3 Glb BID for 15 days
9)Sepia 200 one dose 4glb 40 No
Placebo 3 Glb BID for 15 days
10)Placebo 3 Glb BID for 1 month

#BEFORE



RESEARCH CENTRE

General DIAGNOSTICS

PME

YANDANA MARALE

DR MANGAVE SANTOSH

27-03-2022 16:54:00

MANGAVE CLINIC

28-03-2022 10:39:33

Thyroid Profile - Total T3,Total T4,TSH (TFT)

1	Total T3 Serum, Method: CLIA	94.36	ng/dL	60 - 200
2	Total T4 Serum, Method: CLIA	8.14	µg/dL	4.5 - 14.5
3	**TSH (Thyroid Stimulating Hormone)** Serum, Method: CLIA	**8.095**	**µIU/ml**	**0.35 - 5.5**

Interpretation

1. Triiodothyronine (T3) is produced by the thyroid gland and along with thyroxine (T4) help control the rate at which the body uses energy.Elevated T3 denote hyperthyroidism while low levels indicate hypothyroidism.

2.The most common causes of thyroid dysfunction are related to autoimmune disorders. Graves disease causes hyperthyroidism, but it can also be caused by thyroiditis, thyroid cancer, and excessive production of TSH. Total T3 is used to assess thyroid function.

3. Elevated T4 levels may indicate hyperthyroidism. They may also indicate other thyroid problems, such as thyroiditis or toxic multinodular goiter. Abnormally low levels of T4 may indicate: dietary issues, such as fasting, malnutrition, or an iodine deficiency, medications that affect protein levels, hypothyroidism, illness.

4. Thyroid-stimulating hormone (TSH) stimulates the production and release of T4 (primarily) and T3. They help control the rate at which the body uses energy and are regulated by a feedback system. Most of the T4 circulates in the blood bound to protein, while a small percentage is free (not bound).

5. Lab has estimated Total T4 reference intervals that are specific for India, using the indirect sampling technique following CLSI EP28-A3c document: Defining Establishing, and Verifying Reference Intervals in the Clinical Laboratory: Approved Guideline-Third Edition.

5. Thyroid hormone status during pregnancy:

Pregnancy stage	TSH (µIU/ml)	T3 (ng/dl)	T4 (µg/dL)
First trimester	0.05-3.70	71-175	6.5-10.1
Second trimester	0.31-4.35	91-195	7.5-10.3
Third trimester	0.41-5.18	104-182	6.3-9.7

End Of Report

REDMI NOTE 11T 5G

Sample Recd. Time: 28-03-2022 08:13

Report Time: 28-03-2022 10:39

Authorized Signatory

Authorized Signatory
Dr. Varsha Deshpande

#AFTER

LUPIN DIAGNOSTICS
Good health starts here

Patient Information		Specimen Information		Client/ Doctor Information	
Name	: Mrs.VANDANA MARALE	Visit ID	: LSNG2381	Client Code	: LMPCC0221
Age/Gender	: 45Y 0M 0D/Female	Collected	: 27/Jan/2023 14:44	Client Name	: PCC SANGLI KUPWAD
MobileNo	: 6000000500	Received	: 27/Jan/2023 16:08	Client Add.	: KUPWAD ROAD
UHID	: LDAA00529295	Reported	: 27/Jan/2023 16:48	Client No.	: 7276056411
Address	:	IP/OP/Barcode	:	Ref Doctor	: Dr.SELF
		Report Status	: Final Report		

Test Name	Result	Bio. Ref. Range	Unit	Method
Thyroid Profile Total , *SERUM*				
Total T3	**2.37**	0.8-2	ng/mL	ECL/Competition
Total T4	**12.05**	4.5-11.7	µg/dl.	ECL/Competition
Thyroid Stimulating Hormone (TSH)	0.652	0.27 - 4.2	µlU/mL	ECL/Sandwich

Interpretation:

REFERENCE GROUP	T3 REFERENCE RANGE IN ng/mL	T4 REFERENCE RANGE IN µg/dL	TSH REFERENCE RANGE IN µlU/mL
Pregnancy			
1st Trimester	1.05 – 2.30	7.33 – 14.8	0.1 - 2.5
2nd Trimester	1.29 – 2.62	7.93 – 16.1	0.2 - 3.0
3rd Trimester	1.35 – 2.62	6.95 – 15.7	0.3 - 3.5

Triiodothyronine (T3) is the thyroid hormone principally responsible for the regulation of metabolism of the various target organs. Accordingly, the T3 concentration in serum is more a reflection of the functional state of the peripheral tissue than the secretory performance of the thyroid gland.

Thyroxine (T4) is the main hormone secreted by the thyroid gland. T4 assessment can be utilized for the detection of hypothyroidism, primary and secondary hypothyroidism, and the monitoring of TSH-suppression therapy.

TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly useful for early detection or exclusion of thyroid disorders. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential diagnosis of hypothyroidism and for monitoring thyroid- suppressive therapy. TSH has a diurnal rhythm, with peaks at 2:00–4:00 AM and troughs at 5:00–6:00 PM with ultradian variations. TSH levels vary diurnally by up to 50% and up to 40% variations on specimens performed serially during the same time of the day.

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

*** End Of Report ***

Page 1 of 2

SIN No:SIN0210566

This test has been performed at Lupin Diagnostics Laboratory, Sl. KOLHAPUR Nashem Apartment, Shop No: 6-9, Near Bhatiyapread hall, Tarabai Park

Registered and Corporate Office:
Lupin Diagnostics Limited (formerly known as Lupin Healthcare Limited)
3rd Floor, Kalpataru Inspire, Off W. E. Highway, Santacruz (East)
Mumbai - 400 055, India.
CIN : U24100MH2011PLC214885

Contact Us:
7030 300 400
customerconnect@lupindiagnostics.com
www.lupindiagnostics.com

LUPIN DIAGNOSTICS
Good health starts here

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Address	:	IP/OP/Barcode	:	Ref Doctor	: Dr.SELF
		Report Status	: Final Report		

Test Name	Result	Bio. Ref. Range	Unit	Method

DR. SWATI SAMANTRAO THORAT
MD (PATHOLOGY)
CHIEF OF LAB

DISCUSSION AND CONCLUSION

In Homoeopathy, we treat the disease not by supplementing the deficiency, but by the stimulation of function of thyroid gland on the body effectively; it acts on the body at the level of immunity. In case of conventional allopathic treatment, thyroid dysfunction entails a lifelong regimen of supplements. There are many adverse reactions associated with this lifelong thyroxin therapy even though the dosage is determined and regulated by patient's history, symptoms and current TSH level.

A case presented with hypothyroidism with evidence of TSH report directs to the excellent illustration of how you can get effectively treated with homoeopathy without any external supplements. The patient has been under regular intake of thyroxine tablets before 1 year and she stopped the hormone supplement herself after 1 year. Inspite of the intake of supplements, the patient had raised levels of TSH. Sepia 200 was selected based on the totality of symptoms of the individual after proper and detailed case taking. With the 1 dose of medicine, TSH levels tend to reduce and subsequently with further doses established hormonal balance in a short span of time. Subsequently her thyroid swelling reduced, her menses become regular, her anxiety reduced, acne and hair fall improved.

The case was followed up for 1 year to ensure the stability of the general improvement of the patient.

The aim of homoeopathic treatment is to stimulate the body's hemostatic mechanism. In order to achieve this, we have to give the right similimum at the right time. Thus homoeopathy should be the first choice for hypothyroidism as it acts quickly and effectively treating the disease from its roots.

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