

Effectiveness Of Individualized Homoeopathic Medicine In The Management Of Hypothyroidism: A Case Report

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Abstract

One of the highly ranked endocrine disorder affecting population worldwide are thyroid disorders. This is a case representation of a 32 yrs. old female suffering from Hypothyroidism attended chiefly for complaints of frequent puffiness of face, Weight Gain, general fatigue, drowsiness, hairfall and constipation. *Calcarea carbonicum* 30 CH was given after a detailed case taking and repertorization, considering the totality of the case Repertory of the homoeopathic materia medica by J.T. Kent was selected. The patient gradually started improving during the course of treatment.

Keywords: Hypothyroidism, Endocrine disorders, Homoeopathic Management, *Calcarea carbonicum*, Kent Repertory.

Introduction

The thyroid gland produces two related hormones, thyroxine (T₄) and triiodothyronine (T₃). Acting through thyroid hormone receptors alfa and beta, these hormones play a critical role in cell differentiation during development and help maintain thermogenic and metabolic homeostasis in the adult. Autoimmune disorders of the thyroid gland can stimulate overproduction of thyroid hormones (*thyrotoxicosis*) or cause glandular destruction and hormone deficiency (*hypothyroidism*). Thyroid hormone—controls about 25% of basal metabolism in most tissues¹.

Hypothyroidism is a common endocrine disorder resulting from deficiency of thyroid hormone. In the United States and other areas of adequate iodine intake, autoimmune thyroid disease (Hashimoto disease) is the most common cause and thyroid failure. Women are affected approximately Six times more Frequently than Men. In India, hypothyroidism is usually categorized under the cluster of iodine deficient disorders (IDDs), however other causes cannot be overlooked^{2,3}.

Hypothyroidism is a State Of Insufficient Circulating Thyroid Hormone. Deficient thyroid hormone secretion can be due to thyroid failure (primary hypothyroidism) or, less commonly, pituitary or hypothalamic disease (secondary hypothyroidism). Transient hypothyroidism may occur in silent or subacute thyroiditis. Subclinical (or mild) hypothyroidism is a state of normal free thyroid hormone levels and mild elevation of TSH; despite the name, some patients may have minor symptoms. The peak age of occurrence is around 60 years, and prevalence increases with age. Congenital hypothyroidism is present in 1 of 4000 newborns. Most Cases Of Congenital Hypothyroidism Are Caused By Abnormal Formation Of The Thyroid Gland (Thyroid Dysgenesis), And A Minority Are Due To Inborn Errors Of Thyroid Hormone Synthesis (Dyshormonogenesis)¹.

Clinical Presentation and Diagnosis

Symptoms of hypothyroidism include lethargy, dry hair and skin, cold intolerance, hair loss, difficulty concentrating, poor memory, constipation, mild weight gain with poor appetite, dyspnea, hoarse voice, muscle cramping, and menorrhagia. Cardinal features on examination include bradycardia, mild diastolic hypertension, prolongation of relaxation phase of deep tendon reflexes, and cool peripheral extremities. Goiter may be palpated, or the thyroid may be atrophic and nonpalpable. Carpal tunnel syndrome may be present. Cardiomegaly may be present due to pericardial effusion. The most extreme presentation is a dull, expressionless face, sparse hair, periorbital puffiness, large tongue,

and pale, doughy, cool skin. The condition may progress into a hypothermic, stuporous state (myxedema coma) with respiratory depression. Factors that predispose to myxedema coma include cold exposure, trauma, infection, and administration of narcotics. In mild hypothyroidism, the classic findings of overt hypothyroidism may not be present, and the clinical picture may be dominated by fatigue and ill-defined symptoms¹. Most cases of hypothyroidism are not clinically obvious, diagnosis should not be overlooked in individuals complaining of nonspecific symptoms such as tiredness, weight gain, depression or carpal tunnel syndrome³. The investigation of endocrine and metabolic disorders usually involves: (a) the measurement of electrolytes, minerals, metabolites or hormones in plasma; and (b) isotopic, ultrasonographic, radiological or magnetic resonance (mr) imaging of specific endocrine glands⁴. In the vast majority of cases of primary hypothyroidism, serum t4 is low and tsh is elevated, usually in excess of 20 mu/l. Measurements of serum t3 are unhelpful since they do not discriminate reliably between euthyroidism and hypothyroidism. Secondary hypothyroidism is rare and is caused by failure of tsh secretion in an individual with hypothalamic or anterior pituitary disease³. Diagnosis can be made by a decreased serum free t4 which is common finding for all varieties of hypothyroidism. An elevated serum tsh is a sensitive marker of primary hypothyroidism but is not found in secondary hypothyroidism. Thyroid peroxidase (tpo) antibodies are increased in > 90% of cases with autoimmune-mediated hypothyroidism. Elevated cholesterol, increased creatine phosphokinase, and anemia may be present; bradycardia, low-amplitude qrs complexes, and flattened or inverted t waves are ecg findings of patients with hypothyroidism¹.

Case report

A 32 year old female came to the OPD on 04th May 2023 presented with the complaints of puffiness of face, dryness of skin, hair fall, Weight Gain, general fatigue, Drowsiness, and Constipation since 6months. Least exertion makes her fatigue.

History of present complaint

Patient was apparently well 6 months back when she started complaining of puffiness of face, dryness of skin, hair fall, Weight Gain, general fatigue, Drowsiness, and Constipation.

- Least exertion makes her fatigue.
- Puffiness of face with pale appearance.
- Dryness of skin as if all the moisture has been vanished from the skin.
- Hairs look dry with a massive hairfall.
- Weight gain become noticeable since 6 months with increasing lethargy and fatigue.
- Patient feels drowsy and gloomy during the day followed by sleeplessness.
- Bowel movement is also disturbed since 6 months, with difficult and unsatisfactory stools.

Thyroid Profile Findings

Thyroid Stimulating Hormone (TSH) – 16 μ IU/ml (03/04/2023)

Treatment history

Patient is taking thyroxine 100 mg.

Past history

Patient had a history of malaria 4 yrs ago.

Family history

Father is hypertensive since last 11 years.

Personal history

Patient is a middle class, married, hindu, working women in private corporate sector. She has a 8 yr old son. Her menstrual cycle is regular and uneventful.

Generals

Mental Generals

Exhausted, weak female, with brooding nature has a tendency to get irritated easily. Lack of self confidence with a feeling as if others will find her incompatible very easily. Fearfull, worrisome with aversion to work.

Physical Generals

Fat, fair, flabby female, with a strong desire for sweet and egg. Sensitive to cold. Her feet and body always remains cold except the head which generally remains hot. She needs extra covering in winter as compared to the other members of the family. She sweats a lot. She has sleepless nights because of her brooding nature. Flatulency with sour eructation.

Local and systemic examination

Dryness of Skin, Thinning of Her Scalp Hairs, face looks bloated. Pale appearance.

Analysis and Evaluation of the Case

The case was analyzed and evaluated as per the principles of '*Repertory of the homoeopathic materia medica by J.T.KENT*' because of the predominance of general symptoms.

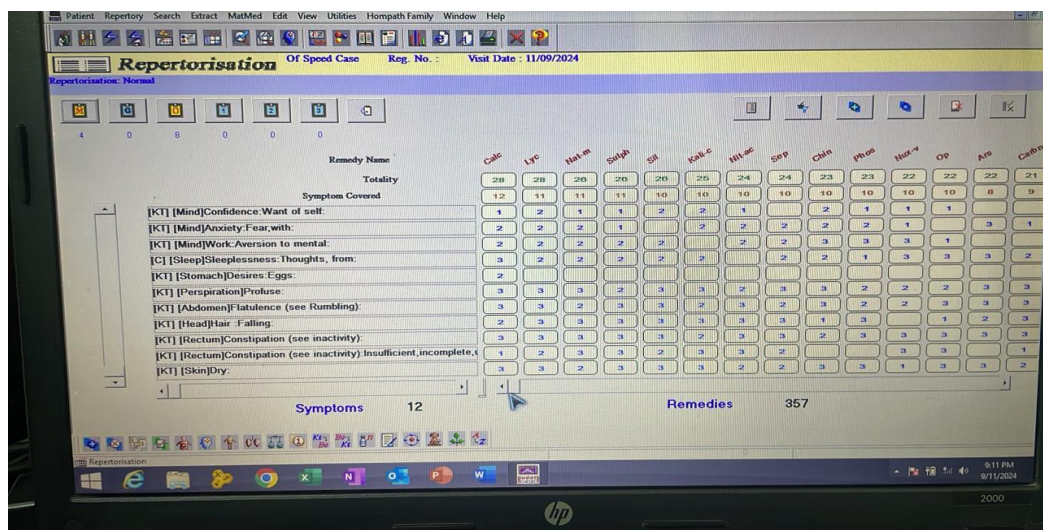
Totality of Symptoms

- Gets irritated easily.
- Lack of self confidence with a feeling as if others will find her incompatible very easily.
- Fearfull, worrisome.
- Aversion to work.
- Sleepless with overcrowding of thoughts.
- Desire for egg.
- Profuse perspiration.
- Flatulency with sour eructation.
- Falling of hairs.
- Constipation with unsatisfactory stool.
- Dry skin

PDF

- Fat, fair, flabby female.
- Temperament chilly.

Repertorial Totality Chart (Radar version 10)



Medicine Selected

Calcerea carbonicum 30 CH

- *Calc. carb.* was selected on the basis of reportorial totality and PDF of the patient.
- **Prescription-**

R_x

Calcerea carb. 30 CH/ tds X 7 days
Placebo 30/ tds X 14 days

Discussion

In this case, kent repertory was selected for the purpose of repertorization with the predominance of general symptoms. Patient consists more general symptoms. Here comes the role of kent repertory with the DOCTRINE OF GRAND GENERALIZATION. The whole was analysis and evaluated with the principle of general to particular. Some of the

general characteristics were considered as PDF (potential differential field, which helps in the final selection of medicine.) like *fat, fair and flabby female*, and *chilly temperament (thermal reation of the body)*. For disease symptoms scoring a questionnaire consisted of 10 signs and symptoms including dry skin, fatigue, weight gain, cold intolerance, constipation, muscle stiffness, puffiness, memory loss, feeling blue, and dizziness. The severity of each sign and symptom was rated on a scale from 0 to 4 points: absent (0), minimal (1), mild (2), moderate (3), and severe (4). The item scores were totaled to obtain the overall signs and symptoms score ranging from 0 to 40 points.

Before treatment symptom score

Symptom	Absent 0	Minimal 1	Mild 2	Moderate 3	Severe 4
Dry skin				✓	
Fatigue				✓	
Weight gain				✓	
Cold intolerance			✓		
Constipation			✓		
Muscle stiffness		✓			
Puffiness			✓		
Early awakening	✓				
Memory loss	✓				
Feeling blue			✓		

After treatment symptom score

Symptom	Absent 0	Minimal 1	Mild 2	Moderate 3	Severe 4
Dry skin				✓	
Fatigue				✓	
Weight gain				✓	
Cold intolerance			✓		
Constipation			✓		
Muscle stiffness		✓			
Puffiness			✓		
Early awakening	✓				
Memory loss	✓				
Feeling blue			✓		

This study was conducted on the basis of 6 follow up within the duration of 6 months. Based on the above score was collected on every follow. *18 was the score noted on the first visit which markedly reduced to 6 at the 6th or last follow-up.*

Follow Up Sheet

Date	Symptom	Prescription
18/04/23	General condition - better	R _x P.L 30/ tds X 14 days
02/05/23	General condition - better	R _x P.L 30/ tds X 14 days
16/05/23	General condition - better	R _x P.L 30/ tds X 14 days
30/05/23	General condition - better	R _x P.L 30/ tds X 14 days
13/07/23	General condition - better	R _x P.L 30/ tds X 14 days

27/07/23	Patient is feeling calm gently as compared to the first visit. In general patient is feeling good. TSH(26/07/23) 5.02 uIU/ml Symptom score- 06	R _x P.L 30/ tds X 14 days
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Conclusion

Considering the above result with the marked improvement in the given case of hypothyroidism shows the important role of homoeopathic medicine. *Calcarea carbonicum* was selected on the basis of the repertorization with the help of Repertory of the homoeopathic materia medica by J.T. KENT, which found significantly effective in the treatment of given case of Hypothyroidism.

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