



AN OVERVIEW OF HOMOEOPATHY REMEDIES FOR THYROID DYSFUNCTION IN WOMEN DURING VARIOUS LIFE CHANGES

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ABSTRACT

Background: This review discusses the potential of homeopathic treatment for thyroid disorders in women. The National Family Health Survey IV indicates a high prevalence of thyroid disorders in women aged 15-49, with hormone imbalances, increased stress levels, and iodine insufficiency contributing to the issue. Homeopathic medicines can help maintain thyroid hormone levels, providing relief during puberty, pregnancy, and menopause. They encourage self-healing and are safe for both mother and child during pregnancy, childbirth, and newborn care. **Objectives:** To evaluate the effectiveness of homeopathic medicines in different thyroid disorders. To evaluate the efficacy of homeopathic medicines in the life phases of women with thyroid disorders. **Methods:** I combed web-based resources, bibliographies, Google Scholar, and PubMed for research examining how homeopathic treatment can address thyroid disorders in women from puberty to menopause. These women exhibit signs and symptoms of thyroid disorders. After reviewing the abstracts, I examined the full texts of the articles that made the shortlist for their study design. **Result:** The study analyzed 3 epidemiological studies, 5 studies on the roles of thyroid hormones, 2 studies on the role of thyroid hormones before and after, 1 study on functional anatomy, 1 study on pathophysiology, 5 studies on thyroid and pregnancy, 2 studies from a homeopathy perspective, 3 clinical studies, 1 prospective observational study, 3 case reports, 3 studies on homeopathy management in puberty and menopause, 1 study on thyroid function in puberty, adulthood, and childhood, 4 studies on thyroid in pregnancy, and 2 studies on homeopathy management in pregnancy. 1 study on the role of homeopathy management in menopause. Homeopathy, a holistic and individualistic alternative medicine system, is effective in adjustments and hormone therapy. It selects remedies based on symptom similarity and individualization, aiming to restore complete health by eliminating symptoms and addressing underlying causes. **Conclusion:** The study explores research on thyroid function, pregnancy, puberty, and menopause, and the role of homeopathy. It highlights that homeopathy can include lifestyle adjustments and hormone therapy to improve a patient's quality of life. However, it emphasizes the need to consider potential side effects of medications, such as systemic absorption, which depends on lipid solubility. Only a few drugs, like hyoscine, fentanyl, GTN, nicotine, testosterone, and estradiol, significantly penetrate intact skin, and can be promoted through oleginous base or occlusive dressing.

KEYWORDS : Homoeopathy, thyroid disorders in children, puberty, adolescence, pre- and post-menopause, homoeopathy management.

INTRODUCTION

The National Family Health Survey IV (2015-2016) has reported that individuals between 15-49 years of age, self-reported the prevalence of thyroid disorder as nearly 2% in females and less than 1% in males. Also, the reported prevalence increased with the age of the women as in 15-19 years: 0.7%; 20-34 years: 1.8%; and 35-49 years: 3.4%¹

Women, nowadays face a slew of health challenges. Thyroid dysfunctions are, primarily, caused by an imbalance of thyroid hormones. They are growing more frequent, with the American Thyroid Association estimating that one out of every eight women may experience thyroid challenges over her lifetime. It is expected that women are 5 to 8 times more prone than males to acquire thyroid issues. Because of modernity and rise in the stress levels in everyday life, there are hormonal changes, iodine insufficiency, auto-immune disorders and thus resulting in numerous endocrinal disorders in females. Hypothyroidism and hyperthyroidism are a prevalent endocrine illness that affects people all over the world.²

In a woman's life, many hormonal changes happen during different phases of life, for example, puberty, pregnancy, and menopause. In the present world, woman plays multiple roles taking responsibility at home and the workplace. Taking all these things into consideration, thyroid being an endocrine gland, may go haywire leading to thyroid disorders. Homoeopathic medicines are effective in maintaining the levels of thyroid hormones. Hence it becomes a great relief for

women who suffer from thyroid disorders in their life phases (puberty, pregnancy, and menopause).²

Epidemiology

Thyroid diseases are common worldwide. In India too, there is a significant burden of thyroid diseases. According to a projection from various studies on thyroid disease, it has been estimated that about 42 million people in India suffer from thyroid disease. Common thyroid diseases in India: (1) hypothyroidism, (2) hyperthyroidism, (3) goiter and iodine deficiency disorders, (4) Hashimoto's thyroiditis, and (5) thyroid cancer.³

Pathophysiology

Thyroid hormones play a critical role in physical growth³, nervous system development⁴ body metabolism, and energy expenditure⁵. Thyrotropin-releasing hormone which is secreted by the hypothalamus induces pituitary gland to produce thyroid stimulating hormone (TSH) which in turn stimulates thyroid follicular cells to produce thyroxine (T4). T4 can be converted to T3 by deiodination and this process is under the control of circulating T4, Free triiodothyronine (FT3) and free thyroxine (FT4) are the free states for T3 and T4 after being released into the blood. TSH, FT3, and FT4 have been considered as the sensitive markers to evaluate thyroid function.⁵

Thyroid And Women

All forms of thyroid disease are more common in women. The reason for this gender predilection has not been entirely

elucidated but may relate to the closely intertwined relationship between thyroid function and the female reproductive axis.⁶ The menstrual cycle is governed by a network of gonadotropins (e.g., luteinizing hormone (LH) and follicle-stimulating hormone (FSH)) and sex steroid hormones (e.g., estrogens and progesterone); key constituents of the hypothalamic-pituitary-gonadal axis. This system is closely related to the hypothalamic-pituitary-thyroid axis, which controls thyroid function.⁷ However, the relationship between thyroid function and female reproductive physiology is complex. Women are more likely to develop thyroid disease than men, and incidence is greatest during times of hormonal flux, such as menopause, puberty, and pregnancy, which may indicate the role of estrogens.⁷

The evidence derived from experimental and clinical studies suggests that the hypothalamic-pituitary-thyroid axis (HPT) and the hypothalamic-pituitary-ovarian axis (HPO) are physiologically related and act together as a unified system in several pathological conditions. The suggestion that specific thyroid hormone receptors might regulate reproductive function at the ovarian level, as well as the suggested influence of oestrogens at the higher levels of the HPT axis, seems to integrate the reciprocal relationship of these two major endocrine axes. Both hyper- and hypothyroidism may result in menstrual disturbances. In hyperthyroidism the most common manifestation is simple oligomenorrhea. Anovulatory cycles are very common. Increased bleeding may also occur, but it is rare. Hypothyroidism in girls can cause alterations in the pubertal process; this is usually a delay, but occasionally it can result in pseudo-precocious puberty. In mature women, hypothyroidism usually is associated with abnormal menstrual cycles characterized mainly by polymenorrhoea, especially anovulatory cycles, and an increase in foetal wastage.⁸

Thyroid And Puberty

Puberty is an important period from childhood to adulthood with substantial physical and psychological changes. In this period, the reproductive system is matured by hypothalamic-pituitary-gonadal axis (HPG) activation. Evidence suggests that puberty onset may be influenced by thyroid function, and thyroid hormones fluctuate substantially during this period of pubertal development.⁹

Thyroid And Pregnancy

Pregnancy is associated with an increased requirement of hormone secretion by the thyroid, within the first weeks after conception. To this greater demand to occur, pregnancy induces a series of physiological changes that affect thyroid function and, consequently, the tests of glandular function. For normal pregnant women living in areas with a sufficient supply of iodine, this challenge regarding the adjustment of thyroid hormone releases to this new state of equilibrium and its maintenance until the end of pregnancy it meets no difficulties. However, among women with impaired thyroid function due to some thyroid disease or among women residing in areas with an insufficient iodine supply, this does not occur. The management of thyroid dysfunction during gestation requires special considerations since both hypothyroidism and hyperthyroidism can lead to maternal and foetal complications.¹⁰

Thyroid Menopause

During menopause, a series of risk factors can accumulate: Physiological depletion of the female hormone, estrogen, during perimenopause, accelerates cardiovascular risk and increases the risk of osteoporosis. These factors become clinically and socioeconomically relevant with increasing lifespan and are compounded in the case of additional risks. The risk of heart diseases and bone diseases accelerates around the time of menopause. Early detection and treatment

of hyperthyroidism, which can further elevate the risk of both of these diseases is therefore required. In perimenopausal and postmenopausal women who are being treated for hypothyroidism, TSH suppression must be avoided. Thyroid dysfunction is common in women; its manifestations are less obvious with advancing age, making clinical diagnosis more difficult, yet it can have major deleterious effects. Thus, the indications for measuring TSH in perimenopausal women should be kept broad, rather than restrictive.¹¹

Conventional Treatment And Its Adverse Effects

The thyroid gland produces three hormones: thyroxine (T4), triiodothyronine (T3), and calcitonin. T4 is produced by thyroid follicles and has similar biological activity. Calcitonin, produced by interfollicular 'C' cells, is chemically and biologically different and regulates calcium metabolism. The thyroid gland's physiological significance was recognized after Graves and Basedow linked 'Graves' disease' to thyroid gland swelling and myxoedema. Thyroxine was the first hormone synthesized in the laboratory, and more potent T3 was discovered in 1952.

Thyrotoxicosis, caused by excessive thyroid hormone secretion, is a condition primarily caused by Graves' disease and toxic nodular goiter. Graves' disease is an autoimmune disorder triggered by the production of an IgG class of antibody called 'thyroid stimulating immunoglobulin', which stimulates thyroid cells. Toxic nodular goiter, which produces thyroid hormone independently of TSH, is less common and more common in the elderly. Thioamide antithyroid drugs, also known as goitrogens, can cause thyroid enlargement by feedback release of TSH. High-dose drugs, such as lithium, amiodarone, sulfonamides, para-aminosalicylic acid, and phenobarbitone, can cause hypothyroidism or goiter as side effects.

Thyroid Inhibitors

INHIBIT HORMONE SYNTHESIS (Thioamides), Propylthiouracil, Methimazole, Carbimazole	INHIBIT IODIDE TRAPPING (Ionic inhibitors) thiocyanates (-SCN), Perchlorates (-ClO ₄), Nitrates (-NO ₃)
INHIBIT HORMONE RELEASE Iodine, Iodides of Na, K, Organic iodide	DESTROY THYROID TISSUE Radioactive iodine ¹³¹

Thioamides, Antithyroid drugs, like methimazole and carbimazole, prevent the production of thyroid hormones by binding to thyroid peroxidase. They do not interfere with iodide absorption or the action of thyroid hormones on tissues. Higher doses may lead to goiter due to increased TSH release, but they do not affect T3 and T4 release until the thyroid is depleted of hormone content.

Adverse effects Overtreatment can cause hypothyroidism and goiter, which are reversible upon stopping the drug. Side effects include intolerance, skin rashes, joint pain, liver damage, hair graying, loss of taste, and fever. A rare but serious adverse effect is agranulocytosis, which is mostly reversible. Propylthiouracil and carbimazole have partial cross reactivity. Propylthiouracil and carbimazole have partial reactivity.

Iodine, Iodine is a fast-acting inhibitor of the thyroid. In Graves' disease, the thyroid gland shrinks and stops releasing hormones. Daily iodine administration leads to

peak effects in 10-15 days, followed by 'thyroid escape' and thyrotoxicosis. Excess iodide inhibits its own transport into thyroid cells and reduces T3/T4 synthesis.

Adverse effects Iodine can cause acute reactions like swelling of lips, and eyelids, and angioedema, which can be dangerous. Chronic overdose can cause inflammation, headaches, rashes, and G.I. symptoms. Long-term use can cause hypothyroidism and goiter, while iodide may cause acne flaring in adolescents. Pregnant or nursing mothers may experience fetal/infantile goiter and hypothyroidism. Thyrotoxicosis may be aggravated in multinodular goiter.

Radioactive iodine, Iodine-131 is important for its 8-day half-life, emitting γ -rays and particles. It is used to treat hyperthyroidism and has advantages such as simplicity and affordability, with a permanent cure once hyperthyroidism is controlled.

Disadvantages 131I is a treatment for Graves' disease, but it can lead to hypothyroidism in 5-10% of patients treated annually. This is due to the natural history of Graves' disease and may require supplemental thyroxine treatment. It has a long latent period of response, is contraindicated during pregnancy, and is not suitable for young patients. 131I is the treatment of choice after 25 years of age and if contraindications are present. It may be used as palliative therapy after thyroidectomy but requires higher doses and prior stimulation with TSH.¹²

Homoeopathic Management

Homoeopathy is a unique system of medicine based on individualization and symptom similarity of the patient. It treats every sickness of a man as a whole and individualized entity. The homoeopathic literature is loaded with vast examples of thyroid diseases and their cure with homoeopathy. Homoeopathic Medicines due to their infinitesimal light isotopic forms are capable of penetrating the Hypothalamus-Pituitary Axis.¹³

Some of the Homoeopathic Therapeutics are:

- **Amylenum Nitrosum:** Climacteric period, Flushes of heat at change of Life.
- **Calcarea Iodatum:** Thyroid enlargement about the time of puberty, Goitre during pregnancy, in puberty, Uterine fibroids (uterine displacements, Ferr).
- **Lachesis Canadensis:** Goitre of puberty and pregnancy.
- **Lachesis:** Goitre, Menopause during, Climacteric ailments.
- **Vipera Berus:** Menopause with Goitre, Climacteric Haemorrhages.¹⁴

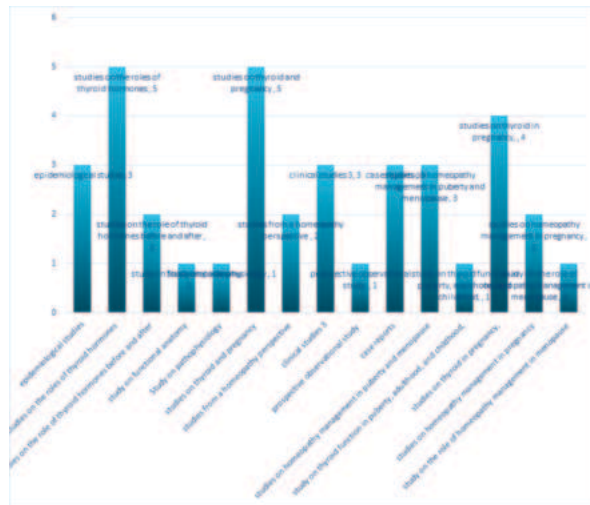
Hormone therapy is a treatment for glandular deficiencies, particularly in relation to infinitesimal dosage. Hormones, which are internal secretions from ductless glands, provide substances like adrenaline, thyroline, and insulin. They are available in various potencies and can act infinitesimally. For example, Epinephrine can be detected in a dilution of 1:300,000,000, and to reduce an ounce of Epinephrine crystals to the undetectable point, forty miles of water carts would be required. The substance from the pituitary gland is so potent that 5000 miles of carts would be required to reduce an ounce to the undetectable point.¹⁵

The Action Of Thyroidin In Diseases Of The Heart

The allopathic school of medicine has a long way to go in terms of dosage, as evidenced by the introduction of Thyroid Gland preparations. These preparations, known as Thyroidin, were initially given in large doses, leading to numerous pathogenetic effects and even fatal fainting. A collection of these effects can be found in Volume XXIX. (1894) of the Homoeopathic World. Symptoms of allopathic over-dosing

include heart and circulation issues, such as cardiac failure, fainting attacks, and tachycardia. The drug's powerful action on the heart and circulation is evident. If allopaths would learn the homoeopathic method of attenuating medicines, they could avoid the risks of fatal over-dosing. However, the homoeopaths have the duty of addressing the havoc caused by allopathy, as these violent heart symptoms highlight the medicine as a great heart remedy.¹⁶

RESULT:



Conventional medicine aims to provide thyroid hormone for the patient's life, but its high cost and adverse effects often lead patients to seek alternative treatments. Homeopathy, a holistic and individualistic alternative medicine system, is effective in adjustments and hormone therapy. It selects remedies based on symptom similarity and individualization, aiming to restore complete health by eliminating symptoms and addressing underlying causes.

The study analyzed 3 epidemiological studies, 5 studies on the roles of thyroid hormones, 2 studies on the role of thyroid hormones before and after, 1 study on functional anatomy, 1 study on pathophysiology, 5 studies on thyroid and pregnancy, 2 studies from a homeopathy perspective, 3 clinical studies, 1 prospective observational study, 3 case reports, 3 studies on homeopathy management in puberty and menopause, 1 study on thyroid function in puberty, adulthood, and childhood, 4 studies on thyroid in pregnancy, and 2 studies on homeopathy management in pregnancy, 1 study on the role of homeopathy management in menopause.

DISCUSSION:

The study analyzed epidemiological studies, studies on the roles of thyroid hormones, studies on the role of thyroid hormones before and after, studies on functional anatomy, study on pathophysiology, studies on thyroid and pregnancy, studies from a homeopathy perspective, clinical studies, prospective observational study, case reports, studies on homeopathy management in puberty and menopause, study on thyroid function in puberty, adulthood, and childhood, studies on thyroid in pregnancy, and studies on homeopathy management in pregnancy, study on the role of homeopathy management in menopause.

1. Ghare, P, et al (2020) A clinical study examining the impact of Thyroidinum on thyroid peroxidase antibody in patients with subclinical hypothyroidism found a significant difference in anti-TPO antibody levels at baseline and after treatment. The study found that Thyroidinum 3X significantly reduced anti-TPO antibody levels, preventing progression to overt hypothyroidism, and demonstrating the potential of Thyroidinum in preventing hypothyroidism.¹⁷

2. Arora, P., & Goel, M. (2022) The study reviewed the role of homeopathy in managing subclinical hypothyroidism (SCH) in younger females. Out of 212 cases, 54 were diagnosed and 50 were given individualized homeopathic medicines. Results showed a significant decrease in mean TSH levels post-treatment, suggesting homeopathic therapy can effectively manage SCH. Further validation is needed.¹⁸

3. Singh, A., et al (2020) Hypothyroidism is a condition characterized by reduced metabolic function and slowing of physical and mental activity. Conventional medicine aims to provide thyroid hormone for the patient's life, but its high cost and adverse effects often lead patients to seek alternative treatments. A case study showed that individualized homeopathic medicine, without conventional supplements, could effectively treat Primary Hypothyroidism. The patient showed stable improvement in symptoms and signs post-treatment, and the study highlights the positive role of homeopathy as a treatment option for this condition.¹⁹

4. Binuraj, S. R., & Abraham, E. (2021) Hypothyroidism is a prevalent endocrinological disorder worldwide, causing severe complications when left untreated. It is more common in women and is often linked to a family history of thyroid diseases. Treatment involves daily synthetic hormone tablets. Homeopathic medicine plays a significant role in managing thyroid disorders, with evidence showing reduced levels of thyroid-stimulating hormone after administration.²⁰

5. CHIRANTH, D. (2017) Hypothyroidism is a common endocrine disease, affecting the general population based on factors like age, sex, race, and dietary iodine intake. A clinical study aimed to explore the effectiveness of homeopathic remedies in managing this condition. 30 hypothyroid cases were selected and treated individually, with a focus on general symptoms and specific symptoms. The study found that 30% of cases recovered, and 70% improved after treatment. The results suggest that homeopathic remedies are effective in treating hypothyroidism.²¹

6. Shankar, Chitram. (2024) This case report examines the use of homeopathic sarcodes in managing hypothyroidism, an endocrine disorder. The study found that homeopathic medicines correct metabolism without adverse effects. A 15-year-old female with hypothyroidism was prescribed thyroidinum 6x tablets for a month, resulting in normal parameters. The isopathic use of auto-sarcode of DNA could potentially treat chronic disorders. The study suggests that homeopathic medicines effectively treat conditions without adverse effects, but rigorous research and clinical trials are needed. Both homeopathy and organotherapy follow Homeopathy principles, focusing on the same cures.²²

7. Ray, A. S., et al (2021). A preliminary clinical trial was conducted to assess the role of individualized homeopathic (IH) medicines in treating hypothyroidism in India. The trial involved 40 patients suffering from hypothyroidism and treated with IH. The primary outcomes were serum TSH and free T4; the secondary outcomes were Zuleswki's clinical scoring and thyroid symptom questionnaire. The results showed significant improvement in primary and secondary outcomes, with the most frequently used medicines being Sulphur (20%), Pulsatilla nigricans (12.5%), Iodium (10%), Phosphorus (10%), and Natrum muriaticum (7.5%).²³

8. Singh, P., & Juneja, R. Puberty brings hormonal and physical changes in a female's body, and abnormal bleeding patterns during menstruation can impact long-term health and school attendance. Menorrhagia, or excessive bleeding during puberty lasting for years, can lead to anemia and decreased quality of life. Homeopathic approach in treating puberty menorrhagia aims to establish normal menstruation

and treat underlying causes by understanding individual minds and dispositions. Homeopathic medicines are prescribed based on similarity of symptoms, improving the entire female's constitution and health.²⁴

9. Sri, A. S., & Jehan, A. (2015) This study aimed to identify the causes of puberty menorrhagia and assess the effectiveness of medical management. It involved 48 patients with menorrhagic cycles in the pubertal age group. Results showed immaturity of the hypothalamic pituitary ovarian endometrial axis in 28 cases, while 10 had PCOS, hypothyroidism, tuberculosis, thrombocytopenia, and fibroid uterus. The study emphasizes the importance of early diagnosis and lifestyle modification in managing this distressing condition.²⁵

10. Marwaha, R. K., et al (2012) The study aimed to assess thyroid functional status in different stages of puberty in Delhi. Data was collected from five schools, excluding those with thyroid disease history or medications. Results showed that FT3 increased with puberty entry and remained constant or declined after stage 3. TSH levels declined in boys but remained largely unchanged in girls. The study concluded that there is no evidence of thyroidarcho during or preceding puberty.²⁶

11. Weber, G., et al (2003) Thyroid hormones are crucial for growth, sexual development, and reproductive function. Hypothyroidism, often caused by Hashimoto's thyroiditis, can delay puberty or cause incomplete isosexual precocity. Congenital hypothyroidism can lead to normal pubertal development. Hyperthyroidism, a short period, may not have significant negative effects. Thyroid dysfunction can cause menstrual dysfunction, infertility, and stillbirth.²⁷

12. Giannakopoulos, et al (2019) This study examines the thyroid function in children with obesity, comparing them to 158 controls. Results show that children with obesity have higher mean serum TSH levels than normal-weight children. However, these concentrations decrease during puberty. Prepubertal girls and boys with obesity showed a significant correlation between TSH and BMI, but this correlation is not sustained during puberty. The study confirms TSH elevation in children with obesity and suggests a sex-dependent impact on thyroid axis function.²⁸

13. Springer, D., et al (2017) Thyroid hormones are crucial for the growth and maturation of target tissues, including the brain and skeleton. Maternal thyroxine is essential for fetal development during the first trimester of pregnancy, and the ontogeny of mature thyroid function involves organogenesis and maturation of the hypothalamus, pituitary, and thyroid gland. Hypothyroidism in pregnancy is prevalent, with subclinical hypothyroidism varying between 4 and 17%. Hyperthyroidism occurs in 0.1-1% of all pregnancies. Positivity for antibodies against thyroid peroxidase (TPOAb) is common in women of childbearing age, and laboratory diagnosis is based on serum TSH concentration. Screening for hypothyroidism in pregnancy is controversial, with case-finding being preferred in most countries. Universal screening is more cost-effective and should include an assessment of both TSH and TPOAb.²⁹

14. Glinoe, D. (1999) Pregnancy leads to significant changes in thyroid function due to hormonal changes and metabolic demands. These changes include increased serum thyroxine-binding globulin levels, decreased free hormone concentrations, increased basal thyrotropin values, and increased thyroid gland stimulation by hCG. These changes require an increased hormonal output from the maternal thyroid gland to maintain equilibrium until term. Healthy pregnant women with iodine sufficiency can adjust their hormonal output to achieve this equilibrium state. However,

metabolic adjustments are difficult when the thyroid gland's functional capacity is impaired or in areas with deficient iodine intake. The World Health Organization recommends 200 g iodine per day for pregnant women. In conditions with iodine restriction, increased thyroïdal stimulation can lead to hypothyroxinemia and goitrogenesis, which may contribute to a higher prevalence of goiter and thyroid disorders in females. Early iodine supplementation can prevent goiter formation in both mother and offspring.³⁰

15. Lazarus, J. H. (2011) Research on thyroid function in pregnancy has shown its impact on obstetric outcomes and foetal well-being. Gestational normative reference ranges for thyroid function tests are essential for interpretation. Thyroid-stimulating antibodies and antithyroid peroxidase antibodies are useful for diagnosis. Graves' hyperthyroidism treatment should be propylthiouracil for the first trimester, followed by carbimazole or methimazole. Screening for thyroid function in early pregnancy is growing, with areas for future research.³¹

16. Stagnaro-Green, A., & Pearce, E. (2012) Pregnancy significantly challenges the thyroid gland, leading to increased T3 and T4 levels and thyroxine-binding globulin levels. Hypothyroidism is present in up to 3% of pregnant women, with subclinical hypothyroidism increasing miscarriage and preterm delivery rates. Overt hyperthyroidism is linked to increased miscarriage and preterm delivery. Postpartum thyroiditis occurs in 5.4% of women following pregnancy. The need for iodine increases during pregnancy and breastfeeding, and the impact of treatment on maternal and fetal outcomes is being evaluated.³²

17. Sengupta, P., et al (2016). Homoeopathy, a medical system developed by Dr. Samuel Hahnemann, is based on the law of similars and potentization. The law of similars states that a substance that causes symptoms similar to those of a disease state can cure a sick person in that same disease state. Hippocrates first introduced this concept, believing a cure could be achieved through similar actions. Hahnemann tested this theory by taking Cinchona bark himself, finding that he developed symptoms similar to malaria in healthy people. Potentization is a process of serial dilutions and shaking to prepare homeopathic remedies, believed to remove toxic side effects and enhance the drug's deeper curative properties.³³

18. Zimmerman, K. (2012) Dr. Samuel Hahnemann created homeopathy 200 years ago as a natural treatment method based on the idea that "like cures like." It improves health by encouraging self-healing in sick people through the use of natural chemicals. Since homeopathic treatments are diluted to harmless doses for both mother and child, they are especially helpful throughout pregnancy, childbirth, postpartum, and newborn care.³⁴

19. del Ghianda, et al (2014). Thyroid dysfunction is prevalent in women, particularly during the gonadal axes, which are related throughout the woman's fertile period. Thyroid hormones affect reproductive function through various actions. Studies on the relationship between menopause and thyroid function are limited, and it is unclear whether menopause affects the thyroid regardless of aging. As women age, thyroid physiology and function change, with reduced thyroid iodine uptake, increased free thyroxine and triiodothyronine synthesis, and normal thyroid stimulating hormone levels. These changes are present in both sexes without gender distinction. The relationship is complex, with thyroid status not significantly influencing climacteric syndrome, menopause moderating thyroid disease clinical expression, and thyroid function not directly involved in menopause complications.³⁵

20. Sikarwar, A. (2020) Menopause is a significant event in a

woman's life, causing physiological changes that can disrupt sleep, lower energy, and affect emotional health. Treatments include lifestyle adjustments and hormone therapy, with Homoeopathy being a popular alternative system of medicine. Homoeopathy is based on a holistic and individualistic approach, aiming to improve the quality of life for patients. It selects remedies based on individualization and symptom similarity, aiming to restore complete health by eliminating symptoms. Homeopathy also addresses the underlying cause and individual susceptibility. Treatments for menopause symptoms can be selected based on cause, condition, sensation, and complaint modalities. Patients should consult a qualified homeopathic doctor for individualized remedy selection and treatment.³⁶

CONCLUSION:

Overuse of certain medications can cause hypothyroidism and goiter, with side effects like skin rashes, joint pain, liver damage, hair graying, and fever. Chronic overdose can cause inflammation, headaches, and gastrointestinal symptoms. 131I is recommended for over 25 years. The study explores research on thyroid function, pregnancy, puberty, and menopause, and the role of homeopathy. It highlights that homeopathy can include lifestyle adjustments and hormone therapy to improve a patient's quality of life. However, it emphasizes the need to consider potential side effects of medications, such as systemic absorption, which depends on lipid solubility. Only a few drugs, like hyoscine, fentanyl, GTN, nicotine, testosterone, and estradiol, testosterone, and estradiol, significantly penetrate intact skin and can be promoted through oleagenous base or occlusive dressing.

Conflicts Of Interest: All authors declare that they have no conflicts of interest.

Acknowledgment

The author is thankful to the Hamsa Homeopathy Medical College, Hospital and Research Centre, Siddipet(D), T.S, Department of Practice of Medicine the author also extends sincere thanks to Director Dr. A. Umesh Akkaladevi and Principal Dr. Nurus Saher Khan.

Key Message: An Overview of Homoeopathy Remedies for Thyroid Dysfunction in Women During Various Life Stages

REFERENCES

1. Status of Goitre or Thyroid Disorders in India-Available from: <https://pib.gov.in/PressReleasePage.aspx?PRID=1796440> [Accessed on 4-5-2024]
2. Potter, B.S. et al (2023) Why More Prevalence of Thyroid Disorders in Women in Present Scenario, Ayushdhara - Available from: <https://ayushdhara.in/index.php/ayushdhara/article/view/1411> [Accessed on 7-5-2024]
3. Bianco AC, Dumitrescu A, Gereben B, Ribeiro MO, Fonseca TL, Fernandes GW, et al., Paradigms of Dynamic Control of Thyroid Hormone Signaling - Available from: <https://pubmed.ncbi.nlm.nih.gov/31033998/> [Accessed on 7-5-2024]
4. Salazar P, Cisternas P, Martinez M, Inestrosa NC., Hypothyroidism and Cognitive Disorders During Development and Adulthood: Implications in the Central Nervous System-Available from: <https://pubmed.ncbi.nlm.nih.gov/30073507/> [Accessed on 7-5-2024]
5. Gnocchi D, Steffensen KR, Bruscalupi G, Parini P, Emerging Role of Thyroid Hormone Metabolites-Available from: <https://pubmed.ncbi.nlm.nih.gov/26748938/> [Accessed on 7-5-2024]
6. Doufas, AG., & Mastorakos G., The Hypothalamic-Pituitary-Thyroid Axis and the Female Reproductive System-Available from: https://www.researchgate.net/publication/227963560_The_Hypothalamic-Pituitary_y-Thyroid_Axis_and_the_Female_Reproductive_System [Accessed on 7-5-2024]
7. Jacobson, M.H., Howards, P.P., Darrow, L.A., Meadows, J.W., Kesner, J.S., Spencer, J.B., Terrell, M. L., & Marcus, M., Thyroid hormones and menstrual cycle function in a longitudinal cohort of premenopausal women-Available from: <https://pubmed.ncbi.nlm.nih.gov/29517803/> [Accessed on 12-5-2024]
8. Doufas, AG., & Mastorakos G., The Hypothalamic-Pituitary-Thyroid Axis and the Female Reproductive System-Available from: https://www.researchgate.net/publication/227963560_The_Hypothalamic-Pituitary_y-Thyroid_Axis_and_the_Female_Reproductive_System [Accessed on 7-5-2024]
9. Wang Y, He D, Fu C, Dong X, Jiang F, Su M, Xu Q, Huang P, Wang N, Chen Y and Jiang Q., Thyroid Function Changes and Pubertal Progress in Females: A Longitudinal Study in Iodine-Sufficient Areas of East China- Available from: <https://pubmed.ncbi.nlm.nih.gov/34046012/> [Accessed on 7-5-2024]
10. Maciel, L. M., & Magalhães, P K., Thyroid and Pregnancy-Available from: https://www.researchgate.net/publication/23663106_Thyroid_and_Pregnancy

- y [Accessed on 12-5-2024]
11. Frank-Raue, K., & Raue, F. Thyroid Dysfunction in Periand Postmenopausal Women-Cumulative Risks-Available from: <https://pubmed.ncbi.nlm.nih.gov/37013812/> [Accessed on 7-5-2024]
 12. Tripathi, K. (2018). *Essentials of medical Pharmacology*. Jaypee Brothers Medical Publishers.
 13. Manchanda R. K., Homeopathic Perspective on Thyroid Disorders-Available from: <https://hpathy.com/scientific-research/homeopathic-perspective-of-thyroid-disorders/> [Accessed on 27-5-2024]
 14. Dr. Gajanan Dhanipkar. *Conquering Thyroid with Homoeopathy*. 1st ed. Maharashtra: Dynamis Homoeopathic Publishers; 2021: Pg:57,67,76,82,88
 15. PRACTICAL.HOMOEOPATHIC THERAPEUTICS BY DEWEY W.A.
 16. *Diseases Of Heart And Arteries* By Clarke J.H.
 17. Ghare, P., Jadhav, A. B., & Patil, A. V. (2020). A clinical study to see the effect of thyroindinum, a homeopathic preparation on thyroid peroxidase antibody in subclinical hypothyroidism of age group between 18-70 years. *International Journal of Health Sciences and Research*, 10(2), 18-22.
 18. Arora, P, & Goel, M. (2022). Homeopathic Treatment of Young Females with Subclinical Hypothyroidism: A Prospective Observational Study. *Homeopathic Links*, 35(04), 260-265.
 19. Singh, A., Ram, H., Bagdi, N., & Choudhary, P (2020). Management Of Primary Hypothyroidism Through Homoeopathy Medicine: A Case Report. *World Journal of Pharmaceutical Research*, 9(6), 1559-1574.
 20. Binuraj, S. R., & Abraham, E. (2021). Elevated serum thyroid stimulating hormone concentration treated with homoeopathy: A case report. *International Journal Homoeopathic Sciences*, 5(2), 18-21.
 21. CHIRANTH, D. (2017). A Clinical Study on Hypothyroidism and its Homoeopathic Management (Doctoral dissertation, The Rajiv Gandhi University of Health Sciences).
 22. Shankar, Chitram. (2024). Effectiveness of Sarcodes Responding to Hypothyroidism: An Evidence-based Case Study. *International Journal of Innovative Science and Research Technology*. 9. 10.5281/zenodo.10792849.
 23. Ray, A. S., Ganguly, S., Mukherjee, S. K., Hazra, P, Dutta, S., Nath, A., ... & Saha, S. (2021). Homeopathic Treatment in Hypothyroidism—An Open-Label, Prospective, Single-Arm, Clinical Trial. *Homeopathic Links*, 34(03), 191-198.
 24. Singh, P, & Juneja, R. UNDERSTANDING THE SCOPE OF HOMOEOPATHY IN PUBERTY MENORRHAGIA.
 25. Sri, A. S., & Jehan, A. (2015). Pubertal menorrhagia: evaluation and management. *Journal of Evolution of Medical and Dental Sciences*, 4(30), 5198-5204.
 26. Marwaha, R. K., Tandon, N., Desai, A. K., Kanwar, R., Sastry, A., Narang, A., ... & Mani, K. (2012). The evolution of thyroid function with puberty. *Clinical endocrinology*, 76(6), 899-904.
 27. Weber, G., Vigone, M. C., Stroppa, L., & Chiumello, G. (2003). Thyroid function and puberty. *Journal of pediatric endocrinology & metabolism: JPEM*, 16, 253-257.
 28. Giannakopoulos, A., Lazopoulou, N., Pervanidou, P, & Kanaka-Gantenbein, C. (2019). The impact of adiposity and puberty on thyroid function in children and adolescents. *Childhood Obesity*, 15(6), 411-415.
 29. Springer, D., Jiskra, J., Limanova, Z., Zima, T., & Potlukova, E. (2017). Thyroid in pregnancy: From physiology to screening. *Critical reviews in clinical laboratory sciences*, 54(2), 102-116.
 30. Glinoe, D. (1999). What happens to the normal thyroid during pregnancy?. *Thyroid*, 9(7), 631-635.
 31. Lazarus, J. H. (2011). Thyroid function in pregnancy. *British medical bulletin*, 97(1), 137-148.
 32. Stagnaro-Green, A., & Pearce, E. (2012). Thyroid disorders in pregnancy. *Nature Reviews Endocrinology*, 8(11), 650-658.
 33. Sengupta, P, Gavhane, N., Bose, N., Banerjee, S., & Bhattacharya, N. (2016). General Perspectives of Homeopathic Medicine During the First and Second Trimesters of Pregnancy. *Human Fetal Growth and Development: First and Second Trimesters*, 533-539.
 34. Zimmerman, K. (2012). Basics of Homeopathy: Treatment Options in Pregnancy. *International Journal of Childbirth Education*, 27(3).
 35. Del Ghianda, S. C. I. L. A., Tonacchera, M. A. S. S. I. M. O., & Vitti, P. A. O. L. O. (2014). Thyroid and menopause. *Climacteric*, 17(3), 225-234.
 36. Sikarwar, A. (2020). Role of homoeopathy in menopause. *Int J Homoeop Sci*, 4(2), 76-84.
 37. Haddaway, N. R., Page, M. J., Pritchard, C. C., & McGuinness, L. A. (2022). PRISMA2020: An R package and Shiny app for producing PRISMA 2020-compliant flow diagrams, with interactivity for optimised digital transparency and Open Synthesis Campbell Systematic Reviews, 18, e1230. <https://doi.org/10.1002/cl2.1230>