



ROLE OF HOMOEOPATHIC SUPPLEMENT THERAPY IN HYPOTHYROIDISM – A CASE STUDY.

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ABSTRACT Increasing prevalence of Hypothyroidism makes it a public health challenge in our society. The impact of Hypothyroidism in reproductive age group is significant and it demands a viable solution to ensure the health of progeny. The system of homoeopathy is based on the principle of similia. It focus the “disease perse” in every case. The homoeopathic remedies were proved on healthy human being and verified clinically. This evidence based case study shows the effect of homoeopathic medicine Thyroidinum both at clinical and biochemical level in a case of primary Hypothyroidism.

KEYWORDS : Hypothyroidism, supplement, Thyroidinum, Homoeopathy.

INTRODUCTION;

The term Hypothyroidism signifies inadequate production of thyroid hormones for a longer period [1]. Iodine deficiency remains the commonest cause of Hypothyroidism in worldwide. There are some indications that Hypothyroidism could arise from viral infection, lifestyle disorders, environmental factors or even diet related issues like food preservatives. One of these factor disturb the mechanism of thyroid gland function and results in altered secretions of thyroid hormones.

Hypothyroidism affects the female population significantly in every stages of life such as delayed puberty, irregular menses, fertility issues (Infertility), miscarriage and agalactacea [2]. Untreated Gestational Hypothyroidism affects the neural, cognitive development of foetus and results in hyperactive disorder(ADHD) [3]. Synthetic Levothyroxine supplement remains as a conventional treatment for Hypothyroidism since 1927.



Classification and aetiology of Hypothyroidism[1];

Based on the level of affection, hypothyroidism has been classified into Primary, Secondary and Transient Hypothyroidism.

Primary Hypothyroidism;

1. Iodine deficiency
2. Autoimmune hypothyroidism
3. Iatrogenic – radio iodine treatment, subtotal/total thyroidectomy.
4. Drugs – Lithium, para amino salicylic acid and cytokines.
5. Congenital – absent or ectopic thyroid gland, dysshormonogenesis.
6. Idiopathic

Secondary hypothyroidism;

1. Hypopituitarism – tumors, trauma.
2. Isolated TSH deficiency or inactivity.
3. Baxarotene treatment.
4. Hypothalamic diseases – tumors, trauma, infiltration, idiopathic.

Transient Hypothyroidism;

1. Silent Thyroiditis including postpartum Thyroiditis.
2. Subacute thyroiditis.
3. Withdrawal of thyroxine treatment in individuals with intact thyroid.

Signs and symptoms;

There are multitude of symptoms present in Hypothyroidism. dry skin, cold intolerance, hair loss, poor memory, constipation, weight gain, hoarseness of voice, scanty & irregular menses, impaired hearing etc.

Diagnostic procedures;

1) Serum TSH levels (Thyroid Stimulating Hormone) –this assay has been recognized as an exquisitely sensitive indicator of thyroid status. Increase in levels of TSH is considered to be diagnostic of Hypothyroidism. Normal value of TSH – 0.4 to 4.5 μ IU/ml

2) T4 (Thyroxine) – this assay complements the TSH assay, and used to confirm a thyroid disorder. Normal value of T4 – 4.0 to 12.0 μ g/ml.

3) Ultrasound study – USG of neck is useful to assess the size and shape of thyroid gland, also to assess a thyroid nodule in terms of size, number and extent.

4) Anti TPO antibodies – positive in Autoimmune Thyroiditis.

5) Nuclear scan

Role of Homoeopathy in treatment of Hypothyroidism;

Homoeopathy treats every ailment on the basis of strict individualization and symptom similarity with the drug. Dr.J.H.Clarke in his lecture on Thyroidinum says that, in cases where thyroid gland is absent or defective the idea of “thyroid feeding” is to supply a physiological want [4]. Thyroidinum is a potentised sheep’s thyroid gland. Thyroidinum is listed under essential drug list of homoeopathy by department of AYUSH (published in march 2013) and also included in Pharmacopeia of India [5].

Excerpts from Encyclopedia of Homoeopathic Pharmacopeia – volume 3 Thyroidinum is an useful remedy in Hypothyroidism that occurs after acute diseases. It has marked diuretic action hence it is useful in Myxoedema and other types of oedema. Thyroidinum is also indicated in excessive obesity and impaired memory .

Dr.N.M.Choudhari has stated that puffiness, obesity, weakness and anemia are considered to be a strong indication for prescribing Thyroidinum. It is contraindicated in Tuberculosis as it may cause weight loss [6].

Dr.J.H.Clarke has cured many case of thyroid enlargement presented with obesity, odema and sleeplessness. Thyroidinum was successful in restoring the hair growth in myxoedema. Dr.Nicholson administered Thyroidinum in a case of eclampsia and found its diuretic action [4].

Case study

34 yrs female, newly diagnosed as having Hypothyroidism, presented with the complaints of recent weight gain (5-6kgs in a period of 3 months), puffiness of face (especially in the morning), scanty menses,

weakness and lethargy.

Physical generals; (altered generals have been included)

Desire – sweet ++, Tea+

Thirst – increased, takes frequently large quantities.

Sleep – disturbed, unrefreshing.

Menses – scanty, 2/32 to 35 days cycle (for past 3 months)

Leucorrhoea – Acrid, profuse, offensive, white in color.

Past history – Chikunguniya 7 months before.

Family history – No history of thyroid disorders.

Personal history – Mixed diet, tea drinker.

Examination of Thyroid gland – moves on deglutition, mild tenderness+, No bruit. Both the thyroid glands are palpable and equal in size.

Prescription & Follow up criteria – Thyroidinum 3X twice daily for a period of 1 month. Serum T3, T4, TSH levels were checked after 1 month period. The dose of Thyroidinum was adjusted on the basis of TSH levels.

Discussion.

Thyroidinum 3X (procured from wilmer schwabe company) was given twice daily for a period of 3 months followed by once daily. The case was observed for a period of 8 months. There was remarkable improvement in the symptom picture from the first month onwards. Generals were improved first. Sweet desire reduced, leucorrhoea reduced and sleep improved. After 3 months menses became regular. At the end of 6 months 4kgs weight loss achieved. Serum TSH level is within the range even after stopping medicines for 2 months.

Parameter	Before	During	After
T3	109 ng/dl	115 ng/dl	103 ng/dl
T4	7.5 µg/dl	7.4 µg/dl	6.91 µg/dl
TSH	8.20 µIU/ml	6.8 µIU/ml	4.48 µIU/ml

Conclusion;

Thyroidinum 3X is capable of modifying serum TSH levels in a case of Hypothyroidism. No adverse effects have been recorded with Thyroidinum 3X supplement therapy. It offers symptomatic improvement as well as weight loss in cases of Primary Hypothyroidism.

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