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Homoeopathic management of primary hyperthyroidism: An evidence based case report

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Abstract

Excess thyroid hormone production by the thyroid gland leads to condition of Hyperthyroidism. Individuals may have a variety of signs and symptoms, none at all or several severe ones. There are several causes of Hyperthyroidism. The management is mainly by antithyroid medications, beta blockers, radiation therapy, diet, and surgery. Treatment with Homoeopathy is effective in many of these situations. This article discusses a Case study of Hyperthyroidism that improved after receiving Homoeopathic medicine.

Keywords: Hyperthyroidism, case report, homoeopathy, kali carb, thyroid gland, overactive thyroid

Introduction

This disease condition affects approximately 0.7% to 1.4% of people worldwide [1]. Hyperthyroidism is also called by as overactive thyroid. The body's metabolism is accelerated, this may result in variety of symptoms, including rapid and irregular pulse, hand tremors and weight loss. The prevalence of the disease in women is between 0.5 and 2%. The disease condition increases with age and is more frequent in women. Hyperthyroidism is more common in women than men (5:1). The major causes are grave's disease, toxic thyroid adenoma, toxic multinodular goitre, thyroiditis, struma ovarii, pituitary adenoma. Untreated disease condition can cause cardiac arrhythmias, heart failure, osteoporosis, and adverse pregnancy outcomes. It may lead to unintentional weight loss and is associated with increased mortality. Treatment of cases of Hyperthyroidism mainly aims at inhibiting the production of thyroid hormones, preventing the complications like thyroid storm, cardiac issues, osteoporosis, pregnancy problems [2]. A well taken and repertorised case will increase the likelihood of a favourable outcome, as prescription are made taking into account the individual's susceptibility and overall symptoms.

Case Report: A 39-year-old female patient, Mrs N Reported to the outpatient department of Government Homoeopathic Medical College and Hospital, Bangalore on 11.05.2023 with the complaints of hair fall in the past 6 months.

History of chief complaints: She was apparently healthy 6 months ago. She gradually started with hair fall in the past 6 months. Complaints of diffuse hair fall from the scalp, initially hair fall was more marked during hair wash but now while combing the hair also there is marked hair fall. Hence, she consulted the General physician for the complaint. Physician had suggested thyroid profile test. She got the investigations done on 20/04/2023. Based on the report patient was advised for allopathic medications. She didn't want to take allopathic medications for the condition because many people told her that she will have to take medications for life long. Hence visited Government Homoeopathic Medical College & Hospital, Bangalore for the treatment.

Past History

- **Medical & treatment history**
- Taken fertility treatment - 2009
- Chikungunya 2013 - Allopathic treatment
- Jaundice in pregnancy - 2015 - Allopathic treatment.
- Urinary tract infection - 2022 - Allopathic treatment
- Allergic history: Not allergic to any diet or drugs.

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- Surgical history: Cholecystectomy - 2014, LSCS - 2014
- Vaccination history: Vaccinated.

Family History: (Table 1)**Table 1:** Family history

Relationship	Disease	Dead/alive
Father	Chronic kidney disease	Died at the age of 76 yrs
Mother	Hysterectomy done	Alive
1 Elder brother	Apparently healthy	Alive

Personal History

- **Diet:** Mixed
- **Appetite:** Good.
- **Hunger:** Cannot tolerate hunger since childhood
- **Desires:** Non veg.
- **Aversion:** Nothing specific
- **Thirst:** Fear of drinking water outside, always carry own water bottle from home. Thirstless
- **Micturition:** Regular, no discomfort.
- **Bowel:** Regular, daily once, satisfactory.
- **Perspiration:** Only on exertion, in axilla, no odour/ stain
- **Sleep:** 11pm-6am, sound sleep, on left lateral side.
- **Dreams:** Water
- **Thermal:** Chilly patient
- **Habits:** Nothing specific

Menstrual History**Age of Menarche:** 4 years**Cycles:** Regular since menarche, 30 days cycle**Duration of menstrual period:** 5 days, LMP - 29/04/2023**Flow:** Moderate 4/3/3/1/1, slight increase in flow since 4-5 months for first 3 days**Colour of the flow:** Dark red**Smell:** Not present**Clots:** Not present**Pain:** Pulling type of pain in both legs for first 2 days during the flow. > warm water bathing.**Leucorrhoea:** Present during mid of cycles, non-irritating.**Obstetrics History:** G2 P1 L1 A1

- G1 = 2006 - Induced abortion (husband wasn't ready for kids yet). Later was not able to conceive - I took treatment for 3-4yrs, nothing helped, but conceived

naturally in 2014.

- G2 = 2014 - C section- girl, before 1 month of delivery I had nausea, vomiting and jaundice 1 week before delivery. I was in ICU for 1 month after delivery

Mentals

- Sensitive to criticism
- Routinist
- Fastidious
- Fear of disease, something will happen
- Hurried - work, walk
- Anxiety about children
- Suppressed anger
- Startle easily for noise

General Physical Complaints

Conscious and well oriented with time, place and person. Well-built and nourished
 Height - 144 cms. Weight - 55 kgs. BMI: 26.5 kg/m²
 No signs of pallor, cyanosis, clubbing, icterus, lymphadenopathy, edema.

Blood pressure: 110/70 mm hg. Pulse rate: 75 beats/ min.**Respiratory rate:** 15 cycles/ min, thoracoabdominal pattern of breathing. Temperature: Afebrile at the time of examination**Local examination of thyroid gland****Inspection:** No skin changes, no scars, no mass/swelling seen, no movement of gland elicited-swallowing & on protrusion of tongue.**Palpation:** No tenderness, no mass felt palpation, Symmetrical thyroid lobes elevation on swallowing, No lymphadenopathy, No tracheal deviation, Neck circumference – 32 cms.**Percussion:** No dullness elicited in retrosternal space**Auscultation:** No bruits heard over both lobes.

Investigation done

Date - 21.02.2022 - TSH (Image 1)

Date - 20.04.2023 - Thyroid Profile Test (Image 2 & 3)

Test Name	Observed Values	Reference Range
BIOCHEMISTRY REPORT		
RANDOM BLOOD SUGAR	87 mg/dl	80-140
HORMONE ANALYSIS REPORT		
THYROID STIMULATING HORMONE	1.69 microIU/ml	children: < 4days :1-39 1-3weeks :0.4-10.0 2-20 weeks : 1.7-9.1 1month -1year :0.4-8.6 pregnancy:1&3rd trimester 0.2-3.5 Adults<50Yrs: 0.35 - 5.5 Adults>50Yrs: 0.50 - 8.6

Image 1: The report of Feb 2022 - TSH - 1.69 microIU/ml

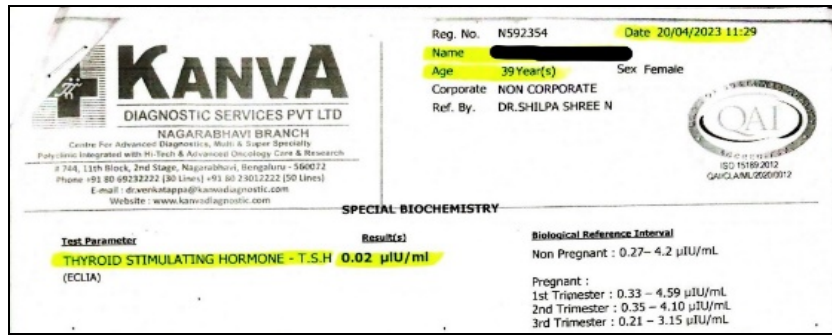


Image 2: The report of April 2023 TSH - 0.02 microIU/ml

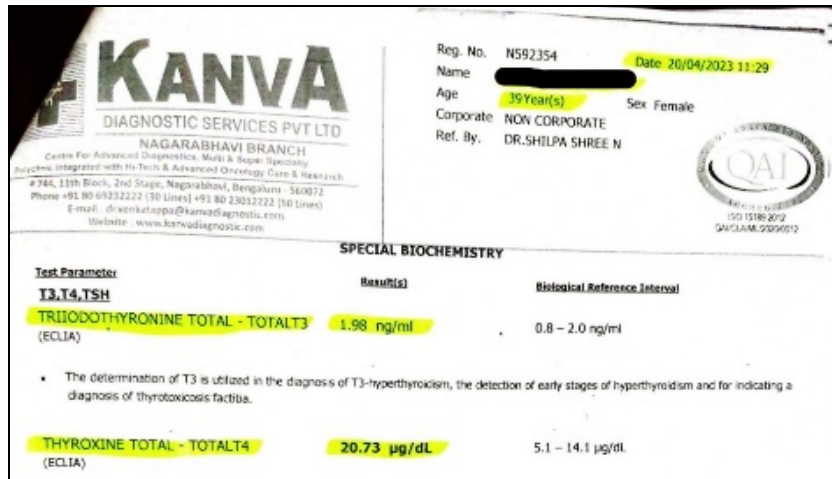


Image 3: The report of April 2023, T₃ total - 1.98 ng/ml, T₄ total - 20.73microg/Dl

Provisional diagnosis: Primary Hyperthyroidism.

Case Analysis - (Table 2)

Table 2: Analysis of case

Common symptoms	Uncommon symptoms
Hair fall	Fastidious Hurried Fear something will happen Suppressed anger Startles easily at noise Dreams - water Hunger < Desire - meat Thirstless

Evaluation of Symptoms - (Table 3)

Table 3: Evaluation of symptoms

Mental generals	Physical generals	Characteristic particulars
Suppressed anger Startles easily Fastidious Hurried Fear something will happen	Hunger < Dreams - water Thirstless Desire- meat	Hair fall

Totality of Symptoms

1. Fastidious
2. Hurried
3. Fear something will happen
4. Startles easily for noise
5. Suppressed anger

6. Hunger agg
7. Desire - meat
8. Dreams of water
9. Hair fall
10. Hyperthyroidism

Reportorial totality

1. Fastidious
2. Fear of impending disease
3. Dreams water
4. Head hair falling
5. External throat - thyroid gland, complaints of

Reportorial result

- Kali carb 11/5
- Ars alb 9/5
- Kali sulph - 9/5
- Lyc - 8/5
- Nat mur - 8/5

Differentiating Remedies [3]

1. **Kali carb:** Thermally chilly, worse from draught of air. Complaints date back to labour, miscarriage, pneumonia. Giving out sensation - as if back or knee will give way. Must lie down or lean against anything. Anxiety felt in stomach. Never wants to be left alone, anxious and afraid, anxious about his diseased condition. Hunger agg. Sweat, backache and weakness. Ticklish. Bag like swelling around eyes, esp upper eyelid. Dry hair fall out from scalp, eyebrows, beard etc.
2. **Ars alb:** Fastidious - wants everything in proper place. Anxious about health, fear of death. Desire for

company, esp when alone at night. Fears being cheated esp about money matters - avarice, miserly. Periodic complaints esp at midnight 2 am
Weakness in acute complaints Chilly. Thirst - sips of water in acute/completely thirstless in chronic. Crave warm drinks. Neat appearance, carefully maintained medical notes. Restless changes place.

3. **Kali sulph:** Desires and rejects things. Hurried. Anxiety and discomfort from warmth, better by walking in open air. Desire for cold drinks, cold food, sweets. Worse consolation. Dandruff - yellow, moist, sticky. Ringworm of scalp/ beard with abundant scales.
4. **Lyc:** Hunger - easy satiety, headache from fasting. Craving hot food. Hasty eating. Worse afternoon 4-8 pm. Desires power, ambitious. Anger from contradiction.

Premature senility - baldness, grey hair. Right sided complaints, go to left and worse there.

5. **Natrum mur:** Ailments from disappointed love/difficult relationships, feels betrayed. Thirsty with dry lips and tongue. Averse to consolation. Sun headache.

Thermally Hot. Awkward. Periodic complaints, worse at 10 am. Craves salt. Emaciation despite good appetite, neck thin. Hair falls in spots. Eruptions at margins of hair. Lower lip cracked in centre.

Prescription: Kali carb 200 weekly 1 dose (4 doses) followed by Placebo BD for 1 month.

General Advice



Image 4: General Advice

Follow Up - (Table 4)

Table 4: Follow up

Date	Observation	Prescription
12/06/2023	Complaints of numbness in hand, burning sensation in eyes since 3 days, hair fall same. Bowel habit regular, menses regular. Stressed about school fee of child.	Kali carb 200 weekly one dose (4 doses) NM6X 2 pills TID for 1 month
12/07/2023	Hair fall reduced, no fresh complaints, feeling better, menses regular Advised for investigation	Placebo weekly one dose (4 doses) NM6X 2 pills TID for 1 month
05/09/2023	Pain in all joints with sensation of stiffness, hair fall reduced, LMP -27/08/2023, generals good (Image 5 & 6)	Kali carb 1M/1 dose NM6X 2 pills TID for 15 days
10/10/2023	Burning micturition since 3 days, joints pain persists but not much painful. Menses regular. Generals good.	Sulphur 200 1 dose Placebo for 1 month
14/11/2023	No fresh complaints, generals good	Placebo for 1 month
12/12/2023	No fresh complaints, generals good	Placebo for 1 month
04/01/2024	No fresh complaints, generals good Advised for investigation	Placebo for 1 month
04/03/2024	Hair fall much better, generals good. Menses regular LMP - 23/02/2024 (Image 7 & 8)	No medicine. Advised for recheck of thyroid profile after 3 months.

Test Name	Observed Values	Reference Range
HAEMATOTOLOGY REPORT		
COMPLETE BLOOD COUNT		
HAEMOGLOBIN	12.4 g/dl	11.5-16.5
TOTAL COUNT (WBC)	5370 cells /cumm	4000-11000
DIFFERENTIAL COUNT		
NEUTROPHILS	56.0 %	38-70
LYMPHOCYTES	33.4 %	Adult 20 - 45 Child 40 - 75
EOSINOPHILS	1.3 %	00-08
MONOCYTES	8.8 %	01-10
BASOPHILS	0.5 %	00-01
COMPLETE BLOOD COUNT		
RBC COUNT	4.7 million/cumm	3.7-5.6
PLATELET COUNT	2.76 lakhs / cumm	1.5-4.5
PCV	38.4 %	34-48
MCV	81.6 fl	75 - 95
MCH	26.4 Pg	27 - 32
MCHC	32.3 g/dl	30 - 35
BIOCHEMISTRY REPORT		
FASTING BLOOD SUGAR	91 mg/dl	70-110
HORMONE ANALYSIS REPORT		
TRI IODOTHYRONINE FREE (FT3)	3.09 pmol/L	2.3 - 4.2
THYROXINE FREE (FT4)	0.92 ng/dl	0.89 - 1.76

Image 5: The report of October 2023

Test Name	Observed Values	Reference Range
HORMONE ANALYSIS REPORT		
THYROID STIMULATING HOROMONE	5.16 microIU/ml	children: < 4days :1-39 1-3weeks :0.4-10.0 2-20 weeks : 1.7-9.1

Image 6: The report of October 2023, T3 total - 1.98 ng/ml, T4 total - 20.73microg/dL

Test Name	Observed Values	Reference Range
HAEMATOLOGY REPORT		
COMPLETE BLOOD COUNT		
HAEMOGLOBIN	12.0 g/dl	11.5-16.5
TOTAL COUNT (WBC)	5090 cells /cumm	4000-11000
DIFFERENTIAL COUNT		
NEUTROPHILS	55.1 %	38-70
LYMPHOCYTES	34.0 %	Adult 20 - 45 Child 40 - 75
EOSINOPHILS	2.4 %	00-08
MONOCYTES	8.5 %	01-10
BASOPHILS	0.0 %	00-01
COMPLETE BLOOD COUNT		
RBC COUNT	4.3 million/cumm	3.7-5.6
PLATELET COUNT	2.75 lakhs / cumm	1.5-4.5
PCV	36.2 %	34-48
MCV	83.8 fl	75 - 95
MCH	27.6 Pg	27 - 32
MCHC	33.0 g/dl	30 - 35
BIOCHEMISTRY REPORT		
FASTING BLOOD SUGAR	94 mg/dl	70-110
SERUM CALCIUM	9.0 mg/dl	8.6 - 10.3

Calcium helps build strong bones and teeth. It is important for heart function, and muscle contraction, nervesignaling, and blood clotting. Increased levels may be due to Addison's disease, Excessive vitamin D level, Excessive calcium intake, hyperparathyroidism, Multiple myeloma, hyperthyroidism, Paget's disease, Sarcoidosis. Use of certain medications. Decreased levels may be due to Hypoparathyroidism, Osteomalacia, Rickets, Vitamin D deficiency, Malabsorption, Magnesium deficiency etc.

Image 7: The report of March 2024

Test Name	Observed Values	Reference Range
BIOCHEMISTRY REPORT		
VITAMIN D	14.0 ng/mL	Deficiency < 20 Insufficiency 20-30 Sufficiency 30-100 Toxicity > 100
<i>METHOD: Chemiluminescence Vit-D deficiency may occur due to Lack of sunlight, Poor diet, Malabsorption, Anticonvulsant therapy, Renal disease, Vitamin-d dependant rickets, Liver disease, Hyperthyroidism, Diabetes, Rheumatoid arthritis, Nephrotic syndrome. Elevated levels of vitamin-d may be seen with excessive sun exposure, Excessive dietary intake, sarcoidosis and other granulomatous disease. Excess vit-d causes Hypercalcaemia, hypercalciuria, renal stones and renal diseases.</i>		
HORMONE ANALYSIS REPORT		
THYROID FUNCTION TESTS		
TRI ICDD THYRONINE TOTAL (T3)	111.27 ng /dl	Adults : 70-204 Children: 1-3 days:100-700 1-11months:105-245 1-5yrs:105-269 6-10yrs:94-241 11-15yrs:82-213 Pregnancy : 1st trimester: 81-190 2nd trimester :100-260
THYROXINE TOTAL (T4)	10.98 µg/dl	Adults: 5.2-12.5 Pregnancy: 1st trimester:7.8-16.2 2nd,3rd trimesters:9.1-18.3
THYROID STIMULATING HORMONE	3.60 microIU/ml	children: < 4days :1-39 1-3weeks :0.4-10.0 2-20 weeks : 1.7-9.1 1month -1year :0.4-8.6 pregnancy:1&3rd trimester 0.2-3.5 Adults<50Yrs: 0.35 - 5.5 Adults>50Yrs: 0.50 - 8.5

Image 8: The report of March 2024

Discussion

Hyperthyroidism is been health issue for women than men, due to its increased metabolic rate it affects the quality of life of individual suffering from this condition. Consuming high-iodine meals can either induce or exacerbate Hyperthyroidism [4]. The proper case taking and prescribing the Constitutional remedy along with Biochemic [5] upholds the efficacy of Homeopathic medicine in the management of Hyperthyroidism. Hormonal profile is been maintained within normal for period of 1 year. Here following the constitutional similimum an antipsoric is given to complete the process of restoration of health. This is the only method for eliminating all signs and symptoms that the patient is

experiencing in order to restore their condition of total health [6]. This case is evidence for management of hyperthyroidism in homeopathy upholding importance of holistic and individualistic approach; further verification of fact with larger sample size has been suggested to evaluate the effectiveness of Homoeopathic treatment in Hyperthyroidism

The Modified Naranjo criteria (Table 5) were also used to evaluate the changes in the casual attribution in the subsequent case. Total score according to the criteria in this instance is +10, which is quite near to the total of +13, indicating that the clinical outcome may be positively attributed to the individualized homoeopathic medicine.

Table 5: Assessment of Modified Naranjo criteria score.

		Yes	No	Not sure	Case
	Modified Naranjo criteria				
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	+1
3	Was there an initial aggravation of symptoms?	+1	0	0	0
4	Did the effect encompass more than the main symptoms or condition (i.e., were other symptoms ultimately improved or changes)	+1	0	0	+1
5	Did overall well-being improve? (Suggest using validated scale)	+1	0	0	+1
6	Direction of cure: did some symptoms improve in opposite order of the development of symptoms of the disease?	+1	0	0	+1
	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 downwards.	+1	0	0	+1
7	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
8	Are there alternate causes (other the medicine) that - with a high probability - could have caused the improvement? (Consider the known course of disease, other forms of treatment and other clinically relevant interventions)	-3	+1	0	+1
9	Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation. etc.)	+2	0	0	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	0
	Total score (maximum score =+13; Minimum score=-3)				+10

Conflict of Interest

None.

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Not available.

Declaration of patient consent

Patient consent was taken for images to be reported for this article.

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