



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2025; 9(1): 151-158
Received: 12-11-2024
Accepted: 14-12-2024

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The therapeutic potential of nosodes in autoimmune Thyroiditis: An evidence-based case report

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DOI: <https://doi.org/10.33545/26164485.2025.v9.i1.C.1348>

Abstract

Background: Autoimmune Thyroiditis is a multi-factorial condition characterized by autoimmune destruction of thyrocytes, leading to hormonal imbalances. It predominantly affects women and progresses from hyperthyroidism to euthyroidism and eventually chronic hypothyroidism. The diagnosis of Autoimmune Thyroiditis includes clinical assessment, positive anti-thyroid antibodies, ultrasonography and histological features. In such cases, conventional treatments suppress the immune response and can leave patients vulnerable to opportunistic infections whereas Homoeopathy offers a promising alternative addressing both symptoms and cause of the disease.

Case report: This is a case of a 50 years-old female, known case of Autoimmune Thyroiditis, presenting with complaints of sleeplessness, amenorrhoea, weight loss, acne, profuse perspiration and elevated TSH levels. Considering both physical and mental symptoms *Psorinum* 200 was prescribed to the patient. Over the period the patient showed significant improvement in the symptoms and TSH levels also returned within normal limits. This improvement shows the potential effectiveness of Homoeopathy in management of Autoimmune Thyroiditis. And the results were verified using Modified Naranjo Criteria. We can also conclude that there can be a difference between the therapeutic and clinical utility of Nosodes but we should always go with an individualized approach.

Keywords: Autoimmune thyroiditis, case report, homoeopathy, nosode, *Psorinum*

Introduction

Autoimmune disease is a pathological state resulting from the immune system attacking the self-molecules due to loss of immunologic tolerance to auto-reactive immune cells [3]. Autoimmune diseases occur when the immune system mistakenly identifies self-antigens as foreign, triggering an immunological response against the body's own tissues [4]. Approximately 4-5% of the global population is affected by Autoimmune diseases. Females are more commonly impacted than males [1]. They have a significant impression on the families they affect, as well as our society and healthcare expenditures. Studies indicate that they will soon become one of the leading medical problems [5]. There are two types of autoimmune diseases: Systemic and Organ-specific. Organ-specific diseases involve an immune response targeted against antigens in a single organ [6,7].

Autoimmune Thyroiditis (AIT) is one of the most common autoimmune disorders which manifest itself as Hypothyroidism, Euthyroidism or even Hyperthyroidism. AIT is a chronic disease in which the body interprets the thyroid glands and its hormone products T3, T4 and TSH as threats, and therefore produces special antibodies that target the thyroid cells, leading to inflammation, damage and impaired hormone production.

The lab findings demonstrate elevated TSH levels, low levels of T4 and increased titers of anti-thyroid autoantibodies [12]. The incidence rates of AIT are influenced by age, sex, and individual traits of a given population [8]. It is commonly seen in females, especially in patients with Polycystic Ovary Syndrome (PCOS) [9-11]. The symptoms may differ depending on the thyroid function i.e. hyperthyroidism or hypothyroidism.

Hyperthyroidism can cause sweating, rapid heart rate, anxiety, tremors, fatigue, disturbed sleep, sudden weight loss, and protruding eyes. Whereas, Hypothyroidism can cause weight gain, fatigue, dry skin, hair loss, intolerance to cold and constipation. As stated by WHO, Homoeopathy is one of the most widely used medical systems [2]. Homoeopathy stands apart from conventional medical approaches by focusing on the unique symptomatology of each individual, rather than chiefly targeting the underlying cause of a disease.

While the Allopathic system concentrates on eliminating pathogens like bacteria, viruses, and fungi, Homoeopathy adopts a more holistic strategy. This approach is particularly useful in cases where the underlying cause cannot be eradicated, such as autoimmune diseases. In these instances, conventional treatments that suppress the immune response can leave patients vulnerable to opportunistic infections. Homoeopathy offers a promising alternative, addressing both the symptoms and root causes of autoimmune diseases. By tailoring treatment according to individualization, homoeopathy can effectively manage complex autoimmune disorders, promote natural healing, restore immune function and ultimately enhance patient's quality of life [7].

In Homeopathy, various sources of drugs are utilized, with nosodes being one of the key sources. They are prepared from diseased or pathological secretions and excretions and also microbial cultures including viruses, bacteria and fungi. Funder of Homoeopathy Dr. Samuel Hahnemann first introduced the concept of Nosodes in his work "Chronic Diseases". He believed that by potentizing these disease-derived substances, homoeopathy can enhance the body's self-healing potential. Nosodes are prepared in both Decimal (X) and Centesimal (C) potencies but they are mostly prescribed in higher potencies. They are also used in Chronic or deep-seated diseases where a clear picture is not present [13].

Case report

It is a case of 50 year-old Female. She consulted a Homoeopathic physician on 25th June 2016 with a presenting complaint of sleeplessness since 7-8yrs, weight loss since 4-6 months, excessive pimples on face since a long time, hot flushes with profuse perspiration on & off, right-sided blockage of nostril and pain in right side shoulder and hand.

Details of chief complaint

For 8-10 years, the patient was a known case of Hypothyroidism, but subsequently developed hyperthyroidism for 6 months and thus was prescribed Tab-Neo-Mercazole. But following the above allopathic medication, she again landed in severe hypothyroidism and her endocrinologist advised her to start Tab. Thyroxine 100 mg. The patient exhibited a complex endocrine disorder characterized by episodic shifts between Hypothyroidism and Hyperthyroidism. After this symptomatology, her endocrinologist diagnosed the above condition and termed it as Auto-immune thyroiditis, after the laboratory investigations suggested:

- TPA (Thyroid peroxidase antibodies) was more than 1000 IU/ml.
- TPO test determined antibodies against TPO in blood.

It suggests autoimmune disorders such as Hashimoto's disease and Graves' disease.

The patient currently presents with

1. **Sleeplessness:** Complaints of interrupted and disturbed sleep but still refreshing sleep.
2. **Excessive pimples on the face since puberty:** Large pimples with pustular discharge, vesicles around the corner of the mouth, painful pimples on the face. Frequently suppression of pimples by external applications. Eruption increases with irregular menses.
3. **Blockage of right nostril:** There was a long-standing complaint of severe and frequent watery coryza, and she was taking decongestants for a long time.

< By cold weather & lying on right side.

Experienced Intermittent episodes of Hypo and Hyperthyroidism, at this stage, patient discontinued all the Allopathic medicines and consulted a Homoeopathic physician.

Past history

Hypothyroidism since 8-10 years.

Treatment history

The patient was on Anti-thyroid medication.

Personal history

Diet-Mixed
Appetite-Good
Desire-Sweet
Aversion-Sour/Nonveg /Milk /Egg
Food<-Egg and milk causes indigestion
Thirst-Thirst-less, small quantity of water at long intervals
Micturition - Increased frequency
Bowels-Satisfactory
Perspiration- Before it was profuse now it's normal
Sleep-Interrupted sleep, easily wakes by sound (alert sleep)
Dreams-Not specific
Thermally- Chilly

Life space

In response to questions about her childhood and education, the patient stated that I have happy memories of my childhood. My father was in a government job as an administrator in the education department and was very mild. My mother is quite dominating and I had a fear about my mother. I have 1 brother who is a clerk at school and a sister who is a retired teacher. I had done my post-graduation.

Mind

Upon being asked about her nature, the patient answered, in childhood I was very mild, talkative and playful. But I don't know after 7-8th standard, how I lost my confidence and became introverted and had fear of the stage and performance. I have excessive pimples on my face with big pussy discharges from it that increase my inferiority complex. Fear of examination and fear about language had developed. I started living alone and preferred solitude. I got admitted in MBBS College. There was tremendous fear about dead bodies so I wanted to leave the course in 1st year, but I completed UG, did MD Pathology, did a job from 1994-1997 and started my own Lab in 1999. After that, marriage was difficult due to pimples on my face. Inferiority complex, depressive thoughts, and Suicidal thoughts. Feeling of failure-struggleful life. Workaholic-workload.

Physician's observations and understanding of the case

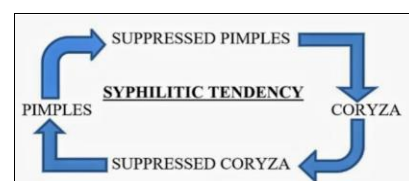


Fig 1: Physician's understanding

Investigations and diagnosis

In ICD-10, Autoimmune Thyroiditis is classified under code-E06.3

Table 1: Investigations and diagnosis

Date	Investigations	Diagnosis
26/ 03/ 2016	TPA- >1000 IU/ml TPO test determined antibodies against TPO in blood.	Autoimmune disorder
30/ 03/2016	TSH->124 mg/dl T ₄ -10.03 mcg/dl	Hypothyroidism
09/04//2016	TSH-< 0.01uIU/ml.	Hyperthyroidism
23/06/2016	TSH-> 100.0 mcg/dl	Hypothyroidism

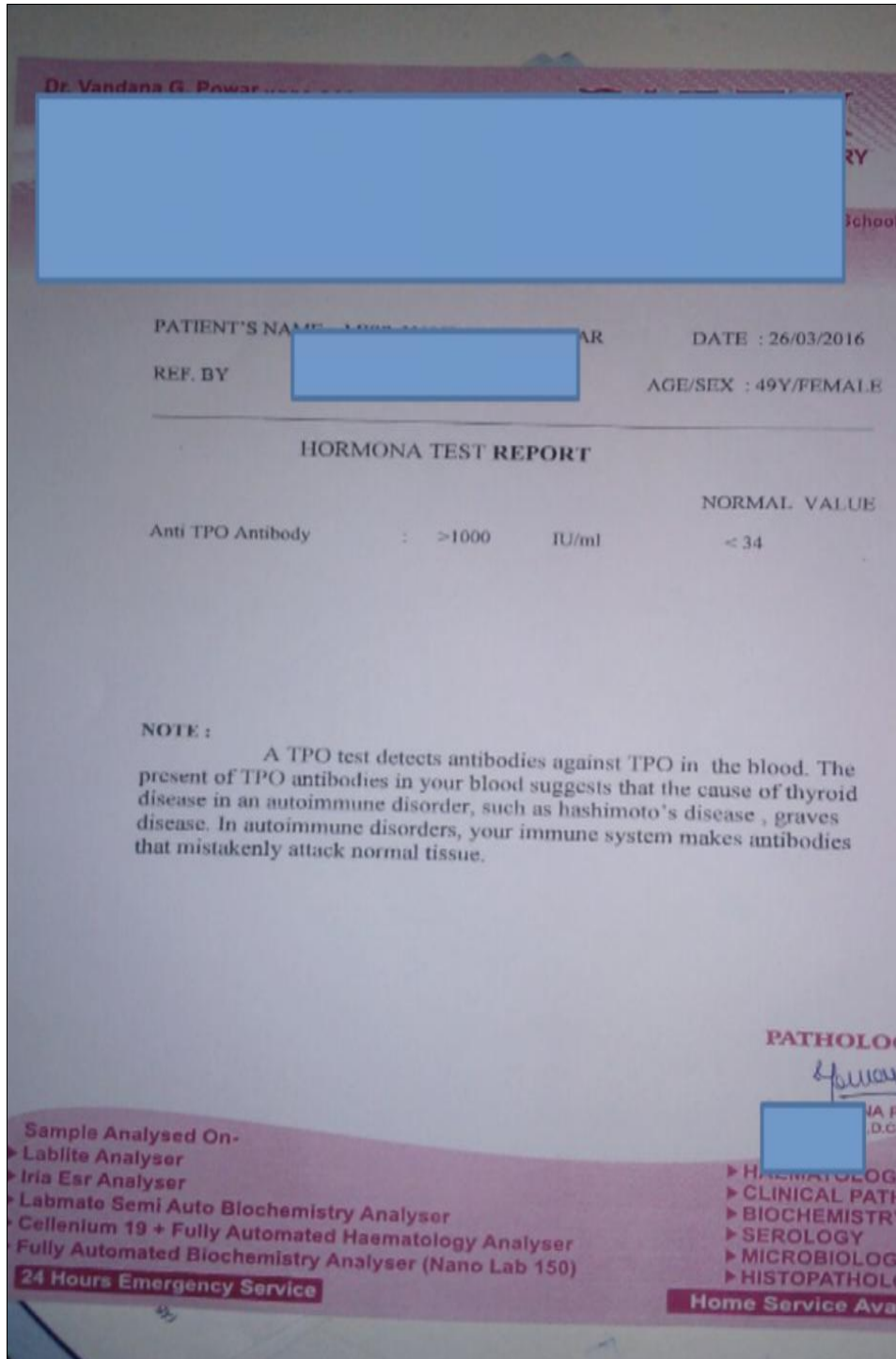


Fig 2: TPO Antibody test report. Date-26/03/16

REPORT

NAME [REDACTED] SAMPLE COLLECTED AT [REDACTED]

REF. BY [REDACTED]

TEST ASKED [REDACTED]

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE R
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	<0.01	µIU/ml	0.30 - 5.5

Comments : ***
Please correlate with clinical conditions.

Method :
TSH - ULTRA SENSITIVE SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH
1st Trimester : 0.10 - 2.50
2nd Trimester : 0.20 - 3.00
3rd Trimester : 0.30 - 3.00

Reference:
Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pr
Postpartum, Thyroid, 2011, 21; 1-46

~ End of report ~

Sample Collected on (SCT) : 08 Apr 2016 09:20
Sample Received on (SRT) : 09 Apr 2016 11:20

Fig 3: TSH Report. Date-09/04/16

Patient Name [REDACTED] Age : yrs. SEX :Female

Date Sample received :23.06.16 Report Date :23.06.16

Ref By : C/O Parth Lab Lab Number : 16060010870

HORMONE TEST REPORT

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
[TSH] Thyroid Stimulating hormone	> 100.0	mcg/dl	0.4 - 4.2

Tests done on electrochemiluminescence Roche Cobas e 411

ESCEL

Report Checked and Entered. Dr. [REDACTED]

Fig 4: TSH Report. Date-23/06/16

Totality

1. A/F -longstanding suppression of acne.
2. A/F- suppressed coryza
3. Suicidal disposition
4. Want of confidence
5. Feels depressed
6. Auto-immune disease.
7. Aversion to milk.
8. Excessive pimples on face from puberty up to menopause.
9. Large pustules on face.

Repertorial totality

On analysis of symptoms, the following rubrics were considered and repertorised using synthesis repertory.

1. Skin-Eruptions-suppressed
2. Nose-Coryza-suppressed
3. Mind-Suicidal disposition-thoughts of
4. Mind-Confidence-want of self confidence
5. Mind-Sadness
6. Generals-Autoimmune diseases
7. Generals-Food and drinks-milk-agg.
8. Face-Eruptions-acne-menses irregular if
9. Face-Eruptions-pustules

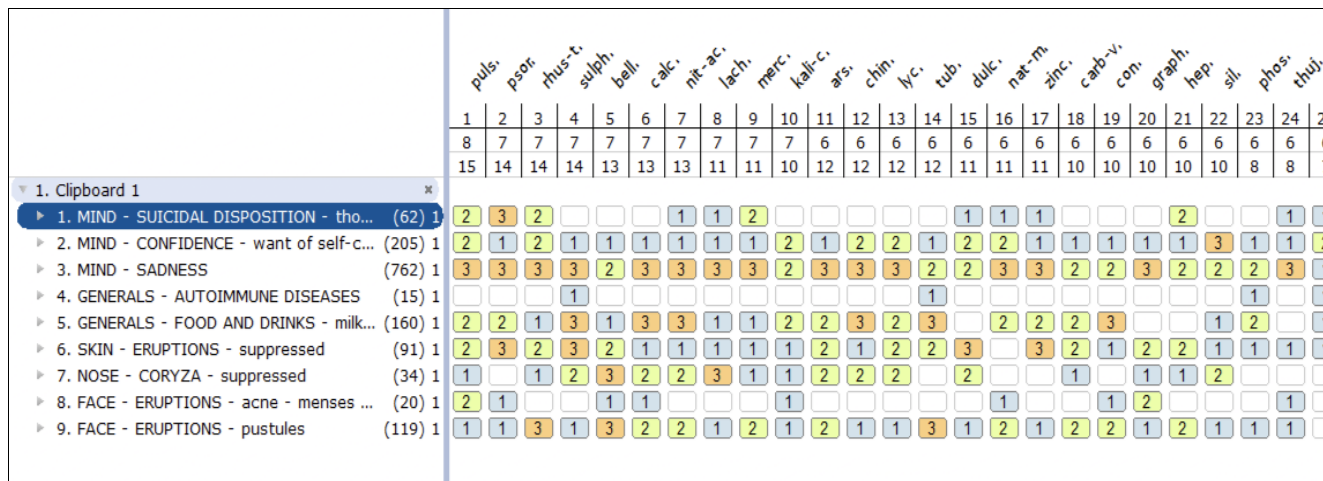


Fig 5: Repertorisation chart

Remedy with reasoning

Based on the totality and repertorisation, *Psorinum 200* was prescribed on 25/ 06/2016, a single dose in a period of one year along with *Sacchrum Lactis (SL)* for TID For 20 days. *Psorinum 200* was prescribed to the patient due to the ailments resulting from suppression, addressing both mental and physical symptoms. *Psorinum* covers suicidal tendencies, depressive thoughts, acne, and pustular eruptions. It is best suited to the patient’s constitution [14, 15]. Potency and single dose were selected on the basis of

susceptibility [16-18].

Differential remedy

Pulsatilla: Pulsatilla covers various symptoms like feeling depressed, want of confidence, skin eruptions but the constitution and mentals of the patient were more similar to *Psorinum* and the Autoimmune disease developed due to the syphilitic miasm was more likely to be covered by *Psorinum* than Pulsatilla.

Table 2: Follow ups

Date	Response	Prescription	Interpretation
15/07/16	After taking medicine for about 20 days she developed a good amount of confidence. TSH-2.3 mcg/dl (Normal)	SL x TID x 1 MONTH	<i>Psorinum 200</i> was given to the patient based on totality of symptoms, and as anticipated, the homoeopathic remedies first showed its therapeutic effect by ameliorating the mental symptoms.
10/08/16	There was a marked reduction in acne, which had been a persistent issue since puberty, with diminished insecurity. TSH-3.53 mcg/dl	SL x TID x 1 MONTH	In order to evaluate the sustained effects of the prescribed constitutional medicine, the patient was subsequently administered placebo.
12/09/16	Complaints of acne better than previous visit and decreased anxiety.	SL x TID x 1 MONTH	No new symptoms appeared, so patients was kept on placebo.
11/10/16	Generals better, sleep improved by 70%	SL x TID x 1 MONTH	No new symptoms appeared, so patients was kept on placebo.
15/11/16	The patient experienced sound sleep and a reduction in acne.	---	
08/08/17	Better in all her complaints. TSH-3.24 mcg/dl	---	In this way, the patient discontinued all Allopathic medications and was solely managed with Homoeopathic treatment.

SL (SacLac) = Placebo

Patient Name: [Redacted] Age: Yrs SEX: Female
 Date Sample received : 15.07.16 Report Date :15.07.16
 Ref By : Dr. S. [Redacted] Lab Number : [Redacted]

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
[TSH] Thyroid Stimulating hormone	2.3	mcg/dl	0.4 - 4.2

Tests done on electrochemiluminescence Roche Cobas e 411

EXCEL

REPORTS AFTER TREATMENT

Report Checked and Entered. [Signature]

M.D., D.M. (Endocrinology) M.D. (Pathology)

Fig 6: TSH Report. Date-15/07/16

REPORT

NAME: [Redacted] SAMPLE COLLECTED AT : [Redacted]
 REF. BY : [Redacted]
 TEST ASKED : TSH

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.53	µIU/ml	0.30 - 5.5

Comments : ***
 Please correlate with clinical conditions.
 Method :
 TSH - ULTRA SENSITIVE SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH
 1st Trimester : 0.10 - 2.50
 2nd Trimester : 0.20 - 3.00
 3rd Trimester : 0.30 - 3.00

Reference:
 Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum, Thyroid, 2011, 21; 1-46

-- End of report --

Sample Collected on (SCT) : 09 Aug 2016 09:25
 Sample Received on (SRT) : 10 Aug 2016 14:53
 Report Released on (RRT) : 10 Aug 2016 16:47
 Sample Type : SERUM
 Labcode : 100819092/MAH05
 Barcode : 72843447

D106426944 Page : 1 of 1

Fig 7: TSH Report, Date-10/08/16

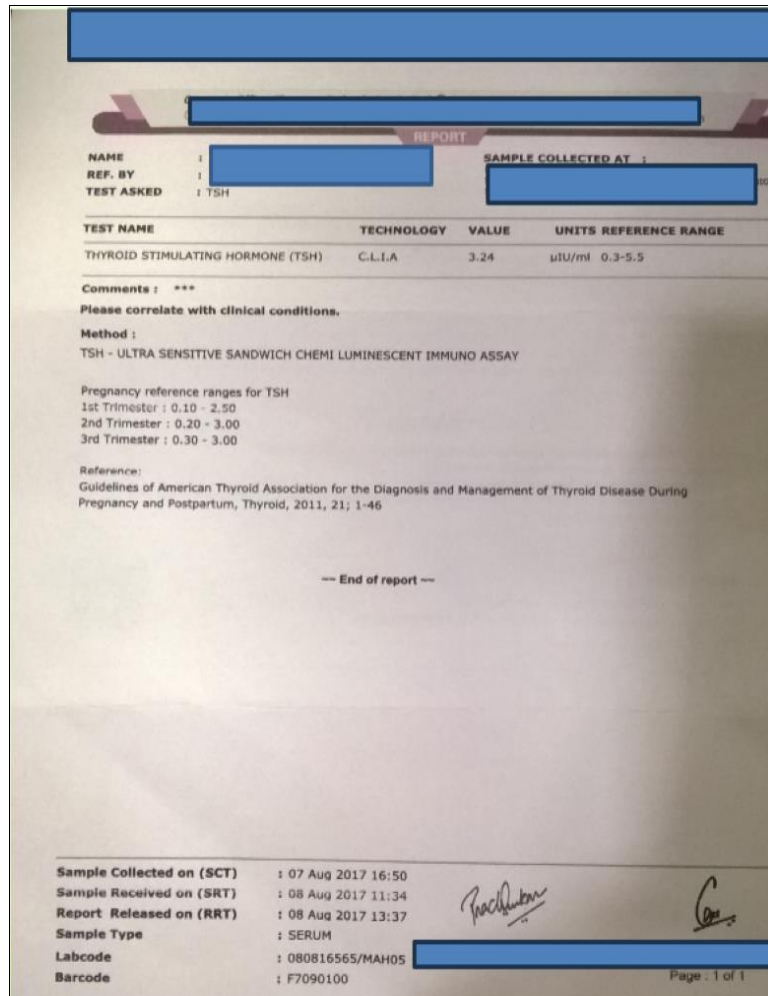


Fig 8: TSH Report, Date-07/10/17

Table 3: [MONARCH] Ceiteria

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+2		
3. Was there an initial aggravation of symptoms?		0	
4. Did the effect encompass more than the main symptom or condition [i.e., were other symptoms ultimately improved or changed]?	+2		
5. Did overall well-being improve?	+2		
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6B. 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?	+2		
7. 7. Did 'old symptoms' [defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved] reappear temporarily during the course of improvement?		0	
8. Are there alternate causes [other than the medicine] that -with a high probability -could have caused the improvement? [consider known course of disease, other forms of treatment, and other clinically relevant interventions]		0	
9. Was the health improvement confirmed by any objective evidence? [e.g. laboratory test, clinical observation etc.]	+2		
10. Did repeat dosing, if conducted, create similar clinical improvements?		0	

Score: +12

Results

The case report showed improvement in TSH levels under only homoeopathic treatment. On the first visit patient came with elevated TSH levels (fig. 4). The patient’s symptoms of acne, anxiety and sleeplessness were significantly improved and the TSH levels were also notably reduced (Figure 6, 7, 8).

Discussion

Homeopathy is a unique system of medicine that focuses on individualization rather than chiefly targeting the cause.

This approach is particularly useful in cases where the underlying cause cannot be eradicated such as Autoimmune Disease. In such cases, Homoeopathy offers a promising alternative, addressing both the symptoms and root cause of autoimmune diseases. In Homoeopathy, Nosodes can be used in such chronic or deep-seated diseases and they are mostly prescribed in higher potencies. In the Present case, the patient was suffering from a cyclic pattern of suppressed coryza leading to acne and suppressed acne resulting in coryza. The patient also faced mental separation due to marital issues and low confidence. Thus she finally landed

in development of Autoimmune Thyroiditis presenting in the form of alternate hypothyroidism and hyperthyroidism. The selection of medicine was done followed by proper case taking and correct totality which helped in individualizing the patient, followed by repertorization which assisted in selection of the most similar remedy. *Psorinum* was prescribed in medium potency i.e. 200 and not in higher potency, according to the susceptibility of the patient. As *Psorinum* has a great action on complaints arising due to suppression, it covers symptoms like respiratory complaints due to suppressed eruptions and also complaints like sleeplessness and suicidal tendency.

Conclusion

The patient's positive response to *Psorinum* 200 suggests that individualized Homoeopathic treatment can provide a complete cure for Autoimmune Thyroiditis and also improve quality of life. We can also conclude that there can be a difference between the therapeutic and clinical utility of Nosodes but we should always go with an individualized approach.

Acknowledgement

The Authors are thankful to the College authorities and Research and Innovation Committee. The authors would also like to thank Principal Dr. Shubhangi Sukumar Magdum. Teaching faculty Dr. Ashwin Kulkarni, Dr. Pradeep Patil, Senior Medical Officer Dr. Sagar Mane and Librarian Smt. Archana Mangave.

Conflict of interest

The Authors declared no conflict of interest.

Financial Support

Not available.

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How to Cite This Article

Atul HA, Abhijit KP, Dilip LS. The therapeutic potential of nosodes in autoimmune Thyroiditis: An evidence-based case report. International Journal of Homoeopathic Sciences. 2025;9(1):151-158.

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