



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2025; 9(1): 471-473
Received: 02-11-2024
Accepted: 10-12-2024
Publication Date: 04-02-2025

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Hypothyroidism and its homoeopathic management: A case report

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DOI: <https://doi.org/10.33545/26164485.2025.v9.i1.G.1392>

Abstract

Hypothyroidism is one of the most prevalent thyroid disorders affecting populations globally. In India, thyroid conditions rank as the second most common endocrine disorder, following diabetes mellitus. The condition is more frequent in females, with its risk increasing with age and a positive family history. The conventional allopathic approach to hypothyroidism typically involves lifelong thyroid hormone replacement therapy. Homoeopathy, however, offers a holistic and individualized treatment approach for hypothyroidism. This case report highlights the effective management of hypothyroidism in an 11-year-old boy, Aamir Sayed, who presented with swelling in the middle of the neck for four months and weight loss over six to seven months. Lycopodium, a homoeopathic remedy, was prescribed based on detailed individualized analysis, resulting in significant improvement.

Keywords: Homoeopathy, hypothyroidism, lycopodium 200C

Introduction

Hypothyroidism is characterized by an insufficient synthesis and release of thyroid hormones, which play a critical role in regulating metabolism. Iodine deficiency remains the leading cause of hypothyroidism globally. In iodine-sufficient areas, autoimmune conditions such as Hashimoto's thyroiditis and iatrogenic causes are predominant triggers^[1]. The prevalence of primary hypothyroidism is approximately 1 in 100, increasing to 5 in 100 when subclinical cases are included. Women are disproportionately affected, with a female-to-male ratio of 6:1^[2].

Hypothyroidism is classified into

Primary hypothyroidism, caused by inadequate thyroid hormone production.

Secondary hypothyroidism, resulting from insufficient stimulation of the thyroid gland by the pituitary.

Thyroid hormones, thyroxine (T4) and triiodothyronine (T3), are regulated by the pituitary gland through the secretion of TSH (thyroid-stimulating hormone). A drop in T3 and T4 levels prompts an increase in TSH, stimulating the thyroid to produce more hormones.

Diagnosis is primarily made through serum TSH evaluation. Additional tests, such as free T3, free T4, and thyroid antibody tests, help confirm the diagnosis or identify underlying causes. Imaging modalities like ultrasound may be employed to detect nodules or inflammation when necessary.

Case report

Patient Details

An 11-year-old boy was brought to the OPD by his mother on 2nd July 2020, presenting with a swelling in the middle of his neck for four months and noticeable weight loss over six to seven months.

Presenting Complaints

Swelling in the middle of the neck: First noticed four months prior, with an initial episode of pain while swallowing food and water that lasted for 4-5 days.

Weight loss: Observed over six to seven months. Current weight: 25 kg; height: 130 cm.

Negative History

No reported fatigue, hair loss, constipation, palpitations, vision problems, dizziness, dry skin, or behavioral concerns.

Past History

Occasional episodes of coryza, cough, and fever, treated with allopathic medications.

Family History

Father: Osteoarthritis following an injury.

Mother: Asthma.

Maternal grandfather: Deceased; history of diabetes mellitus (DM), hypertension (HTN), and coronary artery disease (CAD).

Paternal grandfather: Deceased; history of DM and chronic kidney disease (CKD).

Paternal grandmother: Chronic bronchitis.

Clinical Findings

Physical Generals

Appetite: Good, with easy satiety.

Thirst: Thirstless.

Desires: Spicy food

Thermals: Chilly patient.

Bowel movements: Regular.

Perspiration: Scanty and generalized.

Mental Generals:

Reserved and calm demeanor.

Fear of dark and ghosts.

Avoids mingling with outsiders.

Does not cry or share feelings openly.

Local Examination

Visible swelling in the right upper lobe of the thyroid.

Swelling moved with deglutition and was prominent upon neck extension.

Consistency: Soft with clear margins.

Investigations

TSH (2nd July 2020): 55.90 IU/ml.

Thyroid ultrasound revealed inflammation.



Fig 1: Before treatment

Management

Repertorial Analysis

Symptoms such as fear of dark, fear of ghosts, obstinacy, thirstlessness, easy satiety, desire for spicy food, and swelling of the neck were repertorized using the Synthesis Repertory via RADAR software. Lycopodium, Phosphorus, and Arsenicum were identified as potential remedies, with

Lycopodium being selected based on the patient’s constitution and thermal preference.

MIND	8 GENERALS - FOOD and DRINKS			
1 MIND - FEAR - dark; of	desire			
2 MIND - FEAR - ghosts, of	Remedies	ΣSym	ΣDeg	Symptoms
3 MIND - OBSTINATE	lyc.	8	16	1, 2, 3, 4, 5, 6, 7, 8
4 MIND - RESERVED	phos.	8	14	1, 2, 3, 4, 5, 6, 7, 8
EXTERNAL THROAT	ars.	8	13	1, 2, 3, 4, 5, 6, 7, 8
5 EXTERNAL THROAT - SWELLING	calc.	7	12	1, 2, 3, 4, 5, 7, 8
Thyroid gland	caust.	7	11	1, 2, 3, 4, 5, 6, 7
STOMACH	nat-m.	7	11	1, 2, 3, 4, 5, 6, 7
6 STOMACH - APPETITE -	sulph.	7	10	1, 2, 3, 4, 5, 6, 7
easy satiety	sil.	7	9	1, 3, 4, 5, 6, 7, 8
7 STOMACH - THIRSTLESS				
GENERALS				
8 GENERALS - FOOD and DRINKS				
desire				

Fig 2: 8 generals food and drinks

Treatment Plan

12th September 2020: Lycopodium 200 (1 dose OD) and placebo for 15 days.

Follow Up

Follow up date	Symptoms	Medicine, potency and doses
08/08/2020	Swelling not reduced	Placebo for 15 days
21/10/2020	Swelling slightly reduced TSH – 18.34 IU/ml (Fig 3)	Placebo for 1 month
20/12/2020	Swelling completely reduced TSH – 3.24 IU/ml	No medicine was given

TSH reduced to 18.34 IU/ml on 19th October 2020 and further to 3.24 IU/ml by December 20

Follow-Up Table

TSH Levels

2nd July 2020: 55.90 IU/ml

19th October 2020: 18.34 IU/ml

20th December 2020: 3.24 IU/ml



Fig 3: 1st Follow up (After treatment)

Conclusion

This case demonstrates the efficacy of individualized homoeopathic treatment in managing hypothyroidism. Lycopodium, prescribed based on a detailed case analysis, effectively resolved the patient’s symptoms and normalized thyroid function. Homoeopathy not only addresses the

symptoms but also targets the root cause, promoting long-term healing.

Declaration

Parental consent was obtained for the use of clinical data and images in this report.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Korabu AA, Mujawar MS. Hypothyroidism and its homoeopathic management: A case report. International Journal of Homoeopathic Sciences. 2025;9(1):471-473.

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