International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2025; 9(1): 824-829
Received: 26-12-2024
Accepted: 06-02-2025

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Primary hypothyroidism and it's homoeopathic management

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DOI: https://www.doi.org/10.33545/26164485.2025.v9.i1.L.1442

Abstract

Introduction: Primary Hypothyroidism is an endocrine disorder resulting from inadequate secretion of thyroid hormones by the butterfly shaped gland. It is common among women and a leading cause of menstrual abnormalities in all age group, thereby affecting reproductive functions in females. In this article we discuss about the dysfunction of the thyroid gland, diagnosis and its treatment achieved by homoeopathy.

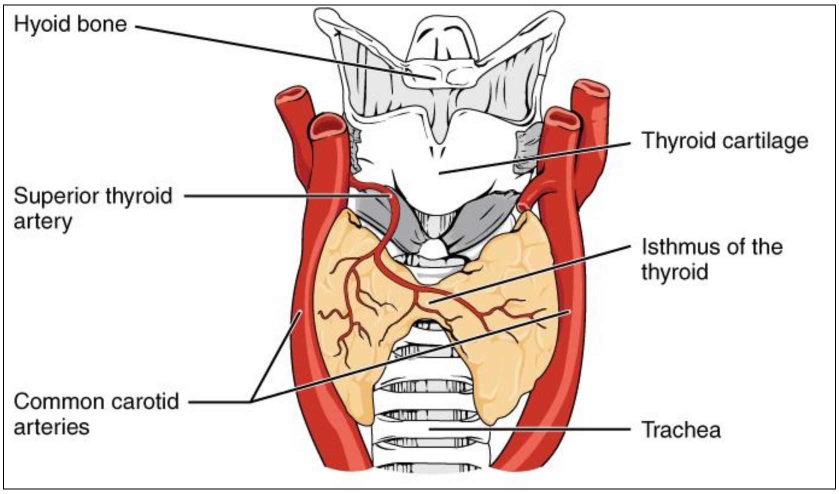
Case summary: A 35 yrs old female patient presented with menstrual abnormalities along with symptoms of hypothyroidism. Based on TOS the patient is prescribed and eventually treated by CALCAREA CARBONICA 200. A 42years old male presented with swelling in front of the neck along with other symptoms of hypothyroidism. Based on TOS the patient is directed to use MERCURIUS SOLUBULIS200. A 45years old lady presented with facial puffiness and has a history of swelling in neck. Based on TOS she is advised to have SILICEA200.

Keywords: Endocrine disorder, thyroid gland dysfunction, homoeopathy, primary hypothyroidism, thyroid stimulating hormone

Introduction

The thyroid is an endocrine gland in vertebrates. In humans, it is a butterfly shaped gland located in the neck below the Adam's apple. It consists of two connected lobes. The lower two thirds of the lobes are connected by a thin band of tissue called the isthmus.

Microscopically, the functional unit of the thyroid gland is the spherical thyroid follicle, lined with follicular cells[thyrocytes] and occasional parafollicular cells that surround a lumen containing colloid.



Physiology of thyroid gland

It is responsible for formation and secretion of thyroid hormones as well as iodine homeostasis within the human body. The thyroid produces approximately 90% inactivate thyroid hormone, or thyroxine [T_4], and 10% active thyroid hormone, or triiodothyronine [T_3]. Parafollicular cells or C cells are responsible for the production and secretion of calcitonin.

T_3 increases metabolic rate and protein synthesis by affecting many organs and tissues of the body.
Calcitonin opposes parathyroid hormone to decrease blood calcium levels and maintain calcium homoeostasis.

Hypothyroidism
Hypothyroidism is the common clinical condition of thyroid hormone deficiency.
Overt primary hypothyroidism is defined as elevated thyroid stimulating hormone (TSH) concentration in combination with free thyroxine
Subclinical hypothyroidism commonly considered an early sign of thyroid failure, is defined by elevated TSH concentration but fT4 concentrations within the reference range.
Hypothyroidism is classified as, primary, central or peripheral based on pathology in the thyroid, the pituitary or hypothalamus or peripheral tissue respectively.

Epidemiology
Acquired primary hypothyroidism is the most prevalent form and can be caused by severe iodine deficiency (because the synthesis of thyroid hormone requires trace element of iodine) but is more frequently caused by chronic autoimmune thyroiditis (Hashimoto thyroiditis) in iodine replete areas.
Other less causes include congenital, drug related, iatrogenic and infiltrative diseases. Its occurrence is dependent on genetic, inherent and environmental factors. The risk is tenfold higher in women than in men.
TPO antibody concentration are lower in smokers than in nonsmokers. Furthermore, TSH levels are lower in current smokers than in former smokers than in never smokers. Smoking initiation results in a significant decrease in serum TSH levels after 1 yr in men.
Obesity is associated with higher serum TSH levels in adults and children. Children born small for gestational age have high serum TSH levels than children born appropriate for gestational age and often diagnosed with subclinical hypothyroidism. Environmental factors have been implicated in hypothyroidism and Hashimoto include vitamin D, selenium deficiency, moderate alcohol intake.

Etiology
- Primary: thyroid failure
- Secondary: pituitary TSH deficit [hypopituitarism due to pituitary adenoma, apoplexy, infiltrative disease-sarcoidosis]
- Tertiary: hypothalamic deficiency of TRH
- Peripheral resistance to the action of thyroid hormone.

Pathophysiology

Thyroid gland needs iodine to secrete thyroid hormone
↓
Production of thyroid depends upon the TSH, iodine intake and also protein intake
↓
Enlargement of thyroid gland results goitre from increased secretion of TSH from pituitary gland
↓
TSH stimulates the thyroid to secrete more level of T4
↓
The thyroid gland will get large and compress the neck and chest
↓
Causes respiratory manifestations

Clinical manifestation
Early symptoms
- Extreme fatigue
- Hair loss
- Brittle nails
- Dry skin
- Numbness and tingling of the fingers
- Voice may become husky
- Loss of libido
- Menorrhoea

Severe
- Abdominal temperature
- Gain weight
- Skin thickening (acanthosis nigricans)
- Hair thins and falls out
- Constipation
- Deafness

Advanced
- Personality and cognitive change
- Pleural effusion
- Pericardial effusion
- Respiratory muscle weakness
- Sleep apnoea

Diagnostic evaluation
- History collection
- Physical examination
- To check low T3 and T4 level
- Elevated TSH levels in primary hypothyroidism
- Elevation of serum cholesterol
- ABG analysis
- Electro cardiogram

Complication
- Coma

- Hypoventilation
- Hypothermia
- Cerebral ataxia

Laboratory investigation
Primary tests
- Thyroid stimulating hormone [TSH]: elevated TSH levels indicate primary hypothyroidism
- Free thyroxine [FT_4]: low FT_4 levels confirm hypothyroidism
- Free triiodothyronine [FT_3]: low FT_3 levels may also be present.

Secondary tests
- Thyroid peroxidase antibodies [TPOAb]: positive TPOAb indicates autoimmune thyroiditis.
- Thyroglobulin antibodies [TgAb]: positive TgAb may indicate autoimmune thyroiditis
- Thyroid ultrasound: to evaluate thyroid gland size, shape and echotexture.

Specialized tests
- Thyroid function test [TFTs]: to evaluate thyroid hormone levels and TSH
- Thyroid receptor antibodies: to diagnose grave's disease or other thyroid disorders.
- Thyroid biopsy: to evaluate thyroid tissue ad diagnose thyroid cancer

Examination of hypothyroid patient
Build and nutrition
- In hypothyroidism, the patient is obese and overweight

Facies
- In hypothyroidism, one can see puffy face without any expression (mask like face)

Mental state and intelligence
- Hypothyroid patients are naturally dull with low intelligence.

Pulse
- Bradycardia

Skin
- Skin is dry and inelastic in myxoedema

Local examination
Inspection
Pizzillo's method
In which the hands are placed behind and the patient is asked to push her head backwards against her clasped hands on the occiput. The swelling may be uniform involving the whole of the thyroid gland (physiological goitre, colloid goitre) or isolated nodules of different sizes (nodular goitre).
PALPATION

Lahey's Method
In this case the examiner stands in front of the patient. To palpate the left lobe properly, the thyroid gland is pushed to the left from right side by the left hand of the examiner. This makes the left lobe more prominent so that the examiner can palpate it thoroughly with his right hand.

Crile's Method
During palpation the patient should be asked to swallow in in order to settle the diagnosis. Enlargement of the thyroid gland or presence of nodules in its substance can be appreciated by simply placing the thumb on the thyroid gland while the patient swallows.

Kochers Test
Gentle compression on lateral lobes may produce stridor. This is due to narrow trachea. This test is positive in multinodular goitre.

Percussion
This is employed over the manubrium sternum to exclude the presence of a retrosternal goitre.

Auscultation
In primary toxic goitre a systolic bruit may be heard over the goitre due to increased goitre.

Repertory
BBCR
- **External Throat** (neck and external throat) - glands-goitre
- **External Throat** (neck and external throat)- thyroid gland (goitre)

BTPB
- External throat and neck - thyroid gland

KENT
- Throat - external throat - goitre

Boericke
- Generalities - thyroid (goitre)
- Generalities - Myxoedema

Concise repertory
- Myxoedema
- Goitre

Homoeopathic management
Baryta IOD
when the inflammation of thyroid is accompanied with inflammation of tonsils.

Belladonna
Extreme thyroid toxaemia and anaemia due to mal-functioning of the thyroid gland and abnormal protrusion of eyeballs and increased heart action.

Calcarea carb
Increase of fat in the abdomen. The patient is fat, flabby, fair coloured and perspires easily. Thyroid dysfunction. Sweating on palms and soles.

Calcarea fluor
Stony hardness of the inflamed glands.

Calcarea IOD
Thyroid enlargement, about the time of puberty.

Cistus canadensis
Inflammation, swelling and suppuration of the gland.

IODUM
Inflammation and enlargement of the gland.

Kali carb
Pain in small spots on left side hypothyroidism

Kalium IOD
Inflamed hard gland with swelling. It also protects the thyroid gland in case of radiation.
Tendency to thyroid diseases. Repeat once a week

Sepia
Low thyroid hormones with low blood pressure and tired feeling.

Thyriodinum
Thyroid produces anaemia, emaciation, muscular weakness, sweating headache, nervus tremor of face and limbs, tingling sensations, paralysis. Heartrate increased, exophthalmus and dilatation of pupils.in myxoedema and cretinism its effects are striking. Thyroid exercises a general regulating influence over the mechanism of the organs of nutrition, growth and development. Thyroid weakness causes craving for sweets.

Fucus vesiculosis
Help with weight gain, fatigue, and dry skin associated with hypothyroidism. A remedy for obesity, nontoxic goitre, exophthalmic, helps in stimulating the production of thyroid hormones.

Natrum muriaticum
Great debility, most weakness felt in the morning. Emaciation most notable in neck. Hyperthyroidism. Goitre. Addison's disease.

Phytolacca decandra
Used for people with hypothyroidism who experience neck pain, tender nodules. Helps to reduce inflammation in the thyroid gland and regulate metabolism.

Bromium
Helps in reducing the size of enlarged thyroid gland. Heat intolerance. Remedy for treating goitre with hypothyroidism.
Sensation of constriction in throat.

General management
1. **Healthy diet:** balanced, low-sodium, and rich in:
- Iodine [fish, milk, yogurt, cheese]
- Selenium [sunflower seeds]
- Zinc [legumes, lentils, poultry, beans]
- Iron [bajra, drumstick leaves, dates, pomegranate]
2. **Regular exercise:** walking, yoga, or other low-impact activities
3. **Stress management:** meditation, deep breathing, or counselling
4. **Adequate sleep:** 7-8 hours/night
5. **Limit goitrogenic foods:** broccoli, cauliflower, brussels sprouts
6. limit food items rich in sugar.

Case presentation
Case no: 1
A 35 yrs old female patient presents with a 6-month history of fatigue, weight gain, and dry skin. The patient reports that her symptoms started 6 months ago, with gradual onset of fatigue, weight gain, and dry skin. She also reports experiencing hair loss, cold intolerance. The patient denies any history of thyroid surgery, radiation therapy, or thyroid disease. She got menses 5 months ago. She has no other complaints. She is not under any medication.

Family history
- Mother has hypothyroidism
- Father has hypertension

General Examination
Her appetite is increased, and she craves for fried foods. Other generals are normal. She gets confused often.

Physical examination
- Blood pressure: 140/90 mmHg
- Pulse: 60 bpm
- Weight: 65 kg
- Height: 155 cm
- Body mass index (BMI): 26.5
- Thyroid gland: non-tender, not-enlarged
- Skin: dry, rough
- Hair: brittle, thinning

Laboratory results
- Thyroid-stimulating hormone (TSH): 7.2 mu/L

Diagnosis
Primary hypothyroidism

Totality of symptoms
Fatigue
Weight gain
Dry skin
Hair loss
Cold intolerance
Appetite increased
Craves fried food
Confused

Potency and dosage
Based on patient susceptibility and seat of disease

Prescription
R_X
CALCAREA CARBONICA 200/1 drachm/ 4-4-4/oral/BF
INVESTIGATION:
TSH level: 7 mu/L
TSH level: 5 mu/L

Repertorisation															
Physician Name: Dr. C. Rajalakshmi															
Remedy	**Calc**	**Graph**	**Lyc**	**Sil**	**Sulph**	**Kali-c**	**Sep**	**Phos**	**Chin**	**Ferr**	**Ars**	**Nat-m**	**Lach**	**Merc**	**Petr**
Totality	**20**	**19**	**18**	**18**	**18**	**17**	**17**	**17**	**16**	**16**	**16**	**16**	**15**	**15**	**15**
Symptoms Covered	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**6**	**7**	**7**	**6**	**6**	**7**	**7**	**6**
[Kent] [Generalities] Weakness, enervation (see lassitude, weariness):	3	3	2	3	3	3	3	3	3	3	3	3	3	3	2
[Kent] [Generalities]Obesity:	3	3	2	1	2	2	1	0	1	3	0	0	1	1	0
[Kent] [Skin]Dry:	3	2	3	3	3	3	2	3	3	2	3	2	2	2	3
[Kent] [Head] Hair: Falling:	2	3	3	3	3	3	3	3	1	2	2	3	3	2	2
[Kent] [Generalities] Cold: In general agg:	3	3	3	3	2	3	3	3	3	2	3	2	1	2	2
[Kent] [Stomach]Appetite: Increased (hunger in general):	3	3	3	2	3	1	2	3	3	2	3	3	2	2	3
[Kent] [Stomach] Desires: Fried food:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Mind]Confusion of mind (see Concentration):	3	2	2	3	2	2	3	2	2	2	2	3	3	3	3

Case No: 2
A 42 yrs old male presents with a 3-month history of weight gain, and difficulty concentrating. He is presented with a complaint of swelling in the neck which is painful during swallowing. The patient reports that his symptoms started 3 months ago, with gradual onset of weight gain, and difficulty concentrating. He also reports experiencing cold intolerance. The patient denies any history of thyroid surgery, radiation therapy, or thyroid disease. He is hypertensive for which he is taking lisinopril since 2yrs.

Family history
- Father has hypertension
- Mother has diabetes mellitus

General examination
He has reduced appetite for 2 days. He smokes on & off. Prefers to eat spicy food. Other generals are normal. He feels dull on rising in the morning.

Physical examination
- Blood pressure: 150/100 mmHg
- Pulse: 54 bpm
- Weight: 80 kg
- Height: 170 cm
- Body mass index (BMI): 28
- Thyroid gland: non-tender, non-enlarged
- Skin: rough
- Hair: brittle, thinning

Laboratory Results
- Thyroid-stimulating hormone (TSH): 7.08 mu/L

Diagnosis
Primary hypothyroidism

Totality of symptoms
weight gain
difficulty in concentrating
swelling in the neck
< swallowing
Intolerance to cold
Hypertensive
Appetite reduced
Desires spicy food
Dullness on rising

Potency and dosage
Based on patient susceptibility and seat of disease.
Prescription
Rx
Mercurius Solubulis 200/4 dose/weekly once/ oral/BF
RUBRUM1/2drachm/ 4-4-4/oral/ AF

Lab Investigation
TSH level: 7.08 mu/L
TSH level: 5 mu/L

Repertorisation															
Physician Name: Dr. C. RAJALAKSHMI															
Remedy	**Merc**	**Bell**	**Puls**	**Sulph**	**Sep**	**Rhus-t**	**Petr**	**Phos**	**Lach**	**Lyc**	**Sil**	**Bry**	**Calc**	**Nux-v**	**Caust**
Totality	**21**	**20**	**20**	**20**	**19**	**18**	**18**	**17**	**16**	**16**	**16**	**16**	**16**	**16**	**15**
Symptoms Covered	**7**	**7**	**7**	**7**	**6**	**7**	**5**	**7**	**7**	**7**	**7**	**6**	**6**	**6**	**7**
[Boenning] [Mind]Concentration,:Difficult:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Boenning] [Sensation and complaints in general]Obesity, corpulency etc.:	2	2	3	3	2	1	0	1	1	3	2	1	4	0	1
[Boenning] [Neck and External throat]Swelling:	1	4	1	1	0	3	0	3	3	3	1	0	2	1	3
[Boenning] [Aggravation and Amelioration]Swallowing:Agg.:	3	2	3	2	3	3	3	3	2	2	1	4	2	3	1
[Boenning] [Chill]Chilliness:In general, lack of vital heat:	3	2	4	3	4	1	4	3	2	2	3	3	0	2	3
[Boenning] [Circulation]Ebullitions, surging or rushes of blood, flashings, orgasms, etc.:	4	4	2	3	3	3	4	2	4	1	2	1	1	2	4
[Boenning] [Appetite]Appetite:Want of:	4	3	4	4	3	3	3	2	3	3	3	4	3	4	1
[Boenning] [Mind]Dullness, mental, obtuseness:	4	3	3	4	4	4	4	3	1	2	4	3	4	4	2

Case No: 3
A 45years old female patient complaints of facial puffiness since1 month. She has a history of swelling in front of neck for 2 months, myalgia and hoarseness of voice. She also complaints of tiredness and pain in cheeks. She denies history of DM, HTN. Her appetite is reduced due to pain while swallowing.

Family history
Father is hypertensive since 5yrs
Mother is diabetic since 3 yrs

Generals
Appetite is reduced due to pain while swallowing. Increased perspiration in face since1 month.

Physical examination
- Blood pressure: 130/90 mmHg
- Pulse: 54 bpm
- Weight: 70 kg
- Height: 159 cm
- Thyroid gland: tender, enlarged
- Skin: rough
- Hair: brittle, thinning

Laboratory Results
- Thyroid-stimulating hormone (TSH): 8.08 Mu/L

Diagnosis
Primary hypothyroidism

Totality of symptoms
Puffiness of face
Swelling in front of neck
Myalgia
Hoarseness of voice
Tiredness
Pain in cheek
Pain while swallowing.

Potency and dosage
Based on patient susceptibility and seat of disease

Prescription
Rx
SILICEA 200/1drachm/7days/4-4-4/oral/BF
BLANK TABLET/21 tablets/7days/1-1-1/oral/AF

Lab investigation
TSH level: 7.8 mu/L
TSH level: 5.2 mu/L

Repertorisation Sheet - Zomeo Ultimate Pro LAN															
Physician Name: Dr. C. RAJALAKSHMI															
Remedy	**Calc**	**Merc**	**Sulph**	**Bry**	**Nat-c**	**Sil**	**Kali-c**	**Lach**	**Lyc**	**Nat-m**	**Nux-v**	**Staph**	**Bell**	**Thuj**	**Hep**
Totality	**24**	**24**	**24**	**23**	**23**	**23**	**23**	**23**	**23**	**23**	**22**	**22**	**22**	**22**	**21**
Symptoms Covered	**7**	**7**	**7**	**7**	**7**	**7**	**6**	**6**	**6**	**6**	**7**	**7**	**6**	**6**	**7**
[Complete] [Face]Swelling:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Neck]Swelling:Thyroid gland:	4	3	3	1	4	3	3	3	4	4	1	3	3	4	3
[Complete] [Extremities]Pain:Muscles:	1	1	1	3	1	1	0	0	0	0	1	1	0	0	1
[Complete] [Speech & Voice] Hoarseness:	4	4	4	4	3	4	4	4	3	4	4	4	4	3	4
[Complete] [Generalities] Weakness:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Face]Pain: Cheek bones:	3	4	4	3	4	3	4	4	4	4	4	3	3	4	1
[Complete] [Throat]Pain: Swallowing: Agg.:	4	4	4	4	3	4	4	4	4	3	4	3	4	3	4

Conflict of Interest
Not available

Financial Support
Not available

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How to Cite This Article
Rajalakshmi C, Akila D. Primary hypothyroidism and it's homoeopathic management. International Journal of Homoeopathic Sciences. 2025;9(1):824-829.