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## Homoeopathic intervention in subclinical hypothyroidism: A patient-centered approach

**Vishnu Priya PS, Sathish Kumar V, AS Suman Sankar and Nabila Begum A**

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### Abstract

Subclinical hypothyroidism is a condition characterized by elevated serum thyroid-stimulating hormone (TSH) levels with normal free thyroxine (FT4) concentrations. It is commonly seen in women over the age of 55 but can also affect younger individuals. The most frequent cause is autoimmune thyroiditis, and the condition may progress to overt hypothyroidism, particularly in patients with positive thyroid autoantibodies and higher TSH levels. Symptoms may be mild or absent, but younger patients (<65 years) may have an increased risk of cardiovascular conditions such as coronary artery disease and heart failure. This case study presents a 34-year-old female patient with a known history of hypothyroidism for two years, experiencing persistent symptoms including irregular menstruation, hair fall, lumbar pain, and migraine, despite being on allopathic treatment. Due to lack of significant improvement, she sought homoeopathic treatment on 28/02/2023. Following individualized constitutional homoeopathic therapy, her TSH levels decreased markedly from 18.83 mIU/L (07/01/2023) to 5.85 mIU/L (15/04/2023), along with symptomatic improvement. This case illustrates the potential of homoeopathic medicine in effectively managing subclinical hypothyroidism and associated symptoms where conventional treatment shows limited results. Nonetheless, being a single case, it underlines the importance of further studies to substantiate these findings and explore the broader applicability of homoeopathic approaches in thyroid disorders.

**Keywords:** Case report, constitutional medicine, hypothyroidism, homoeopathic repertorization, synthesis repertory

### Introduction

Subclinical Hypothyroidism (SCH) is defined as a state of mild thyroid failure characterized by elevated serum Thyroid-Stimulating Hormone (TSH) levels with normal Free Thyroxine (FT4) concentrations. Unlike overt hypothyroidism, SCH is typically asymptomatic or presents with subtle, non-specific symptoms, making it a diagnostic challenge in routine clinical practice. Despite its "subclinical" nature, SCH has gained attention due to its potential implications for cardiovascular health, cognitive function, fertility, and progression to overt hypothyroidism. The prevalence of subclinical hypothyroidism varies widely depending on the population studied, age, gender, and iodine status. Global estimates suggest a prevalence ranging between 4% and 10% in the general population, with significantly higher rates in women and older adults <sup>[1]</sup>. In India, for example, a landmark multicentric study reported a prevalence of 8.02%, with a higher frequency in females (8.73%) than males (7.17%) <sup>[2]</sup>. Other regional studies in India, such as those from Cochin and Northern India, have indicated prevalence rates as high as 9.4% and 10.25% respectively <sup>[3]</sup>. Furthermore, SCH is often associated with autoimmune thyroiditis, as indicated by the presence of anti-thyroid peroxidase (anti-TPO) antibodies. These individuals are at greater risk of progression to overt hypothyroidism, particularly those with higher baseline TSH levels and positive thyroid autoantibodies <sup>[4]</sup>. Given its widespread prevalence and potential long-term health impacts, timely recognition and appropriate management of subclinical hypothyroidism remain key areas of clinical and public health interest.

### Case presentation

A 34-year-old female presents with a chronic history of hypothyroidism, diagnosed two years ago, for which she has been undergoing allopathic treatment with Thyronorm 25 mg daily. Despite consistent adherence to the prescribed regimen, she reports minimal to no

significant improvement in her overall condition. Over the course of her treatment, she began to experience additional health concerns, most notably irregular menstrual cycles characterized by delayed periods occurring once every two months, often accompanied by the passage of clots. Alongside these gynecological symptoms, she developed noticeable and progressive hair fall, which she associates with the commencement of her thyroid medication. Furthermore, she complains of persistent pain localized in the lumbar region and recurrent episodes of migraine, which have been affecting her daily functioning and quality of life. Dissatisfied with the outcome of conventional therapy and seeking a more holistic approach to her health issues, the patient presented for homoeopathic evaluation and treatment on 28th February 2023.

### Life space investigation

#### Childhood history

The patient was born into a moderately well-off family and is the only daughter among three siblings. Being the only girl, she received abundant love and attention, particularly from her father, to whom she was deeply attached. Her father fulfilled all her wishes and was emotionally closer to her than to her brothers. Approximately 15 years ago, following her school education, her father passed away suddenly in a tragic accident. The emotional impact of this event was profound; upon seeing her father's body brought home, she experienced an episode of unconsciousness

accompanied by tremors and was subsequently hospitalized. This traumatic incident has left a lasting emotional impression on her, and she continues to be affected by it to this day.

#### Marital history

During her college years, the patient entered into a romantic relationship which eventually led to marriage. However, post-marriage, she frequently experiences anger towards her husband, especially when he fails to fulfil her wishes or purchase desired items. These unmet expectations often result in episodes of tension and verbal outbursts. Within the first year of marriage, she became pregnant but unfortunately suffered a miscarriage at two months of gestation, which caused her significant emotional distress. For the following two years, the couple struggled with infertility and underwent treatment, ultimately resulting in the successful conception and birth of a child.

#### Personal traits and psychological profile

The patient is highly sensitive to external stimuli and emotional experiences. She exhibits a tendency to overthink and ruminate on past events, particularly when alone, often leading to episodes of weeping. She also reports specific fears, especially of snakes and accidents. Personality-wise, she is fastidious, with a strong preference for order and neatness, and becomes disturbed when things are not in their proper place.

### Intervention

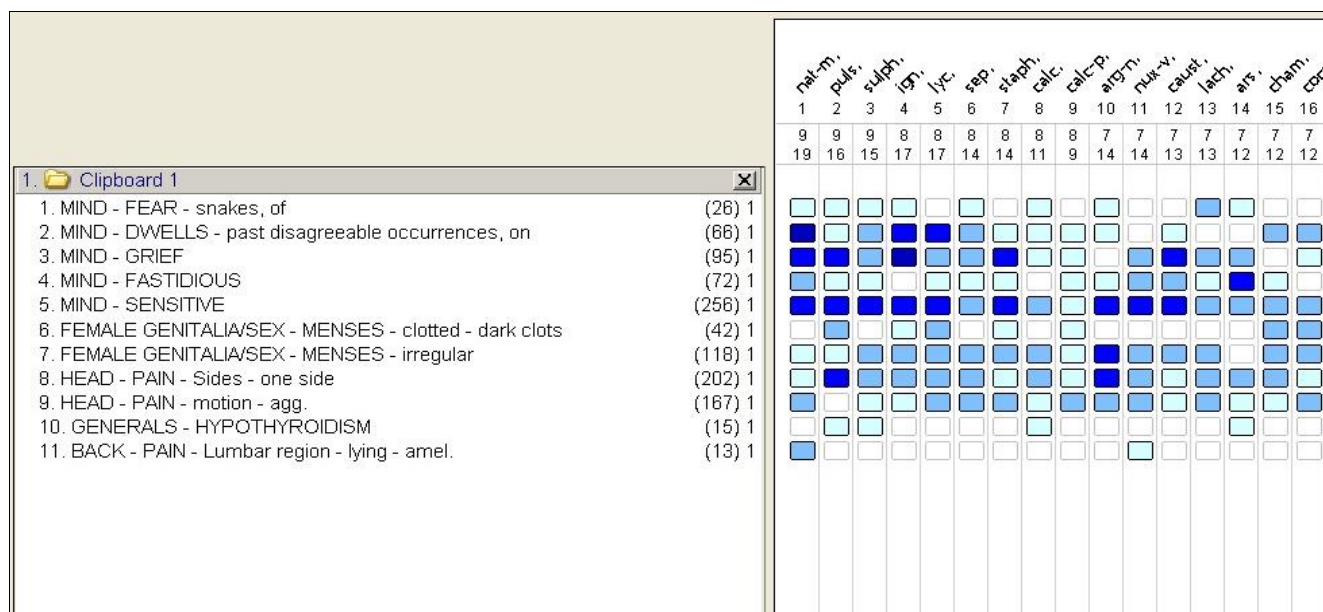


Fig 1: Repertorial chart (Synthesis repertory 9.1)

**Selection of remedy and potency:** The remedy selected was NATRUM MURIATICUM with further reference to Materia Medica and the potency selected was 200 based upon the susceptibility of the patient.

**Justification:** Natrium muriaticum is a deep acting homoeopathic remedy which has a marked action on the thyroid gland. It is one of the remedies adopted by Schussler from Homoeopathy. Its action is on the skin, alimentary tract, blood, lymphatic system and thyroid gland. It is well indicated in hyperthyroidism, hypothyroidism, goitre,

Addison's disease. Its sphere of action is also on the mind so it is a good constitutional remedy which can be indicated if it matches the totality. Natrium muriaticum can stimulate the thyroid gland and reverse the dysfunction of the thyroid gland when the symptoms match. Since, homoeopathy works not only on the particular system but acts on the body as a whole, so, overall wellbeing of the patient is improved by choosing the accurate constitutional medicine [5].

Detailed case-taking was done according to homoeopathic philosophy in a standardized case record format used in SKHMCH. After proper repertorial analysis of the case,

Natrum muriaticum 200C weekly dose was prescribed along with a placebo for 2 weeks. Follow up assessment was done once in two weeks. The analysis is done based on the

laboratory evaluation of TSH, T3 and T4 levels & symptomatic relief of the patient.

## Results/observation

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(24x7) OPEN

Name: 34 Yrs / Female  
AGE/SEX: 34 Yrs / Female  
REFERRED BY: Dr. SATHISH KUMAR M.D.  
REF. CENTRE: NANDHINI HOMEO CLINIC  
CONTACT NO.: 9444421840  
SAMPLES: SERUM

REG LAB NO: 21080010 / 40428  
DATE OF COLLECTION: 07-01-2023 at 07:59 AM  
DATE OF REPORT: 07-01-2023 at 04:44 PM

BILL NO: 035971  
REF. NO: OP / KLM - 208  
BARCODE: [Barcode]

TEST PARAMETER	RESULT	REFERENCE RANGE
<b>THYROID FUNCTION TEST (T3, T4, TSH)</b>		
TOTAL TRIIODOTHYRONINE (T3)	79.26 NG/DL	35 - 193 NG/DL
TOTAL THYROXINE (T4)	4.10 UG / DL	4.87 - 11.72 UG / DL
THYROID STIMULATING HORMONE (TSH)	18.83 mIU/L	0.35 - 4.94 mIU/L

**SUMMARY:**  
TSH is a hormone that acts as a messenger to the thyroid gland. When released by the pituitary gland - a small gland at the base of the brain - TSH stimulates the thyroid to produce more thyroid hormone.  
A high TSH suggests your thyroid is underactive (hypothyroidism) and not doing its job of producing enough thyroid hormone.  
A low TSH suggests your thyroid is overactive (hyperthyroidism) and producing excess thyroid hormone.

**ANTI THYROGLOBULIN ANTIBODY TEST**  
ANTI THYROGLOBULIN ANTIBODY: 56.45 IU / ML  
SPECIAL CONDITION: < 4.11 : NEGATIVE, 4.11 TO 10 : BORDERLINE POSITIVE, > 10 : POSITIVE

NOTES: A negative test results a normal result. It means no antibodies to thyroglobulin are found in your blood. A positive test means antithyroglobulin antibodies are found in your blood. They may be present with:  
1. GRAVES DISEASE or OVERACTIVE THYROID. 2. HASHIMOTO THYROIDITIS. 3. SUBACUTE THYROIDITIS. 4. UNDERACTIVE THYROID. 5. SYSTEMIC LUPUS ERYTHEMATOSUS. 6. TYPE 1 DIABETES.

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Fig 2: Before report TSH - 18.83 mIU/L

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Name: 34 Yrs / Female  
AGE/SEX: 34 Yrs / Female  
REFERRED BY: SELF  
REF. CENTRE: 9444421840  
SAMPLES: SERUM

REG LAB NO: 21080010 / 45206  
DATE OF COLLECTION: 15-04-2023 at 08:05 AM  
DATE OF REPORT: 15-04-2023 at 12:11 PM  
BILL NO: 040750  
REF. NO: OP / KLM - 3551  
BARCODE: [Barcode]

TEST PARAMETER	RESULT	REFERENCE RANGE
<b>THYROID FUNCTION TEST (T3, T4, TSH)</b>		
TOTAL TRIIODOTHYRONINE (T3)	96.32 NG/DL	35 - 193 NG/DL
TOTAL THYROXINE (T4)	7.60 UG / DL	4.87 - 11.72 UG / DL
THYROID STIMULATING HORMONE (TSH)	5.85 mIU/L	0.35 - 4.94 mIU/L

**SUMMARY:**  
TSH is a hormone that acts as a messenger to the thyroid gland. When released by the pituitary gland - a small gland at the base of the brain - TSH stimulates the thyroid to produce more thyroid hormone.  
A high TSH suggests your thyroid is underactive (hypothyroidism) and not doing its job of producing enough thyroid hormone.  
A low TSH suggests your thyroid is overactive (hyperthyroidism) and producing excess thyroid hormone.

\*\*\*\* End of Report \*\*\*\*  
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Fig 3: After report TSH - 5.85 mIU/L

## Discussion

Subclinical hypothyroidism, though often clinically silent, can predispose individuals to significant metabolic and cardiovascular risks if left unaddressed [6]. Conventional management primarily involves levothyroxine supplementation, yet it may not always cater to the holistic needs of the patient or reverse underlying disturbances [7]. Homoeopathy, based on the principles of individualization and holistic treatment, offers an alternative therapeutic approach. The current case emphasizes the importance of a detailed life-space investigation and constitutional analysis in remedy selection. The patient's characteristic symptoms, such as suppressed grief, fastidiousness, fear of accidents, and brooding over past events, led to the selection of *Natrum muriaticum*, a remedy known for its deep-acting influence on psychosomatic and endocrine imbalances [8]. Clinical research in homoeopathy has shown that individualized homoeopathic treatment can regulate hormonal imbalances effectively. For instance, Sharma *et al.* reported successful management of subclinical thyroid dysfunction through individualized prescriptions, demonstrating significant improvements in TSH levels. Similarly, a study by Patel *et al.* highlighted the effectiveness of *Natrum muriaticum* and other constitutional remedies in cases of hypothyroidism, with consistent clinical improvements [9]. The remarkable reduction of TSH from 18.83 mIU/L to 5.85 mIU/L within three months in this case supports the notion that homoeopathic remedies,

when appropriately selected, can stimulate self-regulation of endocrine functions. Moreover, symptomatic improvements, such as regularization of menses and reduction in hair fall, further validate the holistic benefit of the therapy.

Although promising, the findings from a single case study must be interpreted cautiously. Controlled trials and long-term follow-up studies are necessary to confirm the role of homoeopathy in endocrine disorders like subclinical hypothyroidism.

## Conclusion

This case report illustrates that individualized constitutional homoeopathic treatment, grounded in a detailed case analysis and supported by repertorisation, can bring about significant clinical and biochemical improvement in subclinical hypothyroidism. *Natrum muriaticum*, selected on the basis of totality of symptoms, facilitated a marked reduction in TSH levels and overall symptom amelioration without the use of conventional thyroid hormone replacement. While the findings are promising, further studies involving larger sample sizes and controlled methodologies are warranted to substantiate the role of homoeopathy in the management of subclinical hypothyroidism and to explore its long-term benefits and limitations.

## Acknowledgement

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I also wish to express my heartfelt thanks to the patient for her cooperation, trust, and willingness to share her experiences, which made this case documentation possible. Lastly, I am grateful to all those who contributed, directly or indirectly, to the successful completion of this study.

**Conflicts of interest:** NIL.

**Ethical issues:** NIL.

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