Case report on hashimoto’s thyroiditis and homoeopathy

Dr. Krishneswari RS, Dr. Vishnupriya SV, Dr. Neelima and Dr. KC Muraleedharan

Abstract

Autoimmune thyroiditis accounts for the most of the Hypothyroidism nowadays and Hashimoto’s thyroiditis is most common. In patients with Hashimoto’s thyroiditis there will be increase in thyroid specific antibodies. There is only lifelong replacement therapy in conventional medicine. A case reported in the Endocrinology OPD of National Homoeopathy Research Institute in Mental Health, Kottayam with raised levels of thyroid antibodies shows reduction in antibody levels after administration of Homoeopathic medicine. This shows that individualised Homoeopathy is effective in controlling the antibody level in Hashimoto’s thyroiditis. More systematic study should be carried out for the generalization of the result.

Keywords: Hashimoto’s thyroiditis, anti thyroglobulin, anti thyroid peroxidise, homoeopathy

Introduction

Auto immune Thyroiditis is the most common cause of hypothyroidism nowadays. Hashimoto’s thyroiditis is the first auto immune disease to be found out. The thyroid gland is infiltrated with lymphoid tissue and usually produces a uniform, firm enlargement of the thyroid with evidence of hypothryoidism. Disease increases with age. T4 is normal and TSH is normal or raised. There is increased chance of overt hypothyroidism in future [1]. Hashimoto’s thyroiditis shows painless diffuse enlargement of thyroid effecting one or both lobes in ultrasonography. It shows typical hypoechoic homogenous texture [2]. Painless (silent) thyroiditis has the typical histologic and sonologic pattern of chronic auto immune thyroiditis (hypoehogenicity, micronodulation and fibrosis) but clinical findings resemble classical sub-acute thyroiditis with the exception of node tenderness. Moderate hyperthyroidism with thyroid enlargement usually occurs in the early phase, followed sometimes by hypothyroidism of variable degrees [3]. Some studies confirmed that there is a direct relationship and a significant correlation between the level of serum antithyroid peroxidase and the specific echographic images described as specific patterns, mostly hypoechogetic and pseudonodular [4].

The high incidence of carcinoma of the thyroid in Hashimoto’s thyroiditis lends credence to the hypothesis that Hashimoto’s thyroiditis is a predisposing factor in the development of thyroid carcinoma [5]. Of the thyroid carcinoma papillary carcinoma of thyroid is most common[5]. Some studies with Hashimoto’s thyroiditis prove that patients with Hashimoto’s thyroiditis are one high-risk population for breast cancer. So early detection and treatment of Hashimoto’s thyroiditis is essentially needed to avoid further complications in future [7].

A statistically significant decline in serum TSH values and antithyroid peroxidase titers after Homoeopathic intervention have indicated that homeopathic medicine has potential to treat subclinical hypothyroidism with or without antithyroid peroxidase and may also prevent progression to overt hypothyroidism. There is no effective treatment reported in any system of medicine. Conventional medicine recommends replacement therapy for the rest of the life of patient [8]. If Homoeopathic medicines are effective in Hashimoto’s thyroiditis, it will be beneficial to conduct further research in this topic to show the effectiveness of Homoeopathy.

Case History

A 38 year old female complains of diffuse swelling in the anterior part of neck with difficulty in swallowing since one week on February 21st 2019. The swelling was noticed when she attended a medical camp before one week.
She also complains of puffiness of face and tendency for weight gain. There is palpitation while walking and pain all over the body while waking from sleep. She had recurrent attack of tonsillitis and fever. Her mother suffers from rheumatic complaints.

She has desire for sweets especially sugar and aversion to meat and sour foods. She prefers warm drinks, cold bathing and fanning. Her face sweats profusely and sun’s heat causes eruptions and itching of the skin. She has regular periods lasting for 7-8 days with profuse bleeding for first three days. She had leucorrhoea with itching of the parts. She had two children.

**Presenting concerns**

The patient reported on February 2019 with swelling on anterior part of neck. There is difficulty in swallowing, puffiness of face, palpitation on exertion and pain all over the body. The laboratory investigations done before one week showed that she is suffering from Hypothyroidism.

Considering the presenting totality and raised level of both TSH and AntiTg, an organ specific medicine Thyroidinum 1M, 2 doses were prescribed and advised to report after 15 days. Thyroidinum is prepared by the trituration of the fresh thyroid gland of sheep or calf. It has striking effects in myxoedema and cretinism. It has marked regulating influence upon the glandular secretions. It has striking effects in myxoedema and cretinism. Since no marked changes in symptomatology, the case was reassessed and the following symptoms were taken in to consideration for assessment.

- Desire sugar
- Desire warm drinks
- Profuse perspiration on face
- Aversion meat
- Skin itching from sun exposure
- Hot patient.

The symptoms were repertorised and Lycopodium 200, 8 doses were prescribed on second visit, 2 doses per week for one month. Lycopodium also acts well on the glandular swellings. It has marked regulating influence up on the glandular secretions. The medicine was continued for two months. On the subsequent visits, the symptoms of the patient tend to persist but the laboratory investigation showed improvement. So, a complementary medicine to Lycopodium that to covers the symptomatology of the patient, Pulsatilla was prescribed. Thyroidinum 1M was given as intercurrent in between as it is complementary and follows well of Lycopodium. Pulsatilla was followed for a period of nine months with Thyroidinum 1M in between as intercurrent. The level of TSH reduced and the values of T3, T4 and antibody became normal.

**Clinical findings**

On examination all the vital signs were normal. There is diffuse swelling on anterior part of neck on palpation.

- Neck circumference- 34 cm
- Body weight- 54 kg.

**DIAGNOSIS:** HASHIMOTO’S THYROIDITIS (ICD CODE - E06.3)

TSH report done on 19-2-1019 shows > 100.0 microU/mL, T4 2.15 microgram/dl and T3 52.68 ng/dl.

The patient was sent for ultrasonography and the report revealed that both lobes of thyroid and isthmus show mildly heterogenous echotexture with increased vascularity-likely inflammatory aetiology.

The Anti thyroglobulin examination found to have raised which shows that the patient have Hashimo’s thyroiditis

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**Case Analysis**

<table>
<thead>
<tr>
<th>Common Symptoms</th>
<th>Uncommon symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swelling in anterior part of neck</td>
<td>Leucorrhoea with itching</td>
</tr>
<tr>
<td>Difficulty in swallowing</td>
<td>Desire sugar</td>
</tr>
<tr>
<td>Puffiness of face</td>
<td>Desire warm drinks</td>
</tr>
<tr>
<td>Weight gain</td>
<td>Profuse perspiration on face</td>
</tr>
<tr>
<td>Body pain</td>
<td>Aversion meat</td>
</tr>
<tr>
<td>Palpitation on walking</td>
<td>Skin itching from sun exposure</td>
</tr>
<tr>
<td></td>
<td>Hot patient.</td>
</tr>
</tbody>
</table>

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**Follow up**

**Table 1: Followup**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Date</th>
<th>Follow up</th>
<th>Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>07/03/2019</td>
<td>Difficulty in swallowing Weakness Pain allover the body -slight better Bowels moved once in 2 days. Hard stool.</td>
<td>Lycopodium 200/8D (weekly 2 doses)</td>
</tr>
<tr>
<td>3</td>
<td>02/05/2019</td>
<td>Difficulty in swallowing persists. Weakness- slight better. Body pain persists. Hard stool once in 2 days.</td>
<td>Lycopodium 200/8D (weekly 2 doses)</td>
</tr>
<tr>
<td>4</td>
<td>30/05/2019</td>
<td>Whole body pain &lt;first motion, early morning on waking up Distension of abdomen &lt;after eating Numbness of hands and feet.</td>
<td>Pulsatilla 200/5D (weekly 2 doses)</td>
</tr>
<tr>
<td>5</td>
<td>20/06/2019</td>
<td>Knee joint pain &lt;morning on rising Numbness of hands and feet. Generals-Good</td>
<td>Pulsatilla 200/4D (weekly 1dose)</td>
</tr>
<tr>
<td>6</td>
<td>25/07/2019</td>
<td>Pain all over the body Distension of abdomen Sensation of something in throat on swallowing Generals-Good</td>
<td>Pulsatilla 200/4D (weekly 1dose)</td>
</tr>
<tr>
<td>7</td>
<td>22/08/2019</td>
<td>Whole body pain better Sensation of something in throat on swallowing Generals-Good</td>
<td>Pulsatilla 200/4D (weekly 1dose)</td>
</tr>
<tr>
<td>8</td>
<td>19/09/2019</td>
<td>Numbness of upper and lower extremities Pain in lumbar region</td>
<td>Thyroidinum</td>
</tr>
</tbody>
</table>

~ 236 ~
Sensation of something in throat on swallowing
Flatulence, belching
Heartburn
Sour eructation

1M/4D
(weekly 1dose)

17/10/2019

Numbness of extremities reduced
Sensation of something in throat on swallowing
Heartburn—occasionally. No sour eructation Weakness during daytime
Generals—Good

PULSATILLA 200/4D
(weekly 1dose)

14/11/2019

Generally all complaints feels better Sour eructation

PULSATILLA 200/4D
(weekly 1dose)

12/12/2019

Weakness reduced Pain in left scapula <prolonged sitting
Stool—regularly voiding Vertigo <turning head

SL/4D
(weekly 1dose)

26/12/2019

Pulsatilla 200/4D
(weekly 1dose)

12/12/2019

Pulsatilla 200/4D
(weekly 1dose)

23/01/2020

Numbness of left scapular region and pain in nape of neck. Vertigo <sleeping after Rising from sitting posture.

PULSATILLA 1M/4D
(weekly 1dose)

Investigations

Table 2: Investigations showing values of T3, T4, TSH and Antibody levels

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TSH (microIU/ml)</td>
<td>&gt;100* (0.27-4.2)</td>
<td>41.05* (0.27-4.2)</td>
<td>8.07* (0.27-4.2)</td>
<td>5.517** (0.34-5.2)</td>
<td>94.483</td>
</tr>
<tr>
<td>2</td>
<td>T3 (ng/dl)</td>
<td>52.68* (84.6-201.8)</td>
<td>118.6* (84.6-201.8)</td>
<td>138.3* (84.6-201.8)</td>
<td>119.19** (80-180)</td>
<td>66.51</td>
</tr>
<tr>
<td>3</td>
<td>T4 (Microg/dl)</td>
<td>8.07* (0.27-4.2)</td>
<td>138.3* (84.6-201.8)</td>
<td>6.58* (5.1-14.1)</td>
<td>6.61** (5-12.5)</td>
<td>1.46</td>
</tr>
<tr>
<td>4</td>
<td>Anti TPO (IU/ml)</td>
<td>-</td>
<td>-</td>
<td>32.62* (&lt;34)</td>
<td>6.2** (&lt;9.0)</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Anti Tg (IU/ml)</td>
<td>-</td>
<td>-</td>
<td>480* (0-125)</td>
<td>1.6** (&lt;4.0)</td>
<td>478.4</td>
</tr>
</tbody>
</table>

* Electro Chemiluminescence Immuno assay.
** Chemiluminescence Immuno assay
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSS (T3)</td>
<td>118.4 μg/dL</td>
</tr>
<tr>
<td>T4 (T4Total)</td>
<td>3.27 μg/dL</td>
</tr>
<tr>
<td>TSH (Thyroid Stimulating Hormone)</td>
<td>4.42 μIU/mL</td>
</tr>
</tbody>
</table>

**Immunology**

1. TSH levels are subject to circadian variation, reading peak levels between 2 am – 4 am and at a minimum between 6 pm – 8 pm. The variation is of the order of 50%, hence some of the day to day variations in the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is a blood test or free levels as it is metabolically active.
3. Thyrotoxicosis: high T3 and T4 levels are seen in hyperthyroidism, in patients on thyroid therapy.
4. Hypothyroidism: low T3 and T4 levels are seen in hypothyroidism, in patients with suppressed TSH levels.
5. Pregnancy: high T3 and T4 levels are seen in pregnancy and in patients on thyroid therapy.

**Notes:**

- TSH: Thyroid Stimulating Hormone.
- T3: Triiodothyronine.
- T4: Thyroxine.

**References:**


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**MicroLab**

- **ISO 9001:2015**

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**Preksha A. Nalavane**

Senior Technologist

Biochemistry & Serology

Note: results of report pending.
**Immunoassay**

<table>
<thead>
<tr>
<th>Test</th>
<th>Result (Units/mL)</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti Thyroglobulin Antibody</td>
<td>1.58 (50)</td>
<td>&lt; 5.0</td>
</tr>
<tr>
<td>Anti TPO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Thyroglobulin antibodies may be detected in individuals without clinically significant thyroid disease.

**Thyroid Function Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Result (Units/mL)</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (Thyroxine)</td>
<td>19.29 (18.6-24.4)</td>
<td></td>
</tr>
<tr>
<td>T4</td>
<td>5.41 (0.8-2.2)</td>
<td></td>
</tr>
</tbody>
</table>

**Medical Laboratory Professional (MLP) 20044063**

**ISO 9001:2015**

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**Reference**

- Pujitha A. Nair - M.L.T.
- Senior Technologist
- Biochemistry & Immunology

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**Medical Laboratory Professional (MLP) 20044063**

**ISO 9001:2015**

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**Thyroid Stimulating Hormone**

<table>
<thead>
<tr>
<th>Test</th>
<th>Result (Units/mL)</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSH</td>
<td>5.61 (0.4-4.0)</td>
<td></td>
</tr>
</tbody>
</table>

**Specimen**

- Serum

1. TSH levels are subject to diurnal variation, reaching peak levels between 2 a.m. - 4 a.m. and at a minimum between 10 a.m. - 1 p.m. The variation is of the order of 50%, hence levels at the peak has 2. Recommended lab for TSH and T4 is outpatient Medicine or endocrinology as it is metabolically active.
3. Pituitary lesion in TSH levels is seen in pregnancy and in patients on sodium therapy.

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**AntiTPO / Anti Microsomal Antibody**

<table>
<thead>
<tr>
<th>Test</th>
<th>Result (Units/mL)</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti TPO</td>
<td>6.2 (0.0-3.0)</td>
<td></td>
</tr>
</tbody>
</table>

Sample: Serum
Method: ElectroChemiluminescence Immuno Assay
In case of Hashimoto’s thyroiditis, T4 is normal and TSH is normal or raised. Anti thyroidperoxidise antibodies are raised in 90-100% cases and anti thyroglobulin antibodies are raised in 50-70% cases. Thyroidperoxidase is responsible for ionization of Iodine during the formation of thyroid hormones. Thyroglobulin antibodies act against Thyroglobulin which is the substrate for thyroid hormones. Hence Hashimoto’s thyroiditis is manifesting as Hypothyroidism. In this case Antithyroglobulin was raised. 

There is raised TSH level which is more than 100 microIU/mL, reduced T3 and T4 levels which indicates that the patient has overt Hypothyroidism. 

In the first visit the patient was given Thyroidinum 1M as she presented with increased TSH levels above 100, reduced T3 and T4 levels and Thyroidinum has an organ specific affinity. Thyroidinum is prepared by the trituration of the fresh thyroid gland of sheep or calf. It has striking effects in myxoedema and cretinism. On the next visit considering the totality of symptoms, Lycopodium 200 was prescribed. Lycopodium also acts well on the glandular swellings. It has marked regulating influence up on the glandular secretions. On the subsequent visits, the symptoms of the patient tend to persist but the laboratory investigation showed improvement. So, a complementary medicine to Lycopodium that to covers the symptomatology of the patient, Pulsatilla was prescribed. Thyroidinum 1M was given as intercurrent in between. The patient was gradually improving along with positive changes in Laboratory investigations. Then after few doses the antibody level becomes normal along with normalcy in thyroid profile.

This case indicates that Homoeopathic medicines are effective in treatment of Hashimoto’s thyroiditis. Thyroid hormones acts through the DNA of the cell. It increases the rate of transcription and translation. So when the antibodies are corrected the thyroid function is corrected. With this evidence it is assumed that Homoeopathic individualised medicine might have acted in the genetic component which in turn created the relief in various parameters pertaining to the disease condition. More detailed studies should be done for the generalization of results.

References
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