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Case report on hashimoto's thyroiditis and homoeopathy

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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 hypothyroidism. 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 (hypoechogenicity, 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 hypoechogenic 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[6]. 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.

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 microIU/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 Hashimoto's thyroiditis

Case Analysis

Common Symptoms	Uncommon symptoms
• Swelling in anterior part of neck • Difficulty in swallowing • Puffiness of face • Weight gain • Body pain • Palpitation on walking	• Leucorrhoea with itching • Desire sugar • Desire warm drinks • Profuse perspiration on face • Aversion meat • Skin itching from sun exposure • Hot patient.

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. 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.

Follow UP

Table 1: Followup

S. No.	Date	Follow up	Medicine
1	07/03/2019	Difficulty in swallowing Weakness Pain allover the body –slight better Bowels moved once in 2 days. Hard stool.	LYCOPODIUM 200/8D (weekly 2 doses)
2	04/04/2019	Difficulty in swallowing persists. Weakness- slight better. Body pain persists. Hard stool once in 2 days.	LYCOPODIUM 200/8D (weekly 2 doses)
3	02/05/2019	Difficulty in swallowing persists. Weakness- slight better. Body pain persists. Hard stool once in 2 days.	LYCOPODIUM 200/8D (weekly 2 doses)
4	30/05/2019	Whole body pain <first motion, early morning on waking up Distension of abdomen <after eating Numbness of hands and feet.	PULSATILLA 200/8D (weekly 2 doses)
5	20/06/2019	Knee joint pain <morning on rising Numbness of hands and feet. Generals-Good	PULSATILLA 200/4D (weekly 1dose)
6	25/07/2019	Pain all over the body Distension of abdomen Sensation of something in throat on swallowing Generals-Good	PULSATILLA 200/4D (weekly 1dose)
7	22/08/2019	Whole body pain better Sensation of something in throat on swallowing Generals-Good	PULSATILLA 200/4D (weekly 1dose)
8	19/09/2019	Numbness of upper and lower extremities Pain in lumbar region	THYROIDINUM

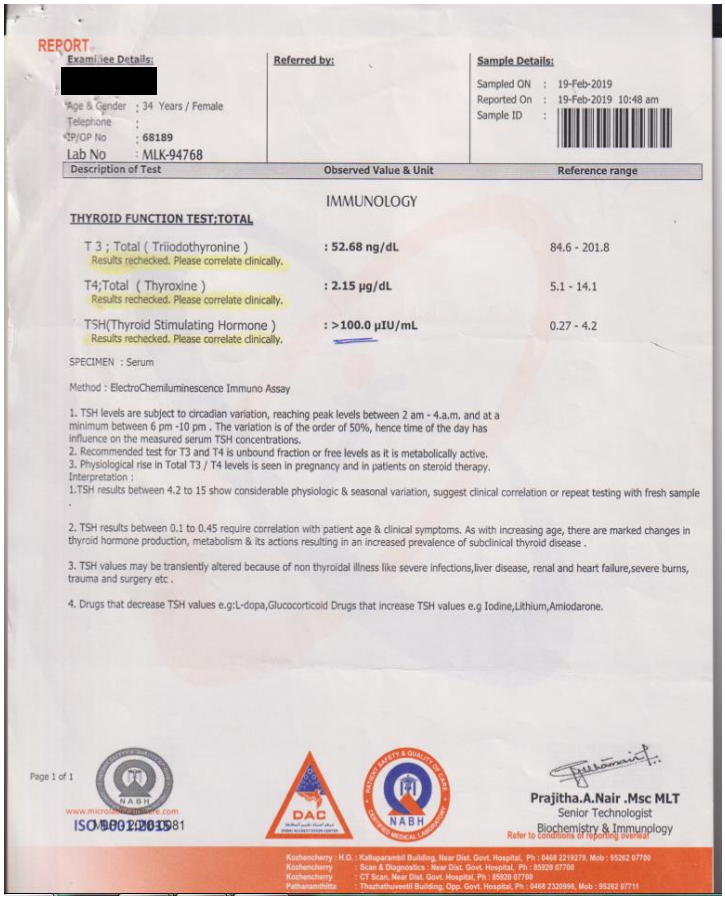
		Sensation of something in throat on swallowing Flatulence, belching Heartburn Sour eructation	1M /4D (weekly 1dose)
9	17/10/2019	Numbness of extremities reduced Sensation of something in throat on swallowing Heartburn-occasionally. No sour eructation Weakness during daytime Generals-Good	PULSATILLA 200/4D (weekly 1dose)
10	14/11/2019	Generally all complaints feels better Sour eructation	PULSATILLA 200/4D (weekly 1dose)
11	12/12/2019	Generally feels better Weakness reduced Pain in left scapula <prolonged sitting Stool- regularly voiding Vertigo <turning head	SL /4D (weekly 1dose)
12	26/12/2019	Feels better in general Pain in left scapula reduced <prolonged sitting Weakness reduced Elimination- Regular Vertigo- Reduced	PULSATILLA 200/4D (weekly 1dose)
13	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 1dotse)

Investigations

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

S. No.	Date	19-02-2019	03-04-2019	19-06-2019	12-10-2019	Shift in value
1	TSH (microIU/ml)	>100* (0.27-4.2)	41.05* (0.27-4.2)	8.07* (0.27-4.2)	5.517** (0.34-5.2)	94.483
2	T3 (ng/dl)	52.68* (84.6-201.8)	118.6* (84.6-201.8)	138.3* (84.6-201.8)	119.19** (80-180)	66.51
3	T4 (Microg/dl)	8.07* (0.27-4.2)	138.3* (84.6-201.8)	6.58* (5.1-14.1)	6.61** (5-12.5)	1.46
4	Anti TPO (IU/ ml)	-	-	32.62* (<34)	6.2** (<9.0)	-
5	Anti Tg (IU/ ml)	-	-	480* (0-125)	1.6** (<4.0)	478.4

* Electro Chemiluminescence Immuno assay.
** Chemiluminescence Immuno assay


REPORT

Examinee Details: [redacted]
Age & Gender : 34 Years / Female
Telephone :
IP/OP No : 68189
Lab No : MLK-94768

Referred by:

Sample Details:
Sampled ON : 19-Feb-2019
Reported On : 19-Feb-2019 10:48 am
Sample ID :

Description of Test	Observed Value & Unit	Reference range
IMMUNOLOGY		
THYROID FUNCTION TEST;TOTAL		
T 3 ; Total (Triiodothyronine)	: 52.68 ng/dL	84.6 - 201.8
Results rechecked. Please correlate clinically.		
T4;Total (Thyroxine)	: 2.15 µg/dL	5.1 - 14.1
Results rechecked. Please correlate clinically.		
TSH(Thyroid Stimulating Hormone)	: >100.0 µIU/mL	0.27 - 4.2
Results rechecked. Please correlate clinically.		

SPECIMEN : Serum

Method : ElectroChemiluminescence Immuno Assay

1. TSH levels are subject to circadian variation, reaching peak levels between 2 am - 4.a.m. and at a minimum between 6 pm -10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Interpretation :

1.TSH results between 4.2 to 15 show considerable physiologic & seasonal variation, suggest clinical correlation or repeat testing with fresh sample .

2. TSH results between 0.1 to 0.45 require correlation with patient age & clinical symptoms. As with increasing age, there are marked changes in thyroid hormone production, metabolism & its actions resulting in an increased prevalence of subclinical thyroid disease .

3. TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure,severe burns, trauma and surgery etc .

4. Drugs that decrease TSH values e.g:L-dopa,Glucocorticoid Drugs that increase TSH values e.g Iodine,Lithium,Amiodarone.

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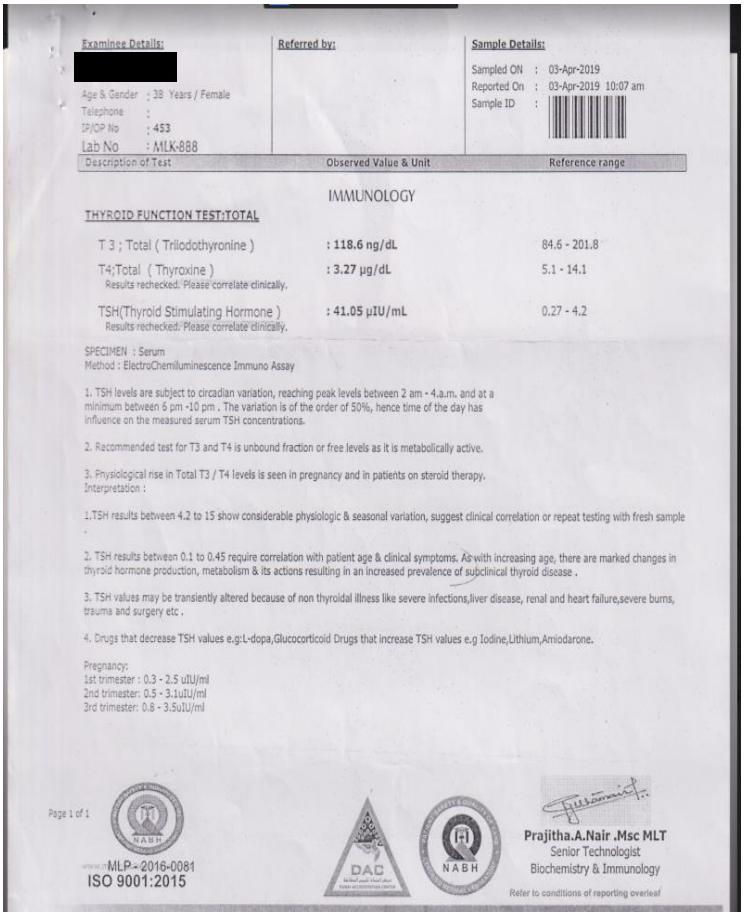
Kozhencherry : Scan & Diagnostics : Near Dist. Govt. Hospital, Ph : 85920 07700
Kozhencherry : CT Scan, Near Dist. Govt. Hospital, Ph : 85920 07700
Pathanamthitta : Thazhathuveettil Building, Opp. Govt. Hospital, Ph : 0468 2320998, Mob : 95262 07711



Examinee Details: [redacted]
Age & Gender : 38 Years / Female
Telephone :
IP/OP No : 453
Lab No : MLK-888

Referred by:

Sample Details:
Sampled ON : 03-Apr-2019
Reported On : 03-Apr-2019 10:07 am
Sample ID :

Description of Test	Observed Value & Unit	Reference range
IMMUNOLOGY		
THYROID FUNCTION TEST:TOTAL		
T 3 ; Total (Triiodothyronine)	: 118.6 ng/dL	84.6 - 201.8
T4;Total (Thyroxine)	: 3.27 µg/dL	5.1 - 14.1
Results rechecked. Please correlate clinically.		
TSH(Thyroid Stimulating Hormone)	: 41.05 µIU/mL	0.27 - 4.2
Results rechecked. Please correlate clinically.		

SPECIMEN : Serum
Method : ElectroChemiluminescence Immuno Assay

1. TSH levels are subject to circadian variation, reaching peak levels between 2 am - 4.a.m. and at a minimum between 6 pm -10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
Interpretation :

1.TSH results between 4.2 to 15 show considerable physiologic & seasonal variation, suggest clinical correlation or repeat testing with fresh sample .

2. TSH results between 0.1 to 0.45 require correlation with patient age & clinical symptoms. As with increasing age, there are marked changes in thyroid hormone production, metabolism & its actions resulting in an increased prevalence of subclinical thyroid disease .

3. TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure,severe burns, trauma and surgery etc .

4. Drugs that decrease TSH values e.g:L-dopa,Glucocorticoid Drugs that increase TSH values e.g Iodine,Lithium,Amiodarone.

Pregnancy:
1st trimester : 0.3 - 2.5 uIU/ml
2nd trimester: 0.5 - 3.1uIU/ml
3rd trimester: 0.8 - 3.5uIU/ml

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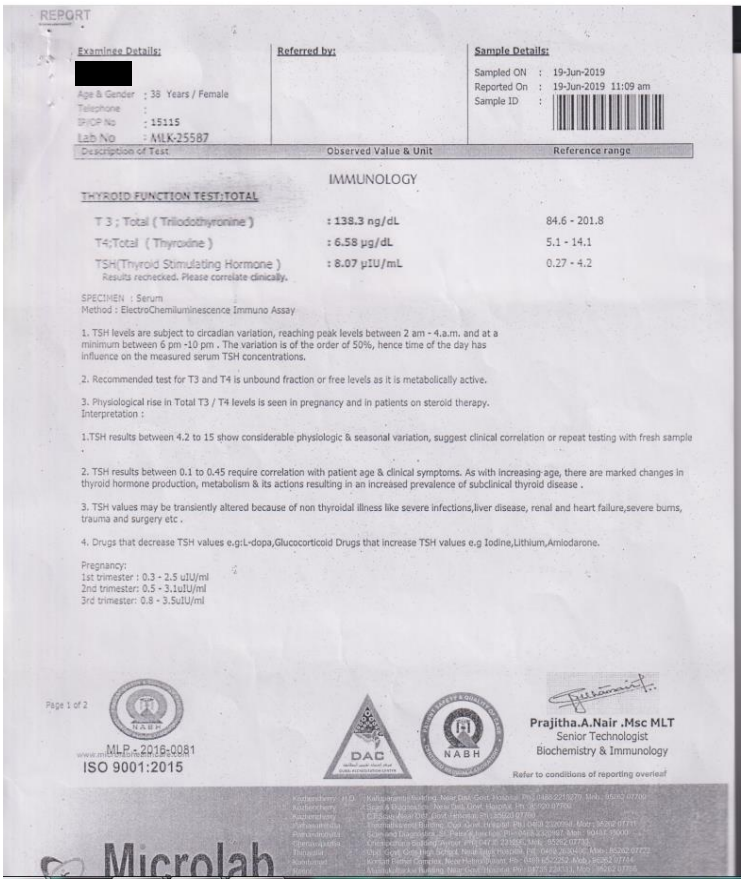

REPORT

Examinee Details: [redacted]
Age & Gender : 38 Years / Female
Telephone :
IP/OP No : 15115
Lab No : MLK-25587

Referred by:

Sample Details:
Sampled ON : 19-Jun-2019
Reported On : 19-Jun-2019 11:09 am
Sample ID :

Description of Test	Observed Value & Unit	Reference range
IMMUNOLOGY		
THYROID FUNCTION TEST:TOTAL		
T 3 ; Total (Triiodothyronine)	: 138.3 ng/dL	84.6 - 201.8
T4;Total (Thyroxine)	: 6.58 µg/dL	5.1 - 14.1
TSH(Thyroid Stimulating Hormone)	: 8.07 µIU/mL	0.27 - 4.2
Results rechecked. Please correlate clinically.		

SPECIMEN : Serum
Method : ElectroChemiluminescence Immuno Assay

1. TSH levels are subject to circadian variation, reaching peak levels between 2 am - 4.a.m. and at a minimum between 6 pm -10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
Interpretation :

1.TSH results between 4.2 to 15 show considerable physiologic & seasonal variation, suggest clinical correlation or repeat testing with fresh sample .

2. TSH results between 0.1 to 0.45 require correlation with patient age & clinical symptoms. As with increasing age, there are marked changes in thyroid hormone production, metabolism & its actions resulting in an increased prevalence of subclinical thyroid disease .

3. TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure,severe burns, trauma and surgery etc .

4. Drugs that decrease TSH values e.g:L-dopa,Glucocorticoid Drugs that increase TSH values e.g Iodine,Lithium,Amiodarone.

Pregnancy:
1st trimester : 0.3 - 2.5 uIU/ml
2nd trimester: 0.5 - 3.1uIU/ml
3rd trimester: 0.8 - 3.5uIU/ml

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Examinee Details:
[redacted]
Age & Gender : 38 Years / Female
Telephone :
IP/OP No : 15115
Lab No : MLK-25587

Referred by:

Sample Details:
Sampled ON : 19-Jun-2019
Reported On : 19-Jun-2019 11:09 am
Sample ID :

Description of Test	Observed Value & Unit	Reference range
AntiTPO / Anti Microsomal Antibody	: 32.62 IU/ml	< 34 IU/ml

Sample : Serum
Method : ElectroChemiluminescence Immuno Assay

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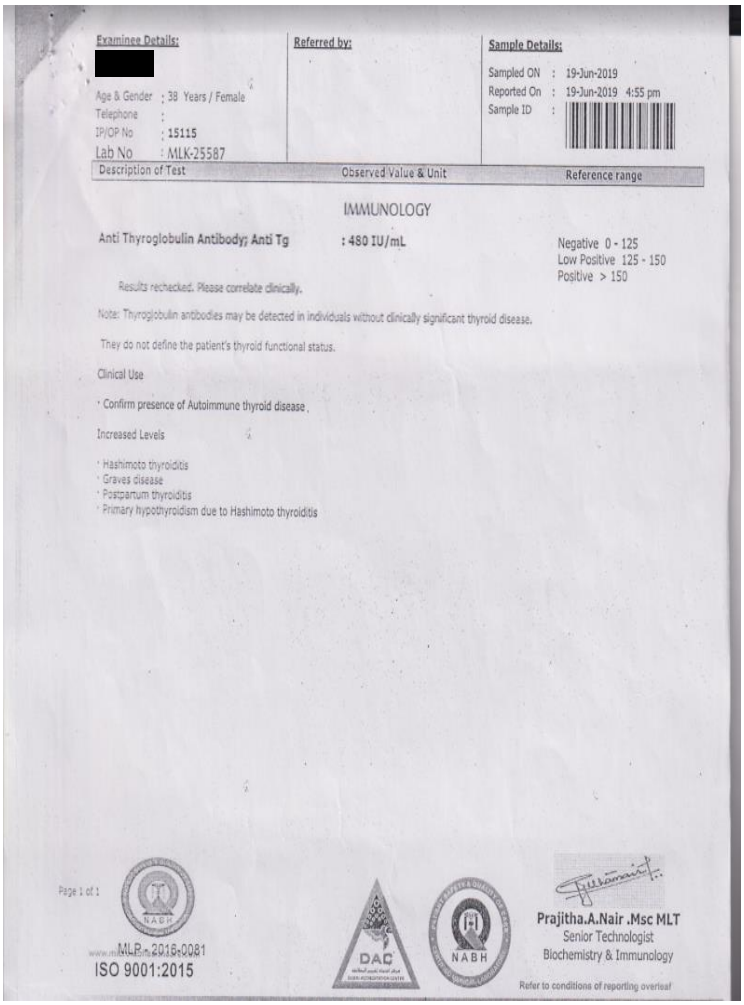

Examinee Details:
[redacted]
Age & Gender : 38 Years / Female
Telephone :
IP/OP No : 15115
Lab No : MLK-25587

Referred by:

Sample Details:
Sampled ON : 19-Jun-2019
Reported On : 19-Jun-2019 4:55 pm
Sample ID :

Description of Test	Observed Value & Unit	Reference range
IMMUNOLOGY		
Anti Thyroglobulin Antibody; Anti Tg	: 480 IU/mL	Negative 0 - 125 Low Positive 125 - 150 Positive > 150

Results rechecked. Please correlate clinically.

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

They do not define the patient's thyroid functional status.

Clinical Use

- Confirm presence of Autoimmune thyroid disease.

Increased Levels

- Hashimoto thyroiditis
- Graves disease
- Postpartum thyroiditis
- Primary hypothyroidism due to Hashimoto thyroiditis

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Examinee Details:
[redacted]
Age & Gender : 38 Years / Female
Telephone :
IP/OP No : 44842
Lab No : MLK-79314

Referred by:

Sample Details:
Sampled ON : 12-Nov-2019
Reported On : 12-Nov-2019 10:46 am
Sample ID :

Description of Test	Observed Value & Unit	Reference range
IMMUNOLOGY		
Anti Thyroglobulin Antibody; Anti Tg (Technology used Chemiluminescence Immuno assay (CLIA))	: 1.6 IU/mL	< 4.0 IU/mL

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

They do not define the patient's thyroid functional status.

Clinical Use

· Confirm presence of Autoimmune thyroid disease

Increased Levels

· Hashimoto thyroiditis
· Graves disease
· Postpartum thyroiditis
· Primary hypothyroidism due to Hashimoto thyroiditis

THYROID FUNCTION TEST;TOTAL

Description of Test	Observed Value & Unit	Reference range
T 3 ; Total (Triiodothyronine) (Technology used Chemiluminescence Immuno assay (CLIA))	: 119.19 ng/dL	80 -180
T4;Total (Thyroxine) (Technology used Chemiluminescence Immuno assay (CLIA))	: 6.61 ug/dL	5 - 12.5

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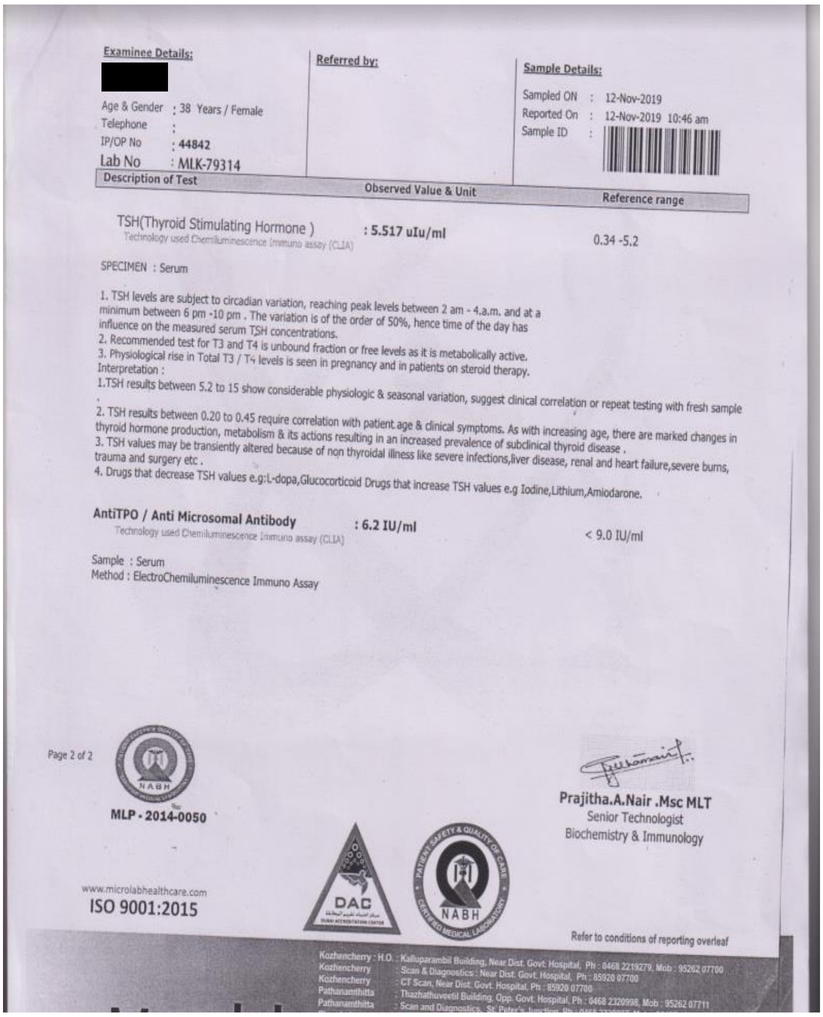

Examinee Details:
[redacted]
Age & Gender : 38 Years / Female
Telephone :
IP/OP No : 44842
Lab No : MLK-79314

Referred by:

Sample Details:
Sampled ON : 12-Nov-2019
Reported On : 12-Nov-2019 10:46 am
Sample ID :

Description of Test	Observed Value & Unit	Reference range
TSH(Thyroid Stimulating Hormone) (Technology used Chemiluminescence Immuno assay (CLIA))	: 5.517 uIu/ml	0.34 -5.2

SPECIMEN : Serum

1. TSH levels are subject to circadian variation, reaching peak levels between 2 am - 4.a.m. and at a minimum between 6 pm -10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Interpretation :
1.TSH results between 5.2 to 15 show considerable physiologic & seasonal variation, suggest clinical correlation or repeat testing with fresh sample
2. TSH results between 0.20 to 0.45 require correlation with patient age & clinical symptoms. As with increasing age, there are marked changes in thyroid hormone production, metabolism & its actions resulting in an increased prevalence of subclinical thyroid disease .
3. TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure,severe burns, trauma and surgery etc .
4. Drugs that decrease TSH values e.g:L-dopa,Glucocorticoid Drugs that increase TSH values e.g Iodine,Lithium,Amiodarone.

Description of Test	Observed Value & Unit	Reference range
AntiTPO / Anti Microsomal Antibody (Technology used Chemiluminescence Immuno assay (CLIA))	: 6.2 IU/ml	< 9.0 IU/ml

Sample : Serum
Method : ElectroChemiluminescence Immuno Assay

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Repertory Chart

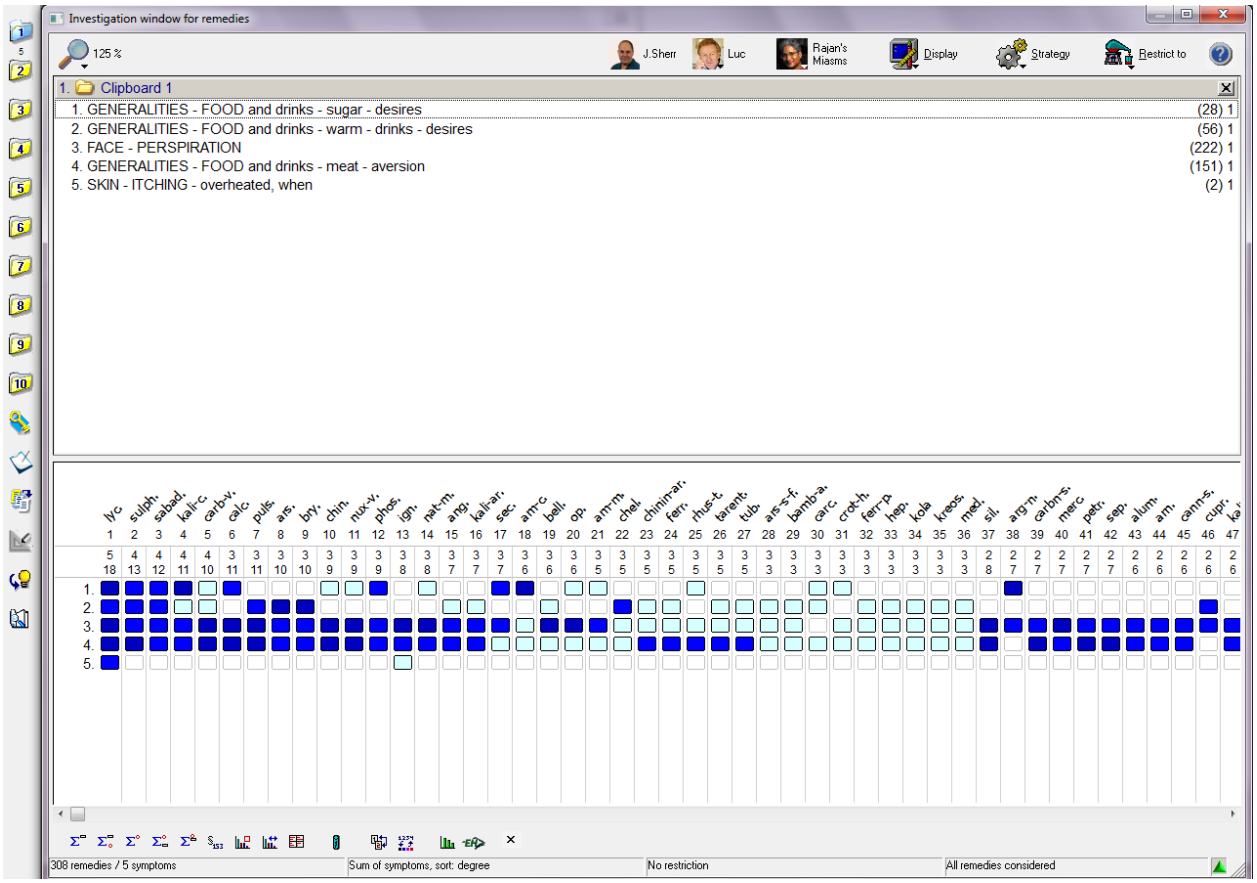

Fig 1: Repertory Chart

Conclusion

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.

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