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Holistic homoeopathic approach to hypothyroidism: A case study

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Abstract
Hypothyroidism is increasingly prevalent in recent times and is significantly influenced by various lifestyle factors. It is marked by decreased levels of thyroid hormones in the bloodstream, typically due to damage or impaired function of the thyroid gland. Individualisation and the law of "Similia Similibus Curentur" (like cures like) are the basis of homoeopathy. Homoeopathic treatment not only aims to eliminate the disease in its entirety in the shortest, most reliable, and least harmful manner but also helps in preventing associated complications. This case report aims to highlight the role of individualized homoeopathic medicine in the effective management of hypothyroidism.

Keywords: Hypothyroidism, Individualised homoeopathic medicine, homoeopathy, case report, *Calcarea carbonica*

Introduction
Hypothyroidism is a clinical condition resulting from the underproduction of the thyroid hormones thyroxine (T4) and triiodothyronine (T3). The term *hypothyroidism* is derived from the Greek words *hypo-* meaning "reduced," *thyreos* meaning "shield," and *eidos* meaning "form."[1] According to the ICD-10 classification, hypothyroidism is listed under the code E03.9, within the category of Endocrine, nutritional, and metabolic diseases [2]. The prevalence of hypothyroidism is rising globally. About 10% of people in India suffer from thyroid disorders, making it the most prevalent. The estimated prevalence is 11% in India, in contrast to 2% in the United Kingdom and 4.6% in the United States [3].

Types of Hypothyroidism
1. **Primary Hypothyroidism**: This is the most common form and occurs due to impaired thyroid gland function, often caused by autoimmune destruction, thyroid surgery, radioactive iodine treatment, or radiation therapy.
2. **Secondary Hypothyroidism**: This results from inadequate secretion of Thyroid Stimulating Hormone (TSH) by the pituitary gland, or due to insufficient Thyrotropin-Releasing Hormone (TRH) from the hypothalamus.
3. **Tertiary Hypothyroidism**: This rare form occurs when TRH secretion from the hypothalamus is deficient, leading to reduced TSH and, consequently, reduced thyroid hormone levels [4].

Clinical Presentation
Fatigue, weakness, dry skin, coldness, hair loss, difficulty focusing, memory loss, constipation, weight gain with poor appetite, dyspnoea, hoarse voice, paraesthesia, puffy face, diffuse alopecia, bradycardia, peripheral oedema, delayed tendon reflexes, and serous cavity effusion are some of the symptoms [5].

Diagnosis
TSH assay, along with the measurements of T3 & T4, is used in the assessment of thyroid function.

Case study

Table 1: Preliminary information

Name- Ms. XYZ	**Marital status-** Unmarried
Age- 22years	**Occupation-** student
Sex- Female	**Socioeconomic status-**Upper middle class
Date of Registration- 25/03/2025.	**Religion-** Hinduism

Presenting complaint

- Weakness with no desire to work since 3 months.
- Heaviness in the abdomen since 2-3 months.

Location- epigastrium
Modalities: Aggravation - after food; Amelioration- passing flatus

Discharge from the vagina with itching since 2 months

Sensation- burning
Character- white, thin, profuse
Modalities: Aggravation - before menses; Amelioration- washing with water.

History of presenting complaint:

The patient was apparently well 3 months back when she started complaining of weakness and easy fatigue with heaviness of the abdomen. She also complained of discharge from the vagina since 2 months.

Past history

In the year 2009, she suffered from typhoid, for which she took allopathic treatment and was cured.

Family history

Maternal History- Mother- deceased at the age of 56years from brain tumor.

Paternal History-Father- 60 years, has had diabetes mellitus type 2 for 5 years.

Physical generals

- THERMALS - chilly++
- APPETITE - reduced, 2 meals per day; 1 chapati per meal
- THIRST - 3 to 4 litres, at room temperature
- DESIRE- sweets$_{+++}$
- AVERSION- milk
- INTOLERANCE- N/S
- URINE-D_4N_2. Pale yellow, non-offensive.
- STOOL- D_1 N_0, satisfactory and hard stool.
- TASTE- n/s
- TONGUE- moist and clean

- Perspiration on scalp, profuse, which is non-offensive, non-acrid, and doesn't stain the linen
- SLEEP There is no particular position, and any movements occurring during sleep.

Gynaecological history

Her last menstrual period occurred on 06/03/2025. Her menstrual cycle is regular, and occurs for 4 to 5 days, every 26-28 days. Menstrual flow is normal and of red colour with no clots.

Mental generals

She is calm, affectionate, and rarely gets angry. Since childhood, she has been sensitive to rudeness, as mentioned by her father. He mentions that whenever they talk to or answer her rudely, or even if her friends behave rudely, she isolates herself for some time. Her mother passed away in August 2024, and after that, she started caring more for her father. She has a fear of being alone if anything bad happens to her father. For the last 2 months, she has had no desire to do any work. She says I try to postpone everything to the very last moment until it becomes too important to accomplish that task.

General physical examination

Table 2: General Physical Examination

Complexion- light-complexioned	**Respiratory rate-** 24/minute
Built- endo-morphic	**Temperature-** Afebrile
Weight- 98 kg	**Oedema-** Absent
Height- 153 cm	**Pallor-** Absent
Pulse- 75/minute	**Cyanosis-** Absent
Blood Pressure- 124/80 mm of Hg	**Lymph nodes-** not palpable

Laboratory investigation

TSH LEVEL- 17.83 mIU/L dated 24/03/2025

Clinical diagnosis: Hypothyroidism

Analysis of symptoms

Table 3: Analysis of Symptoms

Common	Uncommon
Weakness with no desire for work	Fear- alone, of being
Heaviness in the abdomen Modalities: Agg- after food Amel- passing flatus	Postponing everything till the next day
	Sensitive to rudeness
	DESIRE- sweets$_{+++}$
	AVERSION- milk
	PERSPIRATION- scalp, profuse
	Discharge from the vagina with itching Sensation- burning

Evaluation of symptoms

Table 4: Evaluation of symptoms

Symptoms of the patient	Intensity	Miasm [10]
Mental Generals		
1. Started taking care of the father (fear- alone, of being)	+3	Psoro-Sycosis
2. Tries to postpone the work till it's necessary (postponing everything till the next day)	+2	Sycosis
3. Sensitive to rudeness.	+2	Sycosis
Physical Generals		
1. DESIRE- sweets$_{+++}$	+3	Sycosis
2. AVERSION- milk	+2	Sycosis
3. PERSPIRATION-scalp, profuse	+3	Sycosis
Particular Discharge from vagina with itching Sensation- burning	+2	Sycosis

Repertorial totality [6]

1. Mind- FEAR- alone, of being
2. Mind- Postponing everything to next day
3. Mind- Sensitive- rudeness, to
4. Head- Perspiration of scalp- forehead
5. Female Genitalia/Sex- Leukorrhoea- burning
6. Generals-Food and Drinks- milk- aversion
7. Generals-Food and Drinks- sweets- desire

Repertorial chart

Repertorization was done using synthesis repertory from RADAR OPUS software.

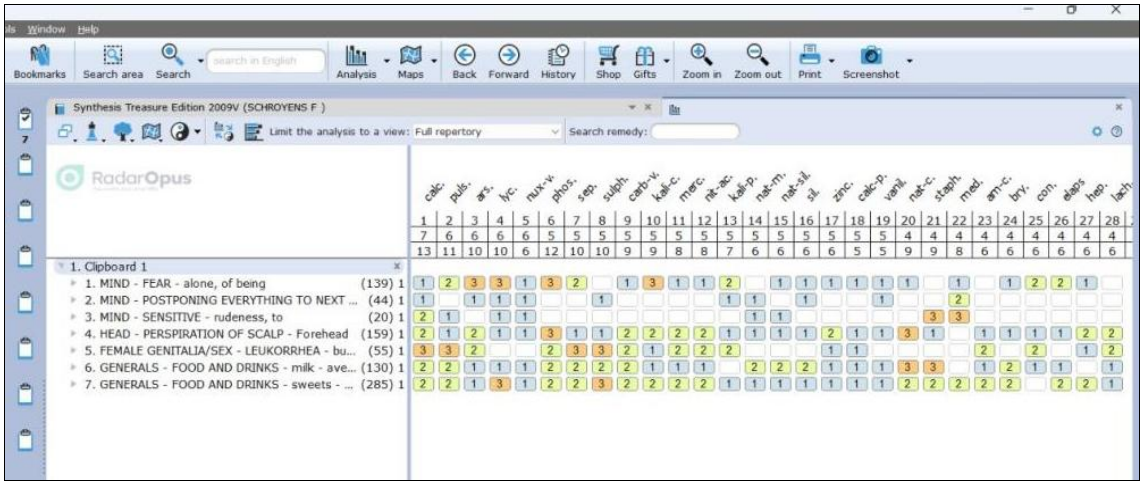

Fig 1: Repertorial sheet

Therapeutic intervention

Following the examination of the report's entirety, it was noted that *Calcarea carbonica* achieved the highest score across all categories. Upon reviewing the materia medica, *Calcarea carbonica* appears to be the closest similimum for the case. It was prescribed in 200C potency, one dose of four globules of size 30 to be taken on an empty stomach in the morning, on the first visit, i.e.26/03/2025, followed by sac lac 30C two times a day for 15 days.

Timeline with follow-up of the case

Table 5: Timeline of follow-up of the case

Date	Complaint	Prescription	Remarks [7, 8, 9]
15/04/2025	Vaginal discharge with a burning sensation has decreased slightly, while the itching remains at the same level. Weakness is slightly improved Heaviness in the abdomen is the same. The desire to work is the same.	*Sac lac* 30C/BD/15 days	Avoid interfering with the action of the medicine.
02/05/2025	No change	*Calcarea carbonica* 200C/ 1dose stat *Sac lac*30/BD/20 days	Repeat the last potency before progressing to the next higher potency
17/05/2025	No change Weight- 96kg	*Calcarea carbonica* 1M/ 1dose stat *Sac lac* 30C/BD/20 days	As there was no improvement, a higher potency of the previously effective medicine was administered.
04/06/2025	Discharge from the vagina with burning and itching is slightly reduced. Weakness and heaviness with no change. But she has started to socialise a bit.	*Calcarea carbonica 10M*/ 1 dose stat *Sac lac* 30C/BD/20 days	Since no progress was observed, the remedy that had acted earlier was repeated in a higher potency.
20/06/2025	Discharge from the vagina with itching and burning has improved. No weakness No heaviness of the abdomen Desire to talk with friends and do her daily activities. Weight- 92kg	*Sac lac* 30/BD/15 days	Wait and watch Advised- TSH assay
06/07/2025	Condition has improved. TSH level- 1.95mIU/L	*Sac lac* 30C/BD/30 days	

Result:

There is an improvement in the patient's condition. As per the laboratory investigations followed, her TSH levels reduced markedly from 17.23 to 1.95 on taking homoeopathic treatment for 3 months. The burning sensation, itching, and vaginal discharge significantly decreased. She was advised on the dietary management of hypothyroidism and daily exercise. There has been a reduction in her weight also, which went from 98 to 92kg in the course of treatment.

Laboratory investigations

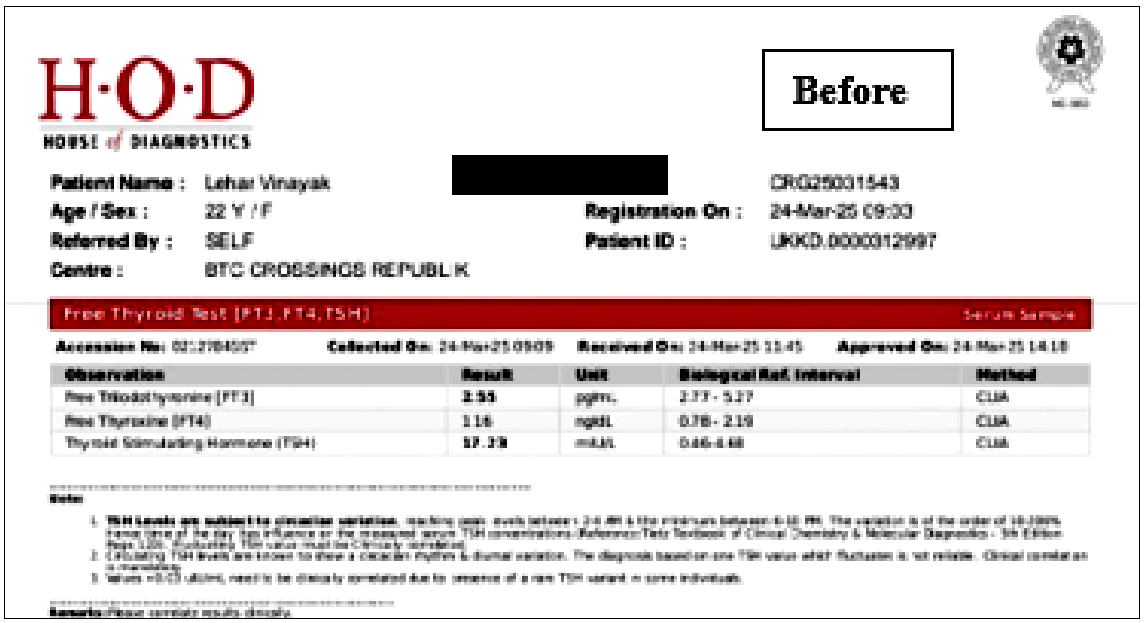

Fig 2: TSH Levels before treatment

Fig 3: TSH Levels after treatment

Discussion and Conclusion

In this case, a holistic homoeopathic approach led to significant improvement in both the clinical condition of hypothyroidism and the patient's mental well-being. The outcomes of this case report aim to enhance clinicians' understanding of individualized patient management in the cases of hypothyroidism, thus benefiting those suffering from hypothyroidism. This case further supports the effectiveness of homoeopathic treatment in managing hypothyroidism and highlights the therapeutic potential of *Calcarea carbonica* in such cases.

Conflict of Interest

The authors declare that they have no competing interest.

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Not available

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