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Individualized homoeopathic treatment in subclinical hypothyroidism: A case report

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Abstract
Subclinical hypothyroidism is a prevalent endocrine condition characterized by elevated thyroid-stimulating hormone levels, while free thyroxine levels remain normal. Though often asymptomatic, it may manifest with nonspecific symptoms and poses a risk of progressing to overt hypothyroidism. Traditional treatment with levothyroxine is typically reserved for patients exhibiting significant symptoms, considerably elevated thyroid-stimulating hormone, or positive thyroid peroxidase antibodies, making management in mild instances contentious. This report details a 47-year-old woman diagnosed with subclinical hypothyroidism, who presented symptoms including weight gain, hair thinning, throat discomfort, constipation, and fatigue. An individualized homeopathic treatment was initiated using Sepia 1M, tailored according to her comprehensive symptom profile. Over a six-month period, the patient reported significant symptom relief, including the resolution of throat pain, improved bowel regularity, decreased hair loss, and weight reduction, as well as normalization of TSH levels.

Keywords: Subclinical hypothyroidism, constitutional prescription, sepia, case report

Introduction
Subclinical hypothyroidism (SCH) is a frequently observed endocrine condition that is defined biochemically by increased serum thyroid-stimulating hormone (TSH) levels while free thyroxine (FT4) concentrations remain within normal limits. This thyroid dysfunction is prevalent globally and is often discovered by chance during routine biochemical screenings. The estimated prevalence of SCH in the general population ranges between 3% and 15%, showing significant variations influenced by age, gender, and iodine sufficiency. Epidemiological findings consistently show that women exhibit a two- to threefold higher prevalence than men, likely due to the greater occurrence of autoimmune thyroiditis in females.[1,2] Age is another crucial factor: the prevalence of SCH considerably increases among older adults, reaching 15–20% in individuals over 60 in specific populations. In India, comprehensive community surveys have reported that approximately 8% of adults suffer from SCH, particularly impacting women and those aged over 40 years.[3,4] The leading cause of subclinical hypothyroidism (SCH) in iodine-replete regions is chronic autoimmune thyroiditis (Hashimoto's thyroiditis), which is marked by lymphocyte infiltration and progressive destruction of the thyroid. In areas lacking adequate iodine, insufficient dietary intake remains a significant cause. Other contributing factors include iatrogenic hypothyroidism resulting from partial thyroidectomy, radioactive iodine treatment, or neck radiation; prolonged administration of antithyroid medications; and exposure to specific drugs such as lithium, amiodarone, interferon-α, and tyrosine kinase inhibitors. Temporary increases in TSH may occur following subacute, silent, or postpartum thyroiditis. Central (secondary) hypothyroidism rarely manifests as isolated SCH but should be considered when there is a presence of pituitary or hypothalamic disorders. Declines in thyroid reserves associated with age and genetic predisposition also lead to a higher incidence in older adults and women. Although subclinical hypothyroidism (SCH) is often asymptomatic, some individuals experience early, non-specific symptoms that overlap with those of overt hypothyroidism, including fatigue, dry skin, hair loss, sensitivity to cold, constipation, dyslipidemia, irregular menstrual cycles, and weight gain.[5] The clinical significance of SCH lies in its possibility of evolving into overt hypothyroidism, with population studies estimating the yearly progression rate from SCH to overt hypothyroidism at around 2–6%,

and a heightened annual risk (approximately 3–8%) identified in patients with TSH levels exceeding 10 mIU/L and/or positive thyroid peroxidase (TPO) antibodies. The traditional management of subclinical hypothyroidism mainly involves levothyroxine replacement therapy for selected patients, particularly those who exhibit symptoms, those with positive thyroid peroxidase antibodies, or when TSH levels are above 10 mIU/L. However, for individuals with only mild biochemical deviations and few or vague symptoms, current guidelines often suggest an approach of watchful waiting instead of immediate drug treatment.[6] While this strategy is backed by evidence, it may lead to persistent symptoms for certain patients and does not tackle the autoimmune or metabolic factors underlying the condition directly. In homoeopathy, constitutional treatment centers on the choice of a remedy based on the comprehensive physical, mental, and emotional constitution of the patient, rather than solely on the biochemical abnormalities. This method aims to activate the body's self-regulatory systems, potentially impacting thyroid function and holistically relieving related symptoms. Although solid clinical evidence in this area is still lacking, case reports and observational studies have indicated clinical enhancements with tailored homoeopathic treatments for SCH. This article presents a clinical case report demonstrating the management of subclinical hypothyroidism through a constitutional homoeopathic remedy, focusing on individualized prescriptions, follow-up, and evaluating outcomes.

Case report

A 47-year-old woman visited the outpatient department of a government homoeopathic medical college and hospital in Bangalore on December 17, 2024, reporting episodes of throat pain over the last eight months.

History of chief complaint

The patient was seemingly in good health a year ago, but she gradually began to gain weight (10 kg over the course of a year). She also started noticing increased hair loss and feelings of fatigue. For the last eight months, she has been experiencing episodic throat discomfort, a pressing sensation that feels like there's a lump present and intensifies when she consumes oily foods and cold items, while it eases with hot drinks. Additionally, she has been facing quick fullness, abdominal bloating, and constipation.

Past history

Hysterectomy 3 years back due to menorrhagia.

Table 1: Family history

Father	Alive	Hypertension
Mother	Alive	Hypothyroidism, Type II Diabetes mellitus
Siblings: 2 younger sisters	1. Alive 2. Alive	Hypothyroidism Apparently healthy
1 younger brother	Alive	Apparently healthy
Children: 2 daughters	Alive	Apparently healthy

Physical generals

Diet**:** mixed
Appetite**:** reduced, easy satiety
Hunger**:** Can tolerate hunger
Desire**:** sour food^{++}
Aversion: Nothing specific
Thirst**:** Thirsty, large quantities (drinks 3-4 litres/day), tepid water
Bowel**:** 1t/ day. Hard stools, unsatisfactory feeling.
Micturition**:** 4-5/0-1(D/N), no difficulties
Perspiration**:** Generalized, only on exertion.
Sleep**:** Good, refreshing
Dreams**:** Nothing specific
Thermals**:** Chilly patient

Mental generals

As an individual, she is outgoing and enjoys engaging with others. She is quite sensitive and struggles to handle dissent regarding her choices; she desires everyone to heed her and easily becomes annoyed, though she does not show it outwardly. She is extremely devoted to her profession and values recognition for her efforts. Over the last year, she has found it challenging to allocate sufficient time to her career because of her household responsibilities, which has led her to feel distanced from her husband. She dislikes receiving sympathy, so she keeps her feelings to herself and doesn't confide in anyone.

General physical examination

Weight: 70kgs
Height: 158cm
BMI: 28 kg/M^2
Moderately built and nourished
Skin: dryness^{++}
No signs of pallor, oedema, cyanosis, icterus, clubbing and lymphadenopathy

Local examination

Inspection: No visible swelling, asymmetry, scars, or skin changes over the neck.
No engorged veins or pulsations seen.
Palpation: Thyroid gland not enlarged; lobes and isthmus not palpable.
No tenderness, nodules, or irregularities felt. Trachea central. No cervical lymphadenopathy.
Percussion: no retrosternal dullness
Auscultation: no bruit heard over the thyroid region

Provisional diagnosis: Hypothyroidism
Investigation done: Date; 10-12-2024
Total T3- 106 ng/dl
Total T4- 5.95 µg/dl
TSH- 12.542 µIU/ml


NAME : RAKSHITHA LAB
REF. BY : T3-T4-USTSH
TEST ASKED

SAMPLE COLLECTED AT : [illegible] RAKSHITHA DIAGNOSTIC CENTRE, 304/1?1, ABOVE AIRTEL OFFICE, NEAR JAYAPRAKASH NARAYANA PARK, PIPELINE ROAD VIJAYANAGAR,560040

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	106	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	5.95	µg/dL	4.87-11.72
TSH - ULTRASENSITIVE	C.M.I.A	12.542	µIU/ml	0.35-4.94

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :
T3,T4,USTSH - Fully Automated Chemi Luminescent Microparticle Immunoassay

Pregnancy reference ranges for TSH/USTSH :

Trimester	T3 (ng/dl)	T4 (µg/dl)	TSH/µSTSH (µIU/ml)
1st	83.9-196.6	4.4-11.5	0.1-2.5
2nd	86.1-217.4	4.9-12.2	0.2-3.0
3rd	79.9-186	5.1-13.2	0.3-3.5

References :
1. Carol Devilla, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2) : 242 - 243
2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

Disclaimer :Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference. In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

--- End of report ---

Sample Collected on (SCT) : 10 Dec 2024 12:25
Sample Received on (SRT) : 10 Dec 2024 17:03
Report Released on (RRT) : 10 Dec 2024 19:09
Sample Type : SERUM
Labcode : 1012092512/AC687
Barcode : BZ266880

Dr Syeda Sumaiya MD(Path) Dr.Ashwin Mathew MD(Path)

Page : 1 of 1

Provisional diagnosis
Subclinical hypothyroidism

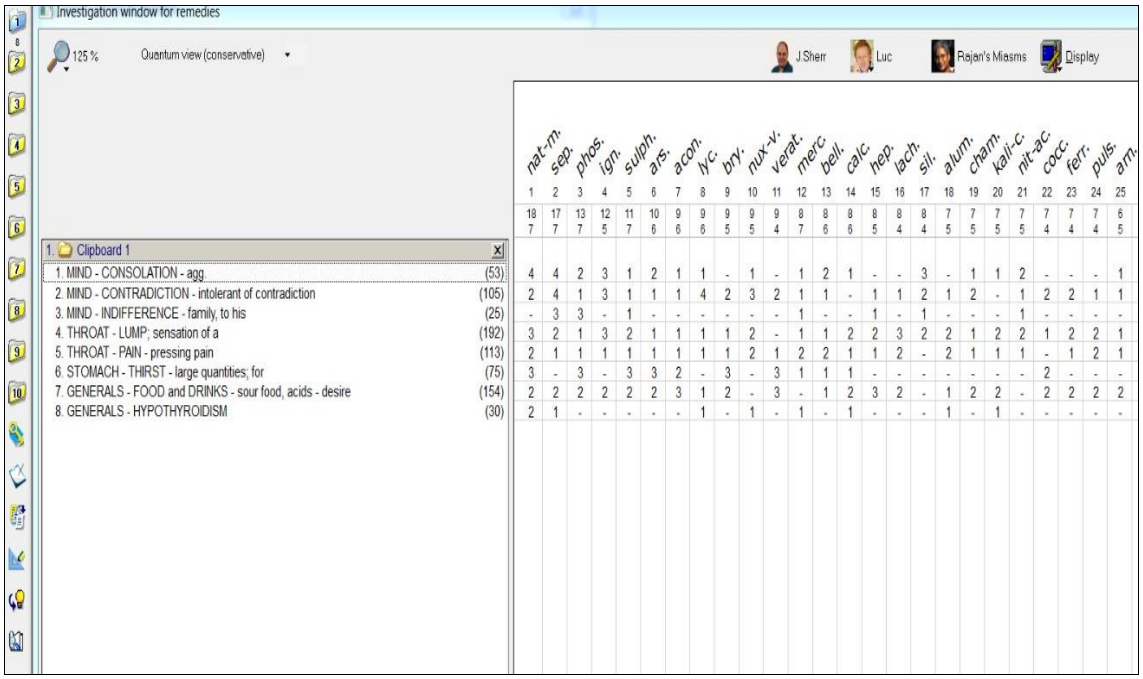
Case analysis

Table 2: Analysis of symptoms

Common symptoms	Uncommon symptoms
Throat pain- pressing type	Intolerance to contradiction
lump sensation	Doesn't like being consoled
Bloating	Indifference to husband
Weight gain	Desire: sour food
Hair fall	Thirsty: large quantity at long intervals
Appetite: easy satiety	Chilly patient
Hard stools, unsatisfactory feeling	

Totality of symptoms
Intolerance to contradiction
Doesn't like being consoled
Indifference to husband
Desire: sour food
Thirsty: large quantity at long intervals
Throat pain- pressing type
Lump sensation

Selection of repertory: RADAR software[7]
Repertorial totality and results: Figure

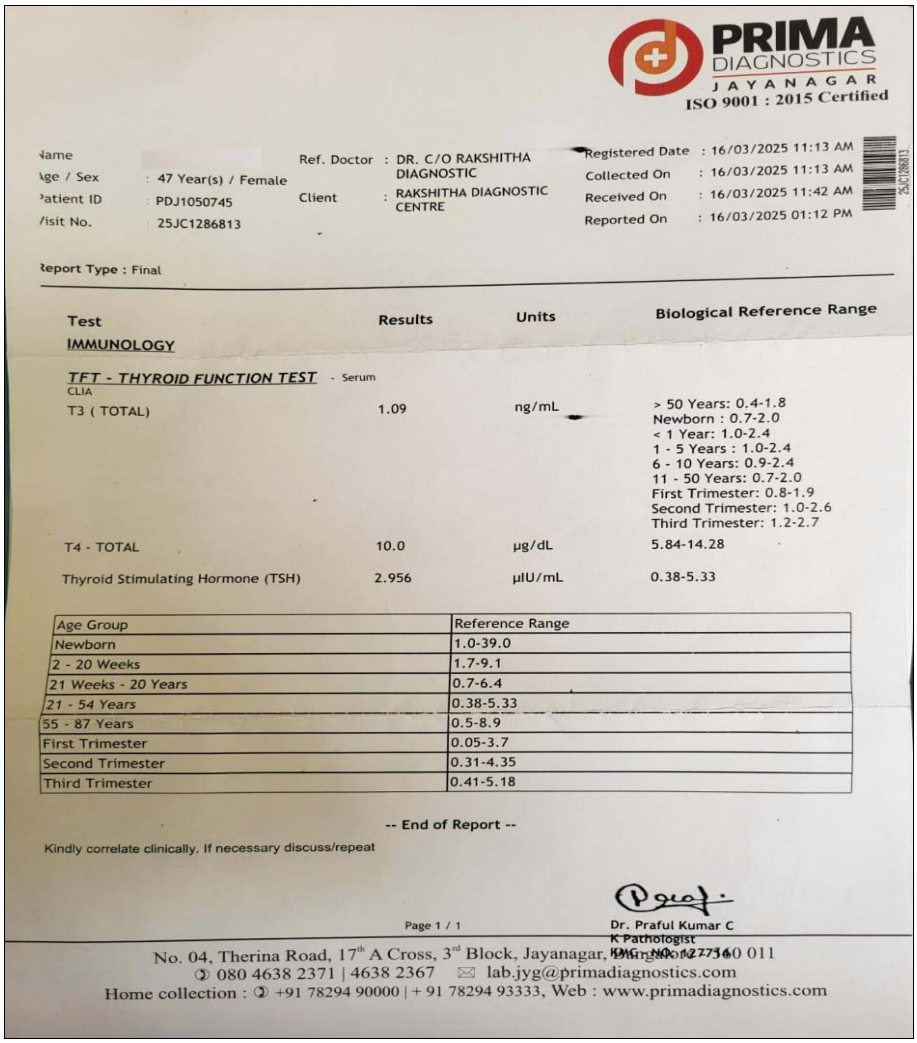


Prescription: Sepia 1M weekly one dose for 3weeks
Follow up: Table 3

Table 3: Sepia

Date	Observation	Prescription
15-01-2025	Throat pain better by 40%; Hair fall reduced by 20%; Appetite: improved Stools: hard but no unsatisfactory feeling Weight:69kgs	Rx: Pl BD for 1 month
13-02-2025	Throat pain better by 80% Hair fall reduced by 50%; Appetite: improved Stools: normal Weight: 67kgs	Rx: Pl BD for 1 month
17-03-2025	Throat pain only 2 episodes in the last 1 month Hair fall persists the same as last follow up Generals: good Weight: 67 kgs Investigation done fig.(16/03/2025): TSH- 2.956 µIU/ml	Rx: Thyroidinum 1M Weekly one dose for 2 weeks

25-04-2025	Only one episode of throat pain with reduced intensity Hair fall improved by 70% Generals: good Weight- 65kgs	Rx: Pl BD for 1 month
3-06-2025	No new episodes of throat pain. Minimal hair fall persists Weight- 63kgs	Rx: Pl BD for 1 month
14-07-2025	No new episodes of throat pain. Minimal hair fall persists Weight- 63kgs Investigation done fig.(10/07/2025): TSH- 3.090 µIU/ml	Rx: Pl BD for 1 month



PRIMA DIAGNOSTICS
JAYANAGAR
ISO 9001 : 2015 Certified

Name
Age / Sex : 47 Year(s) / Female
Patient ID : PDJ1050745
Visit No. : 25JC1286813

Ref. Doctor : DR. C/O RAKSHITHA DIAGNOSTIC
Client : RAKSHITHA DIAGNOSTIC CENTRE

Registered Date : 16/03/2025 11:13 AM
Collected On : 16/03/2025 11:13 AM
Received On : 16/03/2025 11:42 AM
Reported On : 16/03/2025 01:12 PM

Report Type : Final

Test	Results	Units	Biological Reference Range
IMMUNOLOGY			
TFT - THYROID FUNCTION TEST - Serum CLIA			
T3 (TOTAL)	1.09	ng/mL	> 50 Years: 0.4-1.8 Newborn : 0.7-2.0 < 1 Year: 1.0-2.4 1 - 5 Years : 1.0-2.4 6 - 10 Years: 0.9-2.4 11 - 50 Years: 0.7-2.0 First Trimester: 0.8-1.9 Second Trimester: 1.0-2.6 Third Trimester: 1.2-2.7
T4 - TOTAL	10.0	µg/dL	5.84-14.28
Thyroid Stimulating Hormone (TSH)	2.956	µIU/mL	0.38-5.33

Age Group	Reference Range
Newborn	1.0-39.0
2 - 20 Weeks	1.7-9.1
21 Weeks - 20 Years	0.7-6.4
21 - 54 Years	0.38-5.33
55 - 87 Years	0.5-8.9
First Trimester	0.05-3.7
Second Trimester	0.31-4.35
Third Trimester	0.41-5.18

-- End of Report --

Kindly correlate clinically. If necessary discuss/repeat

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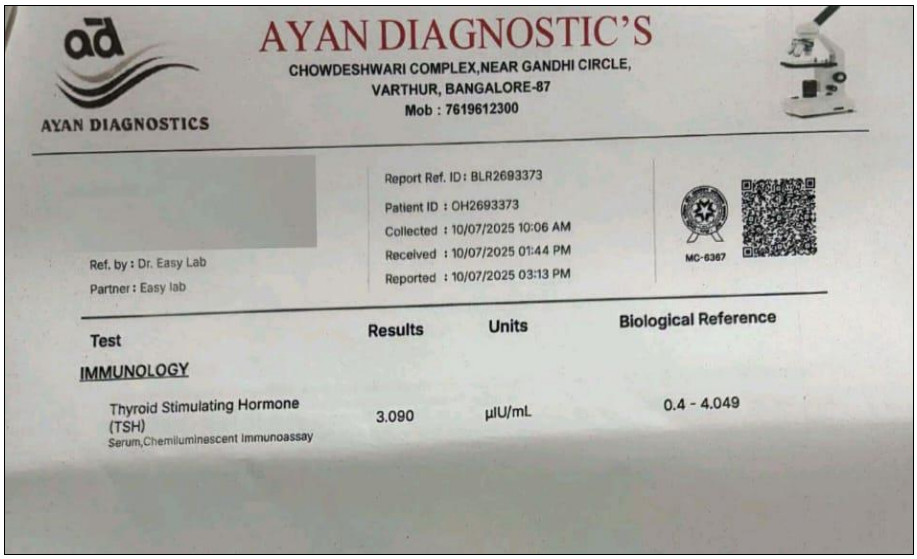

AYAN DIAGNOSTIC'S
CHOWDESHWARI COMPLEX,NEAR GANDHI CIRCLE,
VARTHUR, BANGALORE-87
Mob : 7619612300

AYAN DIAGNOSTICS

Report Ref. ID : BLR2693373
Patient ID : OH2693373
Collected : 10/07/2025 10:06 AM
Received : 10/07/2025 01:44 PM
Reported : 10/07/2025 03:13 PM

Ref. by : Dr. Easy Lab
Partner : Easy lab

MC-6367

Test	Results	Units	Biological Reference
IMMUNOLOGY			
Thyroid Stimulating Hormone (TSH) Serum,Chemiluminescent Immunoassay	3.090	µIU/mL	0.4 - 4.049

Table 4: Assessment of outcome with Modified Naranjo Criteria

		Yes	No	Not sure
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	0	0
2.	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1	0	0
3.	Was there an initial aggravation of symptoms?	0	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0
5.	Did overall well-being improve (suggest using validated scale)	+1	0	0
6.	(a) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? (b) Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: From organs of more importance to those of less importance. From deeper to more superficial aspects of the individual. From the top downwards	0 0	0 0	0 0
7.	Did 'old symptoms' (defined as nonseasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	+1	0
8.	Are there alternative causes (other than the medicine) that with a high probability could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)	0	+1	0
9.	Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+2	0	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	0	0	0
	Total score	+9		

Discussion

Homoeopathy is a scientific system of medicine that treats the patient holistically, addressing the totality of symptoms rather than isolated pathological findings. This case illustrates that when a patient's mental, general, and physical traits align closely with the symptom profile of a chosen remedy, the outcomes can be both swift and enduring. In this instance, Sepia was prescribed as the constitutional remedy, chosen after a thorough case-taking that incorporated physical complaints, mental disposition, and general tendencies.

The patient, a 47-year-old woman with biochemical evidence of subclinical hypothyroidism (TSH 12.542 µIU/ml, normal FT4), presented with weight gain, hair loss, throat discomfort, constipation and fatigue. Sepia was given based on the repertory result obtained through RADAR software used for repertorization of the gathered totality. The symptoms that indicate Sepia as the constitutional remedy encompass indifference to loved ones, easily offended, aversion to sympathy or consolation, sensitive, physically desire for sour food, chilly patient and the particular of lump sensation in throat and the pressing type of pain.[8] After the initial prescription, there was a slight alleviation of symptoms. The TSH level after three months of treatment dropped to 2.956 µIU/ml. Although the biochemical values normalized, the patient continued to experience symptoms. So, Thyroidinum 1M was administered as an intercurrent remedy at the third follow-up.[9] The patient reported a gradual increase in energy, decreased hair loss, regular bowel movements, and relief from throat discomfort. These observed clinical improvements coincided with objective biochemical changes, with TSH normalizing to 3.090 µIU/ml over a six-month period.

The Modified Naranjo Criteria[10] for Homeopathy yielded a score of +9, signifying a probable causal relationship between the prescribed homoeopathic intervention and the observed outcome. The close temporal relationship between remedy administration and rapid symptomatic relief, the progressive and sustained improvement during follow-up, and the parallel normalization of TSH levels collectively support the attribution of these results to the individualized prescription. This case highlights how precise remedy selection, guided by the principle of "Similia Similibus Curentur," can produce measurable and clinically significant changes in endocrine function.

Conclusion

Homoeopathy provides a patient-focused and personalized treatment approach that considers both the physical and mental aspects of illness. This case demonstrates the promising effectiveness of constitutional homoeopathic prescribing in achieving relief from symptoms and restoring biochemical balance in subclinical hypothyroidism. The positive result highlights the significance of selecting remedies based on the overall symptom profile and individualized treatment instead of relying solely on laboratory results. Additional controlled clinical research is necessary to investigate and confirm the role of homoeopathy in the treatment of subclinical hypothyroidism.

Conflict of Interest

Not applicable

Financial support

Not available

Declaration of patient consent

The patient provided consent for her clinical information to be included in the journal report. She is aware that her name and initials will remain unpublished.

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