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Dr. Sukriti Jaiswal
M.D Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, State National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, India

Dr. Vishwajeet Gupta
Professor, Department of Community Medicine, State National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, India

Dr. Archana Kumari
Professor, Department of Organon of Medicine and Homoeopathic Philosophy, State National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, India

Dr. OP Singh
Lecturer, Department of Organon of Medicine and Homoeopathic Philosophy, State National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, India

Dr. Vinay Shanker Tiwari
Reader, Department of Homoeopathic pharmacy, State National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, India

Dr. Rupesh Kumar Pandey
Lecturer, Department of Homoeopathic Pharmacy, State National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, India

Corresponding Author:
Dr. Sukriti Jaiswal
M.D Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, State National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, India

A case report on homoeopathic management of hypothyroidism

Sukriti Jaiswal, Vishwajeet Gupta, Archana Kumari, OP Singh, Vinay Shanker Tiwari and Rupesh Kumar Pandey

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Abstract
Hypothyroidism results from low levels of thyroid hormones. Hypothyroidism and hyperthyroidism are common conditions with many health consequences that affect worldwide. Hypothyroidism is characterized by a broad clinical spectrum ranging from myxedema, end-organ effects and multisystem failure to subclinical condition with normal levels of thyroxine and triiodothyronine and mildly elevated levels of serum thyrotropin. The prevalence of hypothyroidism in the developed world is about 4-5%. The prevalence of subclinical hypothyroidism in the developed world is about 4-15% (1) This case report presents a case of homeopathic treatment of subclinical hypothyroidism of a female aged 37 who was investigated with this condition during a part of general body checkup. She had anxiety at loud sounds, dryness felt at nose and throat, great weakness, white expectoration rarely, hyper pigmented patches on neck with itching. After a thorough case taking and repertorization Medorrhinum 200/3 doses was prescribed. After regular follow-ups she reported a normal thyroid profile under homoeopathic treatment.

Keywords: Hypothyroidism, myxoedema, individualization, homoeopathy

Introduction
Deficient thyroid hormone production can be due to thyroid failure (primary hypothyroidism) or, less commonly, pituitary or hypothalamic disease (secondary hypothyroidism). *Subclinical* (or *mild*) *hypothyroidism* is a state of normal free thyroid hormone levels and mild elevation of Thyroid-Stimulating Hormone (TSH). With higher TSH levels and low free T_4 levels, symptoms become more readily apparent in *clinical* (or *overt*) *hypothyroidism* [2]. Hypothyroidism is a common condition with various causes such as autoimmune, iatrogenic, transient thyroiditis, iodine deficiency, congenital and secondary hypothyroidism etc. Autoimmune and surgical causes account for 90% of cases. Women are six times more frequent than men. A consequence of prolonged hypothyroidism is infiltration of many body tissues by hyaluronic acid and chondroitin resulting in low pitched voice, poor hearing, slurred speech, carpal tunnel syndrome, myxoedema, yellow colour tint to skin. Non-specific symptoms are tiredness, weight gain and depression etc.
Subclinical hypothyroidism characteristically presents with normal thyroxine (T_4) levels and elevated thyroid stimulating hormone (TSH) levels. The incidence of subclinical hypothyroidism is estimated at 3% to 15%, depending on the population studied. Statistical research demonstrates a higher incidence of subclinical hypothyroidism in women and older individuals. This condition correlates with an increased risk of fatal and non-fatal coronary artery disease events, congestive heart failure, and fatal stroke [3]. Investigations available are thyroid profile showing serum T_3, T_4, TSH levels and thyroid scan. Treatment available is levothyroxine replacement. Patients feel better in 2 to 3 weeks. Reduction in weight occurs quickly but restoration of skin and hair texture may take 3 to 6 months.
Compared to the levothyroxine treatment available Homoeopathy has shown remarkable and efficient recovery in cases of hypothyroidism without any adverse effects on the patients,

Homoeopathy in hypothyroidism
Homoeopathy is based on individualization. It cure patients as a whole. Based on previous researches available Homoeopathic medicines are found to be highly effective in management of hypothyroidism.

Some researchers are available regarding homoeopathic management of hypothyroidism using medicines such as Natrum Muriaticum, Iodium etc.

A case subclinical hypothyroidism

A patient named xyz, age / sex-37/female registration no-36157 came with the following presenting complaints as recent investigations revealed hypothyroidism. Investigations were performed as a part of general body checkups. The patient had anxiety at loud sounds, dryness felt at nose and throat. Great weakness, white expectoration rarely, hyper pigmented patches on the neck with itching, dryness of the throat was better by lying on the abdomen. History of presenting complaints.

The patient came to OPD on 24 / 3 /25 with complaints of anxiety, weakness and a sensation of dryness in the throat. She presented with a hyperpigmented patch on body with itching. She had pain in right knee which was aggravated by motion. Symptoms of knee pain were felt aggravated from morning till evening. Respiratory complaints were better by lying on abdomen. Rarely she had whitish sputum on expectoration.

Past History: Typhoid in 2019.

Family History: Her mother was diabetic.

Personal History: She was married and a housewife, she lives with her husband and three children.

Physical General

Appetite-normal, thirst-decreased, desire-sweet, perspiration -increased, dreams-dead relatives, thermal-hot. Sun exposure causes burning sensation in body menses at regular intervals and were normal. Sleeps on abdomen.

Mental General

Fastidious, clairvoyant, she predicted events quite correctly, weak memory for recent events, company desire, increased anger over children.

Local and systemic examination

Patient's weight was about 55 kgs. Her blood pressure, pulse rate were within the normal range. There was no pallor, cyanosis or clubbing on examination.

Totality of symptoms

Clairvoyant, lies on the abdomen which relieves, dreams of dead people, desire for sweets, thermal hot, weakness of memory.

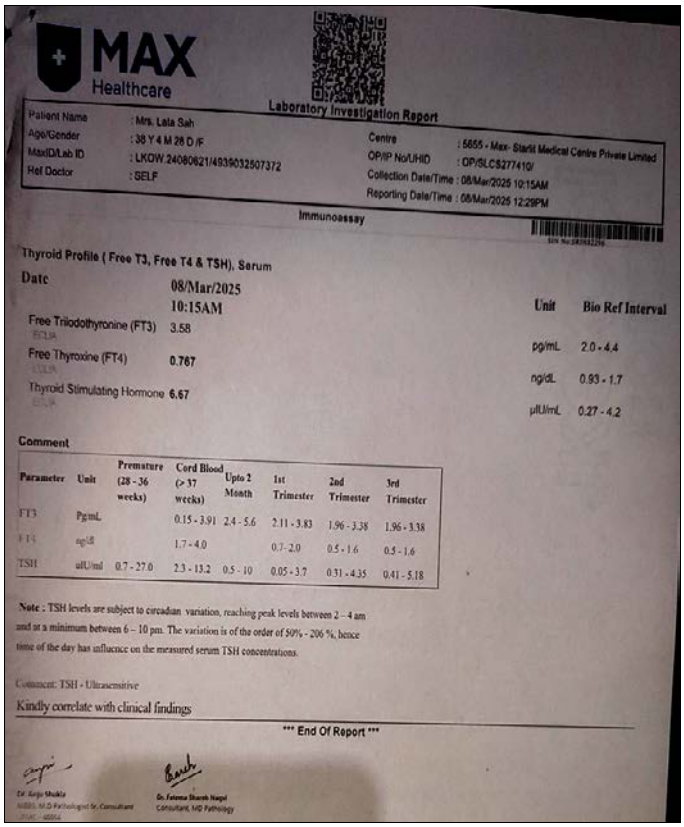
Repertorization

- Mind-Clairvoyance
- Mind-Memory-weakness of memory
- Sleep-Position-abdomen on
- Dreams-Dead of the
- Generals-Food and drink-desire sweet
- Generals-Warm agg.

Analysis of repertorial result and first prescription

The case was repertorised using repertorium syntheticum. The first prescription was Meddorhinum 200 in three doses followed by placebo after analysis of symptoms.

Follow up prescription



MAX Healthcare

Laboratory Investigation Report

Patient Name : Mrs. Lata Sah
Age/Gender : 38 Y 4 M 28 D /F
MaxID/Lab ID : LKOW.24080821/4939032507372
Ref Doctor : SELF
Centre : 5655 - Max- Starlit Medical Centre Private Limited
OP/IP No/UHID : OP/SLC$277410/
Collection Date/Time : 08/Mar/2025 10:15AM
Reporting Date/Time : 08/Mar/2025 12:29PM

Immunoassay

Thyroid Profile (Free T3, Free T4 & TSH), Serum

Date	08/Mar/2025 10:15AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3)	3.58	pg/mL	2.0 - 4.4
Free Thyroxine (FT4)	0.767	ng/dL	0.93 - 1.7
Thyroid Stimulating Hormone	6.67	µIU/mL	0.27 - 4.2

Comment

Parameter	Unit	Premature (28 - 36 weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	1st Trimester	2nd Trimester	3rd Trimester
FT3	Pg/mL		0.15 - 3.91	2.4 - 5.6	2.11 - 3.83	1.96 - 3.38	1.96 - 3.38
FT4	ng/dl		1.7 - 4.0		0.7- 2.0	0.5 - 1.6	0.5 - 1.6
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.05 - 3.7	0.31 - 4.35	0.41 - 5.18

Note : TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 am and at a minimum between 6 - 10 pm. The variation is of the order of 50% - 206 %, hence time of the day has influence on the measured serum TSH concentrations.

Comment: TSH - Ultrasensitive

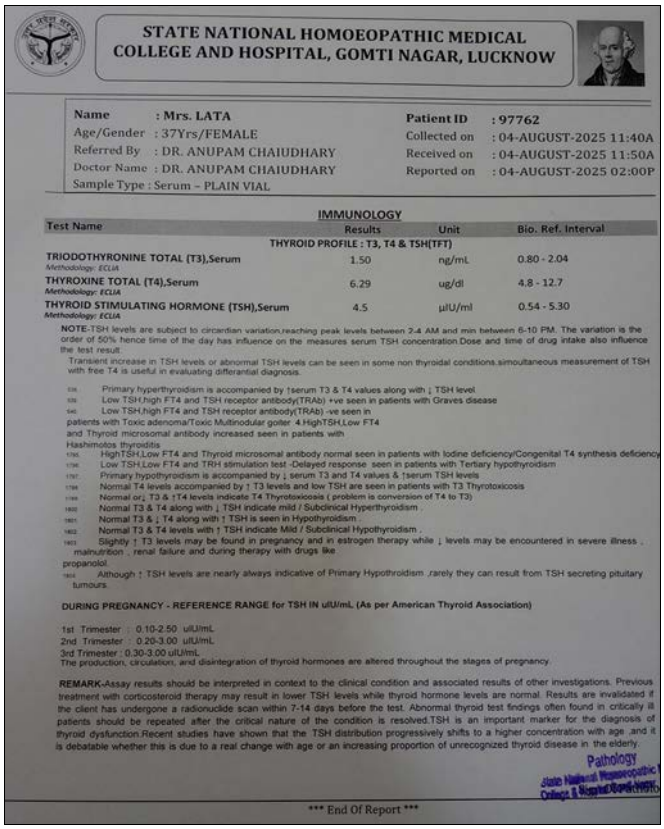
Kindly correlate with clinical findings

*** End Of Report ***

Dr. Ranju Shukla MBBS, M.D Pathologist Sr. Consultant

Dr. Fatema Shaikh Nagpal Consultant, MD Pathology

Before treatment



STATE NATIONAL HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL, GOMTI NAGAR, LUCKNOW

Name : Mrs. LATA
Age/Gender : 37Yrs/FEMALE
Referred By : DR. ANUPAM CHAIUDHARY
Doctor Name : DR. ANUPAM CHAIUDHARY
Sample Type : Serum – PLAIN VIAL
Patient ID : 97762
Collected on : 04-AUGUST-2025 11:40A
Received on : 04-AUGUST-2025 11:50A
Reported on : 04-AUGUST-2025 02:00P

IMMUNOLOGY

Test Name	Results	Unit	Bio. Ref. Interval
THYROID PROFILE : T3, T4 & TSH(TFT)			
TRIODOTHYRONINE TOTAL (T3),Serum Methodology: ECLIA	1.50	ng/mL	0.80 - 2.04
THYROXINE TOTAL (T4),Serum Methodology: ECLIA	6.29	ug/dl	4.8 - 12.7
THYROID STIMULATING HORMONE (TSH),Serum Methodology: ECLIA	4.5	µIU/ml	0.54 - 5.30

NOTE-TSH levels are subject to circardian variation,reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result.
Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions.simoultaneous measurement of TSH with free T4 is useful in evaluating differantial diagnosis.

Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.
Low TSH,high FT4 and TSH receptor antibody(TRAb) +ve seen in patients with Graves disease
Low TSH,high FT4 and TSH receptor antibody(TRAb) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter 4.HighTSH,Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimotos thyroiditis
HighTSH,Low FT4 and Thyroid microsomal antibody normal seen in patients with Iodine deficiency/Congenital T4 synthesis deficiency
Low TSH,Low FT4 and TRH stimulation test -Delayed response seen in patients with Tertiary hypothyroidism
Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels
Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
Normal or↓ T3 & ↑T4 levels indicate T4 Thyrotoxicosis (problem is conversion of T4 to T3)
Normal T3 & T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism .
Normal T3 & ↓ T4 along with ↑ TSH is seen in Hypothyroidism .
Normal T3 & T4 levels with ↑ TSH indicate Mild / Subclinical Hypothyroidism .
Slightly ↑ T3 levels may be found in pregnancy and in estrogen therapy while ↓ levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propanolol
Although ↑ TSH levels are nearly always indicative of Primary Hypothroidism ,rarely they can result from TSH secreting pituitary tumours.

DURING PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)

1st Trimester : 0.10-2.50 uIU/mL
2nd Trimester : 0.20-3.00 uIU/mL
3rd Trimester : 0.30-3.00 uIU/mL
The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

REMARK-Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved.TSH is an important marker for the diagnosis of thyroid dysfunction.Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age ,and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly.

Pathology

*** End Of Report ***

After Treatment

Sr. No.	Date	Patient complaints	Prescription
1.	24/3/25	Patient complain of anxiety at loud sound, dryness in nose and throat, white sputum expectoration, eruption with itching.	Medorrhinum 200/3 dose, sl 30 /tds
2.	22/4/25	The patient's anxiety was reduced, dryness in nose and throat improved, expectoration was present, itching was present.	R. met 200 / 3 dose, sl 30 / tds
3.	6/5/25	The patient had anxiety reduced, dryness in nose and throat improved, expectoration was present, itching was present.	Medorrhinum 200/3 dose, sl 30 /tds
4.	10/7/25	The patient reported that anxiety was improved, dryness in nose and throat were improved, expectoration present, and itching was relieved.	R. met 200 / 3 dose, sl 30 / tds

Conclusion

In cases of hypothyroidism homoeopathic medicines may play an effective role in providing relief to the patient without any harmful effects on health. They help in improving the quality of life of the patients. In the case discussed Medorrhinum was given after thorough case taking. The case had prominent miasm psorosycotic and as Medorrhinum is a sycotic medicine, patient responded well to the medicine.

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Nil.

Conflict of Interest

Not available

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