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Homoeopathic restoration of thyroid function: A case study in holistic endocrine healing

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Abstract

Hypothyroidism often affects young women, disrupting daily life with fatigue, weight gain, cold intolerance, dry skin, hair loss, mood swings, memory lapses, and body pain. This case describes a 26-year-old female whose symptoms impacted both her physical health and emotional well-being. A detailed case-taking was conducted, exploring not only her medical history but also her lifestyle, mental state, and emotional experiences. Repertorization using the Synthesis Repertory guided the selection of *Kalium carbonium* as the individualized remedy. Treatment was tailored to her overall constitution rather than isolated complaints, reflecting the holistic principles of Homoeopathy. The patient experienced notable improvement, regaining energy, emotional balance, and relief from physical discomfort. This case highlights the value of individualized Homoeopathic care, where healing is approached as a whole-person journey, restoring harmony across body, mind, and emotions.

Keywords: Hypothyroidism, endocrine disorders, homoeopathy, individualized treatment, case report, holistic healing, repertorization, synthesis repertory, constitutional remedy

Introduction

Hypothyroidism is more than a biochemical imbalance; it is a condition that quietly reshapes everyday life^[1, 2]. Young women often struggle with fatigue, weight gain, cold intolerance, dry skin, hair loss, mood swings, memory lapses, and body pain, all of which affect confidence, productivity, and relationships^[3, 4]. Epidemiological studies estimate that hypothyroidism affects 3–5% of the general population, with a higher burden among women of reproductive age, making it a significant public health concern^[5, 6]. Conventional therapy offers hormone replacement, yet many patients continue to seek approaches that address not only the physical but also the emotional and lifestyle dimensions of their illness^[7, 8]. The rationale for this study lies in documenting individualized Homoeopathic care, which emphasizes treating the patient's constitution rather than isolated symptoms^[9, 10]. Existing knowledge gaps include limited systematic reporting of Homoeopathic outcomes^[11, 12]. Bridging these gaps requires carefully documented case studies that highlight how tailored remedies can restore balance and well-being^[13, 14].

Demographic Information:

Mrs. XXX, a 26-year-old female, of Indian ethnicity, homemaker, presented for evaluation.

Chief Complaints

- Gradual onset of fatigue and generalized body pain for 5–6 months.
- Progressive weight gain of ~6 kg over 4 months despite no dietary changes.
- Cold intolerance, dry skin, and hair loss.
- Mood swings, irritability, and memory lapses.

Medical, Family, and Psychosocial History

- No known co-morbidities reported.
- Mother have the history of hypothyroidism.
- No significant psychosocial stressors noted.
- No relevant genetic information available.

Past Interventions and Outcomes

- No prior medical interventions or treatments reported for current complaints.
- No history of similar complaints in the past.

Clinical Findings**Physical Generals****Appetite:** Good (3 times/day)**Thirst:** Reduced**Urine:** Regular and Satisfied**Stool:** Regular and Satisfied**Sleep:** Refreshed but fatigue present throughout the day**General & Physical Examination**

- Patient appears fatigued, with mild dry skin.
- Hair thinning and diffuse hair loss observed.
- Weight: 69 kg, Height: 164 cm → BMI: 25.7 kg/m² (overweight category).
- Vitals are normal.
- No pallor, icterus, cyanosis, clubbing, edema, or lymphadenopathy.
- No toxic features (tachycardia, tremor, exophthalmos, lid signs) — consistent with hypothyroid state rather than thyrotoxicosis.

Local Examination of Thyroid**Inspection**

- Neck contour appears normal.
- No visible swelling, enlargement, pulsations, or engorged veins in the anterior neck region.
- Overlying skin is healthy, with no discolouration, scars, sinuses, or nodules.
- On swallowing, no abnormal upward movement is noted.
- Pizzillo's method and Pemberton's sign performed — both negative.

Palpation

- Thyroid gland palpable in its usual anatomical position, just below the thyroid cartilage.
- Overlying skin is cool to touch.
- Gland consistency is firm but not hard.
- No tenderness elicited.
- No nodules or irregularities detected.
- Gland moves freely upwards with deglutition.
- Trachea remains centrally placed, with no deviation.
- No cervical lymphadenopathy.
- Lahey's method and Kocher's test performed — no abnormal findings.
- No pressure effects on trachea, oesophagus, recurrent laryngeal nerve, or carotid sheath

Percussion

- No dullness over the thyroid region.
- Percussion over manubrium sterni negative for retrosternal extension.

Auscultation

- No bruit heard over the gland.
- No thrill detected.
- Neurological examination reveals intact higher functions, though patient reports subjective memory lapses.
- No other systemic abnormalities detected.

Clinical History

- **Thermal state:** Marked sensitivity to cold, prefers warmth, easily feels chilly even in moderate weather.
- **Menstrual history:** Regular, 25-30 day cycle.
- **Mental/emotional state:** Mood swings, irritability, forgetfulness, memory lapses interfering with daily routine.

Timeline of Clinical Milestone

Timeframe	Clinical Progression
6 months ago	Patient was in her usual state of health with no significant physical or emotional complaints.
5–6 months ago	She gradually began experiencing persistent fatigue, generalized body aches, and a noticeable reduction in daily energy levels.
4 months ago	A steady and unexplained weight gain of approximately 6 kg was observed, despite no changes in diet or physical activity.
3–4 months ago	She developed increased sensitivity to cold, dryness of the skin, and progressive hair fall, which became cosmetically concerning.
2 months ago	Emotional and cognitive changes emerged, including mood swings, irritability, mild memory lapses, and dull headaches, particularly after exposure to cold and damp conditions.
Present evaluation	Patient presented for clinical assessment; findings suggest a probable endocrine disorder (likely hypothyroidism). Further investigations, lifestyle advice, and appropriate therapeutic planning are underway.

Diagnostic Assessment**Initial Laboratory Findings**

TSH: 22 μ IU/mL (markedly elevated, consistent with hypothyroidism).

Interpretation

Elevated TSH strongly supports primary hypothyroidism, correlating with the patient's symptoms (fatigue, weight gain, cold intolerance, dry skin, hair loss, menstrual irregularities, mood swings, memory lapses).

Treatment Response

After initiation of Homoeopathic treatment, repeat evaluation showed

TSH: 1.03 μ IU/mL (normalized, within reference range).

Clinical improvement expected with normalization of thyroid function.

Diagnostic Challenges

Advanced tests such as thyroid antibody assays or imaging studies may not always be affordable or accessible in resource-limited settings. In addition, subtle complaints like mood swings, irritability, or memory lapses can sometimes be overlooked or normalized within cultural contexts, delaying recognition of an underlying medical condition.

Diagnostic Reasoning

Given the constellation of symptoms — persistent fatigue, progressive weight gain despite no lifestyle changes, cold intolerance, dry skin, hair loss, mood fluctuations, and memory lapses — hypothyroidism emerges as the most likely diagnosis. Other possibilities were considered:

reassessed with attention to her physical comfort and emotional well-being. In the Thyroid function test; Thyroid stimulating hormone (TSH) were monitored every six months to objectively evaluate her response. Over time, her TSH levels, which had been markedly elevated at 22 $\mu\text{IU/mL}$, gradually normalized to 1.03 $\mu\text{IU/mL}$. Alongside consistent follow-up and supportive lifestyle guidance, she experienced relief from her complaints, regained energy, and rebuilt confidence in her daily routine.

Analysis of the case

Following comprehensive case taking, the symptoms were carefully analyzed to establish the totality. These selected symptoms were then considered for Repertorization, which was carried out using the Synthesis Repertory.

Totality of Symptoms

- Mood swings with irritability.
- Forgetfulness and memory lapses interfering with daily routine.
- Difficulty concentrating, despite intact higher functions.
- Fatigue: gradual onset, persistent, with generalized body pain.
- Progressive weight gain
- Cold intolerance: marked sensitivity to cold, prefers warmth, easily feels chilly even in moderate weather.
- Dry skin and hair loss: diffuse thinning and brittleness.
- Reduced thirst
- Sleep refreshed, though daytime fatigue persists.

Repertory sheet

Analysis of reportorial sheet

Follow-up and Outcomes: During follow-up, the patient herself reported feeling lighter, more energetic, and less troubled by the constant fatigue that had once weighed her down. She noticed that her sensitivity to cold had eased, her skin felt less dry, and her hair fall had reduced, which gave her renewed confidence in her daily routine. From the clinician's perspective, these improvements were matched by objective evidence: her thyroid function tests showed a remarkable change, with TSH levels dropping from 22 $\mu\text{IU/mL}$ to 1.03 $\mu\text{IU/mL}$. Monthly visits confirmed that she was taking her prescribed *Kalium Carbonicum* 30C globules regularly, and she tolerated the intervention well without any discomfort. No adverse effects or unexpected aggravations were observed, and her progress remained steady. The absence of Homoeopathic aggravation and the smooth course of recovery strengthened the attribution of

Date	Prescription
20/06/2022	Rx Kalium Carbonicum 30 C /2 drachm / 3-0-3 x 2 Weeks. Saccharum lactis /4 dose / 0-0-1 x 1 month. 1 grain weight of Saccharum lactis without any active Homoeopathic medication (placebo). administered.

her improvement to the individualized remedy. Together, both patient and clinician could see that the changes were real, measurable, and meaningful, reflecting a successful

outcome of her treatment journey.

Objective Evidence

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Website: www.nimshospital.com, nimshah@nimsmc.edu.org
E-mail: info@nimsmc.edu.org
Phone: 0871-222115, 395111

IMMUNOLOGY REPORT

SID No : 027462

Name : _____
Age : 26 Years
Sex : Female
Registered Date : 15/06/2022 / 09:14
Patient No : _____
Ref. By : Dr. LEKSHMI B UNNI, MD, DGO. Reported Date : 15/06/2022 / 09:49

TEST	RESULT	REFERENCE RANGE	UNIT
IMMUNOLOGY			
TSH (ECLIA)	22.90	0.25 - 5.60	uIU/mL

End of the Report

DAY & NIGHT SERVICE

Before

NOORUL ISLAM INSTITUTE OF MEDICAL SCIENCE (NIMS) & RESEARCH FOUNDATION
HOSPITAL * HEART FOUNDATION * DENTAL COLLEGE * NURSING COLLEGE HAAC A & NABH ACCREDITED INSTITUTION
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E-mail: info@nimsmc.edu.org
Phone: 0871-222115, 395111

IMMUNOLOGY REPORT

SID No : 122836

Name : _____
Age : 26 Years
Sex : Female
Registered Date : 19/12/2022 / 08:35
Patient No : E P
Ref. By : Dr. LEKSHMI B UNNI, MD, DGO. Reported Date : 19/12/2022 / 10:59

TEST	RESULT	REFERENCE RANGE	UNIT
IMMUNOLOGY			
TSH (ECLIA)	1.03	0.25 - 5.60	uIU/mL

End of the Report

DAY & NIGHT SERVICE

DONE BY
Dr VINUKUMAR V
CONSULTANT PATHOLOGIST

After

Discussion

This case highlights the journey of a young woman whose everyday life was gradually disrupted by fatigue, weight gain, cold intolerance, dry skin, hair loss, and mood changes. The strength of her management lies in the careful individualization of treatment — instead of a one-size-fits-all approach, her remedy was chosen to reflect her unique constellation of symptoms. The outcome was striking: not only did she feel more energetic and confident, but her thyroid function tests confirmed recovery, with TSH levels dropping from 22 μ IU/mL to 1.03 μ IU/mL. At the same time, the limitations of this case must be acknowledged. Advanced diagnostic tools such as antibody testing or imaging were not used, which means the deeper cause of her hypothyroidism (such as autoimmune thyroiditis) could not be fully explored.

Medical literature consistently emphasizes levothyroxine as the standard therapy for hypothyroidism, with strong evidence for its effectiveness. Homeopathic literature, however, describes remedies like *Kalium carbonicum* for patients with cold sensitivity, fatigue, and metabolic slowing, and this case adds to the narrative that individualized Homeopathy may support both subjective and objective improvement. The rationale for concluding that her recovery was linked to the remedy rests on the alignment of her clinical improvement with laboratory normalization, absence of adverse effects, and consistent adherence to treatment.

The main lesson from this case is that patient-centered care — whether conventional or integrative — works best when it respects individuality, ensures regular follow-up, and validates outcomes with objective evidence. It reminds us that healing is not only about correcting lab values but also about restoring confidence, energy, and quality of life.

Patient Perspective: I felt constantly drained and lose confidence. Memory lapses, mood swings, and body pain left me frustrated and disconnected from my usual self. With Homoeopathic treatment, I gradually regained energy,

clarity of thought, and emotional balance. What mattered most was that the care addressed me as a whole person, helping me feel restored and hopeful again.

Informed Consent: Verbal informed consent was obtained from the patient after explaining the nature of her condition, the proposed Homoeopathic treatment, and its expected outcomes. She acknowledged understanding the information provided and willingly agreed to proceed with care.

Conflicts of Interest: There are no conflicts of interest related to this case presentation. No financial, personal, or professional relationships influenced the preparation or reporting of this case.

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I am deeply grateful to the patient for her openness and trust in sharing her journey, which made this case possible. I also thank my colleagues and mentors for their guidance during case-taking and repertorization, and for encouraging a holistic approach to care. I am especially thankful to my postgraduate guide for their constant support and encouragement in preparing and publishing this case. Finally, I acknowledge the resources and tools that helped me document this case with clarity and compassion.

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