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Hilly region people suffer from goiter

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Abstract

Goiter is a swelling or an abnormal enlargement of the thyroid gland. This enlargement or swelling of the thyroid gland causes the lump in front region of neck. Usually a goiter is harmless. But in certain cases, it can cause some symptoms depending upon the size and location of the enlargement. The thyroid gland is a butterfly shaped gland situated just below the Adam's apple in the front of the neck. It is about 2 inches long. This thyroid gland secretes thyroid hormones T3 and T4. These hormones regulate our metabolism and the way our body uses energy. They also maintain the rate at which our body uses fats and carbohydrates. The thyroid hormones also influence our heart rate and help in maintaining body temperature.

Keywords: Awareness, thyroid gland, homeopathic treatment

Introduction

Himalayas have become alarmed by recent evidence that a lack of iodine in the diet is dooming millions of children to mental and physical disabilities.

Shocked by the findings that the damage from iodine deficiency is far worse than previously suspected, the governments of India, Nepal and Bhutan are now adopting emergency countermeasures.

Because of the subtle effects of iodine deficiency on brain development, one international health specialist said, "in some of the worst-affected Himalayan villages nearly half the children appear to be virtually uneducable and unemployable except for the simplest tasks". As a result, some officials fear, the economic progress of entire communities is being held back.

The mountains and plains of northern India, Nepal and Bhutan have long been infamous in medical circles as the "Himalayan goiter belt." The soils and waters of the Himalayas are so lacking in natural iodine that even the goats develop goiters, the enlargement of the thyroid gland that is the body's adaptation to the deficiency. In some mountain cultures, people with smooth necklines were once regarded as oddities.

Presentation for Goiter

Small goiters do not have many symptoms. In case they become large, they may have some symptoms. The common symptoms of goiter are as follows-

There is swelling in the neck. This swelling is just below the Adam's apple. There may be cough or irritation in the throat. Hoarseness of voice may be another symptom.

In case of hypothyroidism, there are attendant symptoms like weight gain, constipation, chilliness, lack of appetite, mental weakness, lethargy and menstrual disturbances. In case of hyperthyroidism, there are symptoms like weight loss, increased appetite, intolerance to heat, diarrhea, nervous trembling of hands, tachycardia and high blood pressure. Swallowing may become difficult. An abnormally big goiter can make breathing difficult.

Homeopathic therapy for Goiter

Homeopathy is much more successful in the treatment of goiters. This is because it treats the patient as a whole and not just an individual part. Homeopathic medicines work on the body's immunity and then allow the natural immunity to heal the body on its own. That is why it takes a little time for the goiters to disappear. It is precisely why one needs to have some patience when one opts for the homeopathic treatment of goiter.

Some homeopathic remedies use in treatment of goiter:

• Calcarea Carb • Crotalus Cascavela • Iodium • Lycopodium • Spongia

Study done in Asia

First study had been done by Bramely. He confined his research work to Nepal. He tried to study the goiter incidence in this region. He discovered another fact that there are massive variations among populations of the Himalayas living twin close proximity. One village showed 2 % of the disease whereas the neighbouring village showed 30% of the disease. Bramely had suggested the use of neck bands and iodine ointments. This was reducing the swelling of the goiter affected patients. According to Saka, the city of Istanbul was completely goiter free although a few thyrotoxicosis cases existed. McCarossin estimated that nearly 5 million people of the Indian population are goiter victims. He affirms that the number may still be the same till today. Ramalingaswami had reviewed much statistical evidence and concluded that goiter rates in Indian haven't changed a bit. The etiological factors causing goiter are

- 1) Pollution
- 2) Lime rich water and soil
- 3) Poverty
- 4) Improper diet
- 5) Iodine deficiency [99, 100, 102]

Raymond had discovered that in the Chin Hills of Burma, the women were more susceptible to goiter than the men. It was seen mainly during puberty and pregnancy. The water of this region was very pure and had good iodine content. However due to decrease vitamin A in their diet, goiter was seen. Kawaishi had discovered that iodine deficiency was not the only cause of goiter to occur on the people of Taiwan. It was due to the massive cases of hypercalcaemia seen in the Taiwanese natives. Thus goiter was caused as a result of the defect in calcium metabolism. This was the latest findings Greenwald had proved that goitre cases in Philippines were seen as early as the 18th century.

Conclusion

The key factor is that iodine can help reduce the intensity of goiters. The geographical locations which include mountainous regions are distant from the sources of salt containing iodine. Thus people living at higher altitude tend to be more susceptible to the goiter attacks. The best remedy is the use of iodinated salt or iodine tablets. Many governments of the world have made the use iodinated salt mandatory.

Reference

1. The New York Times, By- Erik Echholm.
2. Research Journal of Pharmacy and Technology by- Ashika Rachel Samuel. Gayatri Devi.
3. Peter PAS eds. Epidemiology of Thyroid Dysfunction- hypothyroidism and hyperthyroidism. *Thyroid Int.* 2009;2:1-16.
4. Abu-Eshy SA, Abolfotouh MA, Al-Naggar YM. Endemic goiter in school children in high and low altitude areas of Asir region, Saudi Arabia. *Saudi Med J* 2001;22:146-9.
5. Aminorroaya A, Janghorbani M, Amini A, Hovsepian S, Tabatabaei A, Fallah Z. The prevalence of thyroid dysfunction is in iodine sufficient area in Iran. *Arch Iranian Med.* 2009;12:262-70.
6. Delange F, Burgi H, Chen ZP, Dunn JT. World status of monitoring iodine deficiency disorders control programs. *Thyroid* 2002;12:915-24.

7. Pradeepkumar NS, Singh R, Joseph NM. Emerging trends in thyroid diseases in Tsunami hit coastal areas of Puducherry and Cuddalore. *India J Evol Med Dental Sci* 2012;1(5):857-63.
8. Park K. Iodine deficiency disorders. In: Park's text book of Preventive and Social Medicine. 19th Edition, Jabalpur: Banarsidas Bhanot 2007, 510-511.
9. Sharma D, Sharma N, Sharma P, Porwal R, Sharma N, Mittal J. Incidence of thyroid malignancy among goitrous thyroid swelling in Rajasthan. *World J Pharm Pharmaceutical Sci* 2014;3(2):1727-33.
10. Sengupta A, Pal R, Kar S, Zaman FA, Basu M, Pal S. Clinicopathological correlates of incidentally revealed thyroid swelling in Bihar, India. *J Pharma Bioallied Sci* 2012;4(1):51-5.
11. Unnikrishnan AG, Menon UV. Thyroid disorders in India: An epidemiological perspective. *Indian J Endocrinol.* Adi Bsabs, Rami Srres, Reddy E. An open clinical study on the efficacy of Withania somnifera mother tincture in the management of hyperlipidemia. *International Journal of Indigenous Herbs and Drugs* 2019, P1-6. *Metabol* 2011;15(2):78-81.
12. Gelal B, Aryal M, Das BKL, Bhatta B, Lamsal M, Bara N. Assessment of iodine deficiency status among school age children of Nepal by urinary iodine assay. *South Asian J trop Med Public Health* 2009;40:538-43.
13. Baral N, Lamsal M, Koner BC, Koirala S. Thyroid dysfunction in eastern Nepal. *South Asian J Trop Med Public Health* 2002;33:638-41.
14. Yadav S, Gupta SK, Godbole MM, Jain M, Singh U, Pavithran PV, *et al.* Persistence of severe iodine deficiency disorders despite universal salt iodization in an iodine deficient area in Northern India. *Public Health Nutr* 2010;13:424-9.
15. Tunbridge WMG, Evered DC, Hall R, Appleton D, Brewis M, Clark F, *et al.* The spectrum of thyroid disease in a community: the Whickham survey. *Clin Endocrinol* 1977;7:481-3.
16. Das BKL, Baral N, Shyangwa PM, Toora BD, Lamsal M. Altered serum levels of thyroxine, triiodothyronine and thyroid stimulating hormone in patients with depression. *Kathmandu Univ Med J* 2007;5:330-4.
17. Qari FA. Pattern of thyroid malignancy at University Hospital in Western Saudi Arabia. *Saudi Med J* 2004;25(7):866-70.
18. Burgess JR, Tucker P. Incidence Trends for Papillary Thyroid Carcinoma and their correlation with Thyroid surgery and Thyroid Fine Needle Aspirate Cytology. *Thyroid* 2006;16(1):47-53.
19. Eggertsen R, Petersen K, Lundberg PA, Nystrom E, Lindstedt G. Screening for thyroid disease in a primary care unit with a thyroid stimulating hormone assay with a low detection limit. *Brit Med J* 1988;297:1586-92.
20. Ahmed Z, Chaudhary R, Umaru N. Study of prevalence of thyroid lesions in coastal region of Karnataka. *J Evol Med Dental Sci* 2013;2(36):6995-7002.
21. Messele G, Tadesse B. Changes in the pattern of thyroid surgical diseases in Zewditu Hospital, Addis Ababa. *Ethiop Med J* 2003;41(2):179-84.
22. Sinha SN, Sengupta SK. Surgical thyroid disease in Papua New Guinea. *Aust NZ J Surg* 1993;63(11):878-82.
23. Amch EA, Nmadu PT. Thyrotoxicosis In Zaria, Nigeria: An Update. *East Afr med J* 1997;74(7):433-4.

24. Patil RS, Nimbale NV, Pratima S, Patil SR, Sreekanth, Remya. Histopathological study of thyroid lesions. *Int J Pharma Bio Sci* 2013;4(4):1003-20.
25. Mousavi SJ, Mikaili P, Mehdioghli R. Demographic and histopathological study of the thyroidopathies which led to thyroid surgeries in Urmia Imam Hospital, Northwestern Iran. *Annals Biol Res* 2011;2(5):38-43.
26. Chaturvedi S, Sanjay M, Gupta P. Assessment of iodine induced disorders. *JIMA*. 2006;94:127-35.