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## Homoeopathic management of multinodular goitre: A case report

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### Abstract

A goitre simply means an enlarged thyroid and can either be a simple goitre or a multinodular goitre where there are multiple nodules. Multinodular goitres can be either a toxic multinodular goitre or nontoxic. It is not known what causes multinodular goitres in most cases, but iodine deficiency and certain genetic factors have been shown to lead to multinodular goitres. Homoeopathy always renders a better response in such conditions; one such case report is submitted below. Patient visited the outpatient department mainly for complaints of pain in the right side of neck, which is aggravated while swallowing and moving her neck to sides for the past 4-5 months. After dissatisfying outcome with modern medicine, patient resorted to homoeopathic treatment. A detailed case-taking and repertorization was done and Phosphorous was given in moderate potency, and repetition was based on the response of the medicine upon patient. Within 1 year 4 months of homoeopathic treatment, the patient has become free from her complains at the time of last follow-up visit in OPD.

**Keywords:** Multinodular goitre, case report, homoeopathy, phosphorus

### Introduction

Nodular goitres are experienced in patients commonly seen during clinical practice by Physicians, Surgeon, endocrinologist. Sometimes multinodular goitre is asymptomatic, with normal TSH levels i.e., nontoxic, or sometimes it is associated with systemic thyrotoxic symptoms (toxic MNG or Plummer's disease<sup>[1]</sup>). In iodine sufficient areas the prevalence of nodular goitre is comprised between 0.4 and 7.2% high in iodine deficient areas and about 4% in iodine sufficient countries, its frequency increasing with the age<sup>[2]</sup>. In the United States, the incidence of nodular goitre is nearly 0.1% to 1.5% per year<sup>[1]</sup>. Nodular goitres are less commonly seen in men and more common in women, along with advancing age, and mostly after exposure to external irradiation.

### Aetiology

Nodular goitre is caused due to the underlying factors; may be the result of any chronic low-grade, intermittent stimulus to thyroid hyperplasia.

### Primary Factors

- The functional heterogeneity of normal follicular cells, most probably due to genetic and acquisition of new inheritable qualities by replicating epithelial cells. Gender (women) is an important factor.
- Subsequent functional and structural abnormalities in growing goitres.

### Secondary Factors

- Elevated TSH (induced by iodine deficiency, natural goitrogens, inborn errors of thyroid hormone synthesis)
- Smoking, stress, certain drugs
- Other thyroid-stimulating factors (IGF-1 and others)
- Endogenous factor (gender)<sup>[3]</sup>.

### Clinical Presentation

Clinical presentation of patients with Multinodular goitre varies in different individuals and depends to a great extent on the size, location, and functional status of the thyroid. Most of the euthyroid patients with a small goitre are completely asymptomatic. Whereas, other patients may have a long-standing visible goitre in the absence of other clinical symptoms.

Hyperthyroidism, either subclinical or overtly symptomatic, is present in up to 25% of these patients. However, occasionally, the thyroid may extend into the thoracic cavity (substernal goitre) resulting in obstruction or pressure of structures within the cavity. Tracheal compression can result in exertional or positional dyspnoea, most commonly amplified in the recumbent position, dysphagia, cough, choking sensation, or hoarseness may also be seen in patients with large goitre [4].

There is a consistent level II–IV evidence that subtotal thyroidectomy results in recurrence in up to 50% patients. Based on these findings, a grade B recommendation can be made that subtotal thyroidectomy is associated with significant recurrence of goitre. It leaves a small number of incidentally detected thyroid cancers inadequately treated, and provides little significant safety advantage over total thyroidectomy. There is certain evidence, which show that the risk of permanent vocal cord palsy and hypoparathyroidism are associated with total thyroidectomy at an acceptable 2% rate, but not without exceptions [5].

### Investigations

- Thyroid ultrasonography-This will help to identify other cervical masses that can be confused with a thyroid nodule, such as a thyroglossal duct cyst etc. and to determine whether the nodule is cystic, solid or mixed.
- Thyroid function test including thyroid stimulating hormone, T3, and T4.
- Urinary examination for iodine.
- FNAC-In case of a single, dominant nodule or if a nodule is enlarged, it may lead to thyroid malignancy (cancer). A fine needle biopsy should be performed to exclude malignancy, as simple goitre may progress to a toxic nodular goitre.

### Homoeopathy in Multinodular Goitre

There are a lot of homoeopathic medicines of which a similimum can help a patient for keeping the diseases away. Generally, in allopathic treatment, Thyroid hormone replacement therapy is prescribed for iodine deficiency. If the goitre is producing too much thyroid hormone, treatment with antithyroid medication or surgery may be necessary. Homoeopathic treatment is cost effective, has no side effects and holistically it treats the individuals.

### Case Report

A 39-year-old female patient (Beautician) attended outpatient department (OPD) on 18<sup>th</sup> March 2020 with the following complaints:

- The patient presented with the complaint of pain in the right heel for, 1 year and increased since 1 month.
- The patient presented with the complaint of pain in the right side of neck for 4-5 months which was aggravated by movement of neck to the sides and swallowing.

### History of present complaint

Patient was apparently well 1 year back. She had started with the complaint of pain in the right heel for past 1 year and increased stitching type of pain since 1 month which was gradual in onset and progression. Complaints were aggravated by standing for long time, first movement in the morning and better by continuous motion. There was, no H/o fall, trauma, stiffness or radiation of pain.

Patient also complained of pain in the right side of neck since 4-5 months which was aggravated while swallowing and moving her neck to sides and sleep was disturbed due to her complaints.

No h/o fever, no weight gain or loss

### Family history

Father-Parkinson's disease

**Menstrual history** – L.M.P-15/03/2020-regular cycle, 3 days duration, dark red blood, No clots. She takes contraceptive pills for past 2 years.

### Obstetric History: – G<sub>6</sub> P<sub>1</sub> L<sub>1</sub> A<sub>5</sub>

Pregnancy- 5<sup>th</sup>-FTNVD

Abortions – 1<sup>st</sup> - 6-month, 2<sup>nd</sup> - 2-month, 3<sup>rd</sup>-1 ½ month, 4<sup>th</sup>- 4-month, 6<sup>th</sup> -4 months (induced)

### General Physical Examination

Appearance: - Moderately built and moderately nourished, Tall and lean.

No H/o weight gain or loss.

Conjunctiva, Nails

Mucous Membranes No signs of pallor icterus cyanosis clubbing lymphadenopathy or oedema

### Vital signs

Bp- 120/80mmhg Weight -46kg

### Personal history

Patient studied up to MA Sociology. She worked as a teacher in college and even took tuitions. She was interested in being a beautician and later did Fashion designing course. She is having her own shop now with an assistant. She belongs to middle-class socio-economic group.

### Generals

Diet: mixed, Appetite: good, Thirst: 2 Liters/day (lukewarm water)

Desire: ice cream<sup>2+</sup>, sweets<sup>+</sup>, vegetables, Aversion: nil, Addictions: ill

Perspiration: Generalized- partially increased on face, Sleep: 6 hours, disturbed (occ) due to complaints,

Thermally: Chilly (likes summer, prefers open air, covers up to neck, Bath: - likes normal water)

### Local and systemic examination

1) Rt Heel- No swelling, No restricted ROM, Tenderness<sup>2+</sup>

2) Neck (Anterior) Inspection: No Swelling (on deglutition)

Palpation: Rt side Nodule, No local rise of temp, No enlarged lymph nodes, No Tenderness.

Neck Circumference- 34cm

According to ICD 10; E0.4.2-was suggestive of Non-toxic nodular goitre (Grade I).

### Analysis of the case

On analysis of the symptoms of the case, the characteristic mental and physical generals and particular symptoms were considered for framing the totality:

- conscious about appearance
- anxious about health
- fear of being hurt; hatred towards offenders
- Mingles easily
- accepts mistakes

- Sensitive, weepy when sad, weeping ameliorates
- Creative
- Desire-ice creams<sup>+</sup>, sweets<sup>2+</sup>, vegetables
- Perspiration- increased on face
- Sleep disturbed from throat complaints
- Tendency to abortion
- Chilly patient
- Heel pain-stitching type<sup>2+</sup>
- Throat pain<swallowing<sup>2+</sup>

The Miasmatic evaluation for the presenting symptoms was done with the help of "The Chronic disease by Dr. Samuel Hahnemann" which, showed the predominance of Fundamental miasm Syphillis and Dominant Psoro Sycotic miasm [6]. After taking into consideration the above symptomatology and by the use of Radar software systemic cross repertorization (Synthesis Repertory, Murphey's Repertory & Complete Repertory) was done [7]. The Repertorization chart is as follows [Figure 1].

		Phos	Calc	Chl	Mag	St	Mer	Sul	Ar	Chin	Plat	Sp	Lac	Alum	Sil	Phos	Calc	Chl	Mag	St	Mer	Sul	Ar	Chin	Plat	Sp	Lac	Alum	Sil	Phos	Calc	Chl	Mag	St	Mer	Sul	Ar	Chin	Plat	Sp	Lac	Alum	Sil										
1. MIND - ANXIETY - health, about - own health, her/his	(81) 1	3	1	2	2	2	2	1	3	1	1	1	2	3	1	1	1	1	1	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
2. MIND - HATRED - persons - offended him; hatred of persons w...	(24) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
3. MIND - FOPPISH	(6) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
4. MIND - CONSCIENTIOUS about trifles	(84) 1	3	1	3	3	3	3	4	2	1	1	1	1	1	1	3	1	3	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
5. MIND - COMPANY - desire for	(130) 1	4	1	2	2	2	3	1	3	2	1	1	1	3	3	2	1	2	1	3	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
6. MIND - SENSITIVE	(237) 1	3	3	2	3	2	3	3	2	3	2	3	2	3	3	3	2	2	3	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
7. MIND - ARTISTIC - aptitude	(20) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
8. MIND - SADNESS - weeping - amel	(6) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
9. GENERALS - FOOD and DRINKS - ice cream - desire	(38) 1	3	2	2	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
10. GENERALS - FOOD and DRINKS - sweets - desire	(175) 1	2	3	2	2	2	3	1	1	1	3	1	1	2	3	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
11. GENERALS - FOOD and DRINKS - vegetables - desire	(28) 1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
12. FACE - PERSPIRATION	(153) 1	2	2	3	3	2	3	3	2	3	2	2	3	1	2	3	2	3	1	2	3	1	2	2	2	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
13. SLEEP - Sleepiness - complaints which cause	(76) 1	3	3	2	2	1	3	1	3	3	3	3	3	3	2	1	1	2	4	1	2	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
14. Pregnancy - MISCARRIAGE, general, spontaneous abortion	(116) 1	2	2	2	3	3	2	2	1	2	2	1	3	2	1	2	2	1	1	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
15. EXTREMITIES - PAIN - stitching - Foot - Heel - right	(4) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
16. Throat - SWALLOWING, general - difficult	(151) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
17. Diseases - GOITRE, thyroid	(75) 1	2	1	3	1	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Phosphorous 200 Ip HS, was prescribed on first visit (March, 8th 2020) considering the reportorial totality which included mental generals, physicals & characteristic particulars. Even the miasmatic background was taken into consideration. The patient was been suggested for USG of neck (6/5/2020), in which the findings were suggestive of Multinodular goitre.

Right Lobe - 2\*2.2\*4.2 cm  
Left lobe - 1.4\*1.8\*4 cm  
And on comparing the USG of neck done on September 29, 2021 reports stated impression suggestive of no abnormality. The details of before and after reports and the follow up are given as follows [Figure 2 and 3].

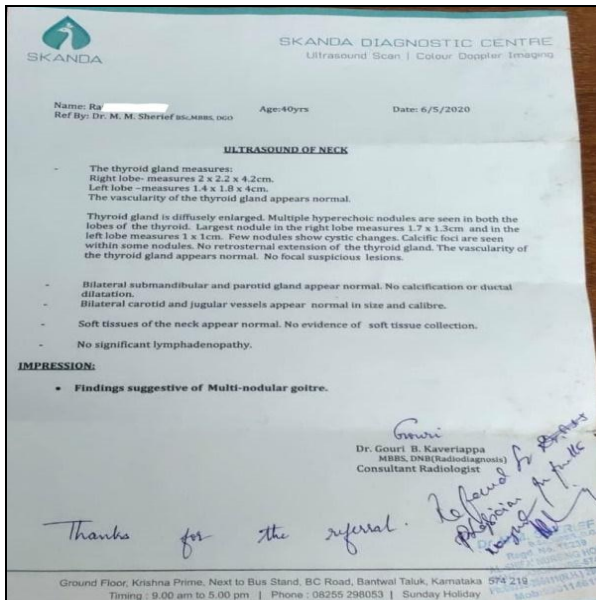


Fig 2 and 3: Timeline with Follow-up of Case

**Table 1:** Timeline with Follow-up of Case [Figure 3]

Date	Indication for prescription	Medicine with Doses
09/05/2020	USG Report suggestive of MNG. Stitching pain Right heel- same Pain in neck-same <Swallowing, Movements Sleep-Disturbed due to complaints	1) SL (4p) weekly H.S. 2) Iodium 30 3-0-3 / 1Month
03/06/2020	C/O Pain in rt side of neck- same Stitching pain Right heel-same H/O Sinusitis blocked sensation in ear < Cold drinks, Fruits watermelon, grapes. Sleep-Good LMP:13/05/2020, 3days Normal Weight: 47 kg	1) Ars Alb 30 (3-0-3) 2dr 2) C F 6X (2-0-2) /15 Days Arsenicum Album was prescribed as an acute remedy since it is complimentary to Phosphorous.
17/06/2020	Stitching pain Right heel- same Pain in neck-same <Swallowing Sleep-Disturbed due to complaints. No new complaint LMP: 12/06/20-Regular 3-4 days. Wt: 49 kg	1) Phos 200 (8p) weekly HS 2) No 4 pills 0-0-3 / 2 Month
08/08/2020	Stitching pain Right heel- Reduced < long standing Pain in neck-same <Swallowing, Movements Sleep-Disturbed due to complaints Wt:48 kg	1) Phos (0) (4p) weekly HS 2) No 4 pills 0-0-3 / 2 Month
10/10/2020	Pain in neck while swallowing not present. <movements. Stitching pain Right Heel (Occ) LMP: 4/10/20-Regular 3-4 days. No new complaints Sleep-Good. Wt:48 kg	1) Phos 200 (8p) weekly HS 2) No 4 pills 0-0-3 / 2 Month
10/02/2021	Pain in neck while swallowing not present. <movements. Stitching pain Right Heel not present LMP: 14/01/21-Regular 3-4 days. No new complaints Sleep-Good. Wt:48 kg <u>6/2/21</u> S. T3- 0.766ng/m, S.T4-5.29ug/dl, S.TSH- 3.41uiU/ml	Placebo for 2 Month
24/07/21	Patient doing well; no new complaint or specific. Patient once again Advised for USG of neck.	1) Phos (0) (8p) weekly HS 2) 5 grain tabs 1-0-1 (2 drahm) / 2 Month
02/10/21	USG of neck (29/09/21) suggestive of no abnormality. Patient doing well, no new complaint. Advised to maintain proper diet and report back for any further ailments.	Placebo for 1 month

### Discussion and Conclusion

Homoeopathy treats the person as a whole individual rather than based on parts or systems; it eliminates the root cause (the exciting and fundamental cause) by annihilating the disease manifestations (signs and symptoms). According to J T Kent Mental generals are of prime importance to arrive at a constitutional remedy. In this case, important mental, physical generals and particulars, i.e., conscious about appearance, anxious about health, fear of being hurt; hatred towards offenders, Mingles easily, accepts mistakes, Sensitive, weepy when sad, weeping ameliorates, creative, Desire-ice creams<sup>+</sup>, sweets<sup>2+</sup>, vegetables, Perspiration-increased on face, Sleep disturbed from throat complaints, Tendency to abortion, Chilly patient, Heel pain-stitching type<sup>2+</sup>, Throat pain<swallowing<sup>2+</sup> were included for repertorisation purpose.

After repertorisation, many medicines were which close running with each other, namely Phosphorous, Sulphur, Calcarea, Pulsatilla, etc. but after consultation with *Materia Medica*, *Phosphorus* was prescribed as constitutional remedy based on disposition, mental state, Haemorrhagic diathesis and also taking into consideration of the thermal state of the patient<sup>[8]</sup>. The prescription during the time period of treatment remained unchanged in the subsequent follow-ups as the patient was responding well to the medicine. The improvement of the patient confirms the principle of single medicines, minimum dose and infrequent repetition as suggested by our master Hahnemann<sup>[9]</sup>. This is the case, which speaks about the success of homoeopathy in the management of goitre.

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### Conflict of interest

None declared

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