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Dr. C Rajalakshmi

Associate Professor,
Department of Repertory,
Vinayaka Mission's
Homoeopathic Medical College
& Hospitals, A Constituent
College of VMRF-DU, Salem,
Tamil Nadu, India

Dr. KL Babu

Professor, Department of Organon, Vinayaka Mission's Homoeopathic Medical College & Hospitals, A Constituent College of VMRF-DU, Salem, Tamil Nadu, India

Relationship of hypothyroidism, depression, mood disorder and its homoeopathic management

Dr. C Rajalakshmi and Dr. KL Babu

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Abstract

People with hypothyroidism often have emotional or mental health symptoms as well as physical symptoms. Accumulating evidence suggests that hypothalamo-pituitary-thyroid axis dysfunction is relevant to the pathophysiology and clinical course of mood disorder. Neurotransmitter, neuroimaging and genetic studies have begun to provide clues, which could lead to an improved understanding of the thyroid mood disorder connection and more optimal ways of managing this potentially disabiling condition.

Keywords: Hypothyroidism, mood disorder, bipolar disorder, homoeopathy in hypothyroidism and mood disorder

Introduction

Patient with hypothyroidism are more prone to develop depressive symptoms and conversely depression may be accompanied by various subtle thyroid abnormalities. Common abnormalities produced are

- Reduced thyroxine T4
- Reduced triiodothyroxine T3
- Increased receptor
- Blunted TSH response to TRH
- Positive antithyroid antibodies
- Increased CSF, TRF concentration
- Thyroid supplements accelerates and enhances the clinical response to anti-depressant drugs.

1. Thyroid depression relationship

Recent advance in biochemical, genetic and neuro imaging fields have provided new insights into the thyroid-depression relationship. Thyroid function may significantly affect mental status including emotion, cognition. Thyroid harmone are reported by many authors to be an effective adjunct treatment for depression.

2. Thyroid harmone metabolism in the brain

The hypothalamic pituitary-thyroid axis is a complex interplay between several factors such as thyroid harmone, deiodinase enzymes, transporter proteins and receptors. Proper understanding and interaction elucidate the pathophysiology of psychiatric disorders as well as the response to psychiatric treatment.

Pituitary thyrotrophic stimulated by the thyroid releasing harmone produces thyroid harmone. 20% of T3 produced in cerebral cortex which is done directly by the thyroid, 80% are produced by the local conversion of thyroxin T4 by deionization.

3. Psychological symptoms and thyroid disorders

Either overactive or underactive thyroid produces the following psychological symptoms

- Anxiety: A feeling of nervousness, with butterflies, heart racing and trembling.
- **Depression:** Low mood and difficulty enjoying things, tearfulness, loss of appetite and disturbed sleep.
- Mood swings: Irritability, snappiness or short temper which people often call moodiness.

Corresponding Author: Dr. C Rajalakshmi

Associate Professor, Department of Repertory, Vinayaka Mission's Homoeopathic Medical College & Hospitals, A Constituent College of VMRF-DU, Salem, Tamil Nadu, India

- Sleep difficulties.
- **3.1 Mental health problem:** Mental health or cognitive problems that can occur more often with underactive thyroid include
- Difficulties with concentration.
- Short term memory lapses.
- Lack of interest and mental alertness.

4. Causes of psychological symptoms

- Abnormal thyroid harmone level.
- Side effects of treatment such as steroids can aggravate symptoms of depression and beta blockers prescribed to slow down heart rates and to reduce anxiety can make people tired, depressed and mentally less alert.

5. Common symptoms that are shared by hypothyroidism and mood disorder are as follows

- Depression.
- Difficulty in sleep.
- Difficulty in concentration.
- Mood disorder.
- Slow heart rate.
- Fatigue, lethargy, general weakness.
- Sexual disfunction.
- Constipation.
- Puffiness of face.

- Weight gain, obesity.
- Dry skin.
- Brittle nails.
- Menstrual disturbances.
- Sensitive to cold.
- Hair loss, dryness of hair or lusterless hair.

6. Homoeopathic management of hypothyroidism and mood disorder

Homoeopathic medicine has the capacity to cure hypothyroid problem along with its psychological problems. Homoeopathy medicine not only corrects the thyroid harmones but treats the whole individual without producing any consequences. Some of the best indicated medicines for hypothyroism and mood disorder are as follows

- Thyroidinum.
- Calcarea carb.
- Medorrhinum.
- Natrum Muriaticum.
- Spongia.
- Ignitia.
- Lycopdium.

Reportorial interpretation of hypothyroidism and mood disorder in 3 basic repertories are as follows.

7. Kent repertory

Table 1: Kent repertory

S. No	Symptoms	Chapter	Rubrics	Sub rubrics
1.	Hair loss	Head	Hair	Falling
2.	Dry skin	Skin	Dry	
3.	Enlarged thyroid	Throat - external throat	Swelling	Thyroid gland
4.	Sensitive to cold	Generalities	Cold in general aggaravation	
5.	Weight gain	Generalities	Obesity	
6.	Menstrual disturbances	Female genitalia	Menstrual abnormality	
7.	Constipation	Rectum	Constipation	
8.	Brittle nails	Extremities	Brittle finger nails	
9.	Hoarseness of voice	Larynx and trachea	Voice	Hoarseness
10.	Puffiness of face	Face	Swelling	
11.	Depression	Mind	Sadness	Mental depression
12.	Difficulty in concentration	Mind	Concentration	Difficult
13.	Mood disorder	Mind	Mood	Alternating
14.	Lethargy	Generalities	Weakness	

Table 2: Boger boenninghausen repertory

S. No	Symptoms	Chapters	Rubrics	Sub rubrics
1.	Dryness of skin	Skin and exterior body	Dry	
2.	Dryness of hair	Head external	Hair	Dry
3.	Skin cracks	Skin and exterior body	Cracks	
4.	Hair fall	Head external	Hair	Falling out from head
5.	Weight gain	Sensation and complaints	Obesity	
6.	Menstrual disturbances	Menstruation	Menses	Too late
7.	Constipation	Stool	Constipation	
8.	Brittle nails	Skin and exterior body	Nails	Brittle
9.	Hoarseness of voice	Voice and speech	Hoarseness	
10.	Puffiness of face	Face	Swelled	Puffed, turgid
11.	Depression	Mind	Depression	
12.	Difficulty in concentration	Mind	Concentration	Difficult
13.	Weakness in general	Sensation and complaints	Weakness	
14.	Fatigue	Sensation and complaints	Fatigue	

 Table 3: Boenninghausen therapeutic pocket book

S. No	Symptoms	Chapter	Rubric	Sub rubrics
1.	Hair loss	Skin	Hair of head falls out	
2.	Dry skin	Skin	Dryness	
3.	Enlarged thyroid	Gland	Swelling	
4.	Sensitive to cold	Aggravation	Cold in general	
5.	Weight gain	Sensation	Obesity	
6.	Delayed puberty	Sexual organ	Menstruation	Menstruation beginning, delayed in girls
7.	Constipation	Stool	Constipation	
8.	Brittle nails	Skin	Nails generally affected	Brittle
9.	Hoarseness of voice	Air passages	Voice cracking	Hoarse
10.	Puffiness of face	Sensation	Puffy	
11.	Depression	Mind	Sadness	
12.	Concentration unable	Mind	Befogged	
13.	Mood disorder	Mind	Alternating moods	
14.	Slow heart rate	Chest	Heart	Action intermittent
15.	Fatigure	Sensation	Debility sensation	
16.	Lethargy	Sensation	irritability	Lack of
17.	Sexual dysfunction	Sexual organs	Weak sexual power	

Conclusion

The clinical component of future research needs to identify those patients with mood disorders who are likely to benefit from therapeutic manipulations of hypothalamic pituitary axis by focusing on genetic markers. Together these two strands of research can not only enhance our understanding of the thyroid-mood disorder connection, but also lead to more optimal ways of managing this potentially disabling condition.

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