International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2022; 6(4): 09-15
Received: 10-07-2022
Accepted: 15-08-2022

Dr. Minakshi Kamboj
Senior Research Fellow (Homoeopathy) CCRH, New Delhi, Former, PGR Department of Homoeopathic Philosophy, Dr. MPK Homoeopathic Medical College, Hospital and Research Centre, A Constituent College of Homoeopathic University, Saipura, Sanganer, Jaipur, Rajasthan, India

Dr. Shishir Mathur
MD (Hom.) Professor and Vice Principal, Dr. MPK Homoeopathic Medical College, Hospital and Research Centre, A Constituent College of Homoeoapthic University, Saipura, Sanganer, Jaipur, Rajasthan, India

Dr. Darshana P Dabhi
PGR Department of Repertory, Dr. MPK Homoeopathic Medical College, Hospital and Research Centre, A Constituent College of Homoeoapthic University, Saipura, Sanganer, Jaipur, Rajasthan, India

Dr. Alka Jain
MD (Hom.) Associate Professor, Jyoti Vidhyapeeth Women's University, Jaipur, Rajasthan, India

Corresponding Author:
Dr. Minakshi Kamboj
Senior Research Fellow (Homoeopathy) CCRH, New Delhi, Former, PGR Department of Homoeopathic Philosophy, Dr. MPK Homoeopathic Medical College, Hospital and Research Centre, A Constituent College of Homoeopathic University, Saipura, Sanganer, Jaipur, Rajasthan, India

Individualized homoeopathy for hypothyroidism: Evidence based case series

Dr. Minakshi Kamboj, Dr. Shishir Mathur, Dr. Darshana P Dabhi and Dr. Alka Jain

DOI: https://doi.org/10.33545/26164485.2022.v6.i4a.632

Abstract
Background: Hypothyroidism is divided in two types where primary hypothyroidism is due to cause within the thyroid gland itself and Secondary Hypothyroidism is due to failure of TSH production following pituitary or hypothalamic disease.[1] In this article, two cases discussed had presented with symptoms which indicates Hypothyroidism (Supported by Laboratory Investigations). Repertorial totality was obtained on the basis of individualization and Individualized homoeopathic medicines were prescribed after repertorization. Thyroid stimulating hormone ranges within the normal value after receiving individualized homoeopathic medicines with improvement of symptoms.
Method: Two chronic cases of Hypothyroidism were treated with individualised homoeopathic treatment.
Result: The patients were euthyroid at end of homoeopathic treatment with long followups.
Interpretation: Homoeopathy is good alternative treatment to treat hormonal imbalance in the disease like Hypothyroidism where the conventional treatment has no significant effect as the medicine has to continue throughout life.
Conclusion: Individulised homoeopathic medicine can treat Hypothyroidism and effect continues even after stoppage the medicines where the conventional treatment has no significant result.

Keywords: Homoeopathy, hypothyroidism, individualized homoeopathic medicines, repertorial totality, thyroid stimulating hormone

Introduction
Hypothyroidism is the a common endocrine disorder arising from deficiency of Thyroid hormone. It is divided in different backgrounds as: On basis of the time of onset; It is divided in Congenital and Acquired Hypothyroidism. On basis of endocrine dysfunction level; It is divided in Primary and Secondary Hypothyroidism. On basis of severity; It is divided in severe or clinical and mild or subclinical Hypothyroidism [1]. Hypothyroidism in the adult is rare and majority of the patients are female [2]. The common clinical features associated with hypothyroidism are tiredness, weight gain, dry skin, cold intolerance, constipation, muscle weakness, puffiness around the eyes, hoarse voice, poor memory, slow physical and mental activity, hair fall, slow pulse and shortness of breath [1, 4].

Case profile 1
A 35 years female, reported to Sindhi Camp Campus OPD on 29/04/2016. Patient was apparently well 3 years back. Later on she observed weight gain in spite of loss of appetite from few months, menses bacame irregular, started delaying. Her normal menstrual cycle of 32 days changed to 40-45 days. LMP was on 25/04/2016. Her menses were irregular, scanty and menses duration is only 1day. During history taking she informed that her friend died 3 years back. She corroborated this incidence with development of her symptoms like irritability over little things and she does not like to be consoled.

Past history
diagnosed with Pneumonia At the age of 3 years
Hypothyroidism since 3 years

Family history
Not Specific

Physical generals
Increased thirst without satisfaction.
Dry, unsatisfactory stool with occasional straining
Sleeplessness due to over thinking
Mental Generals

Clinical finding
Hair growth on face (b/l sides of cheek)

Evaluation of symptoms
Prolonged grief from death of friend Irritability over little things Consolation aggravation
Unquenchable thirst Menses, irregular scanty only one day
Sleeplessness due to over thinking.

Reportorial Sheet

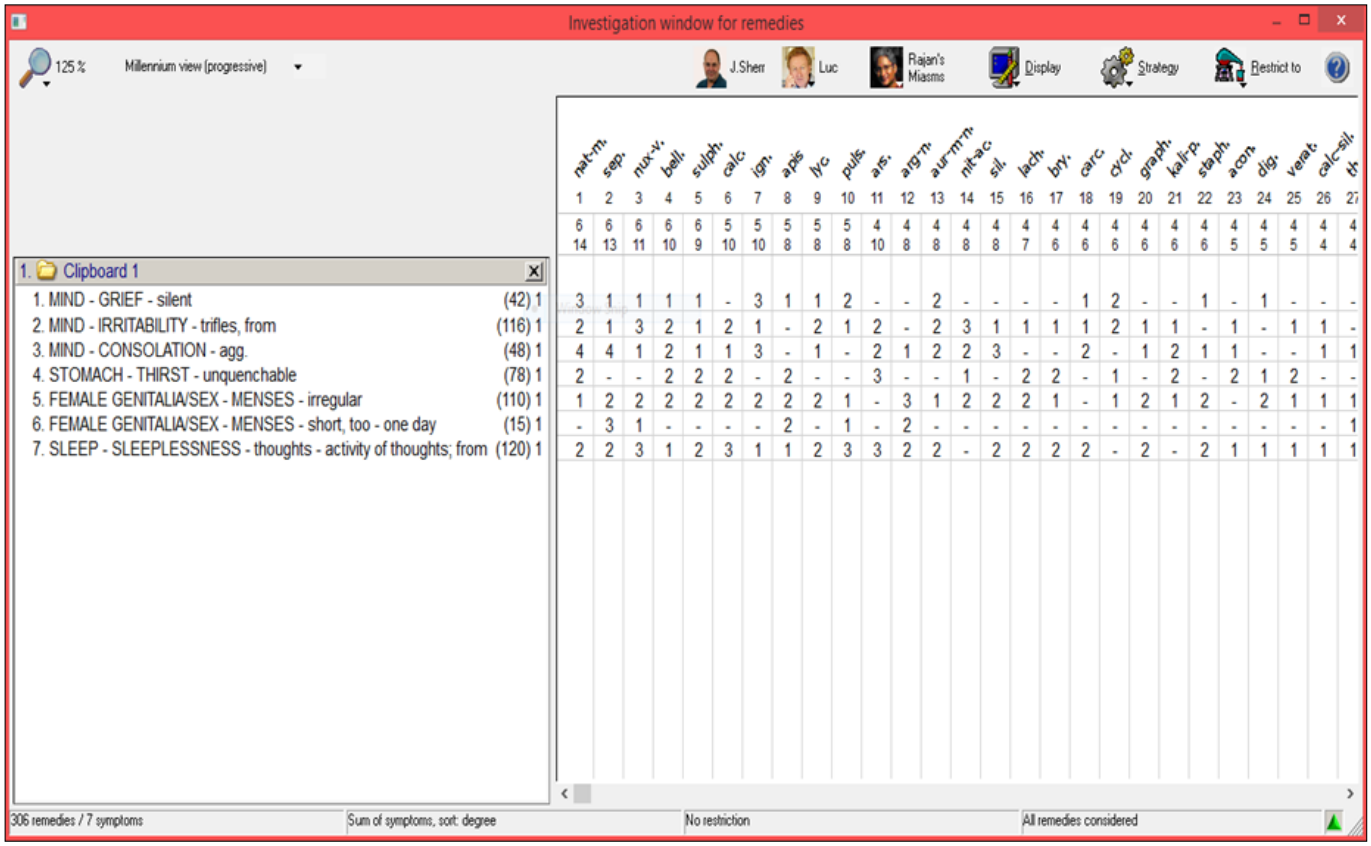


Fig 1: Repertorization from synthesis repertory using RADAR software[6]

First Prescription: 29/04/2016

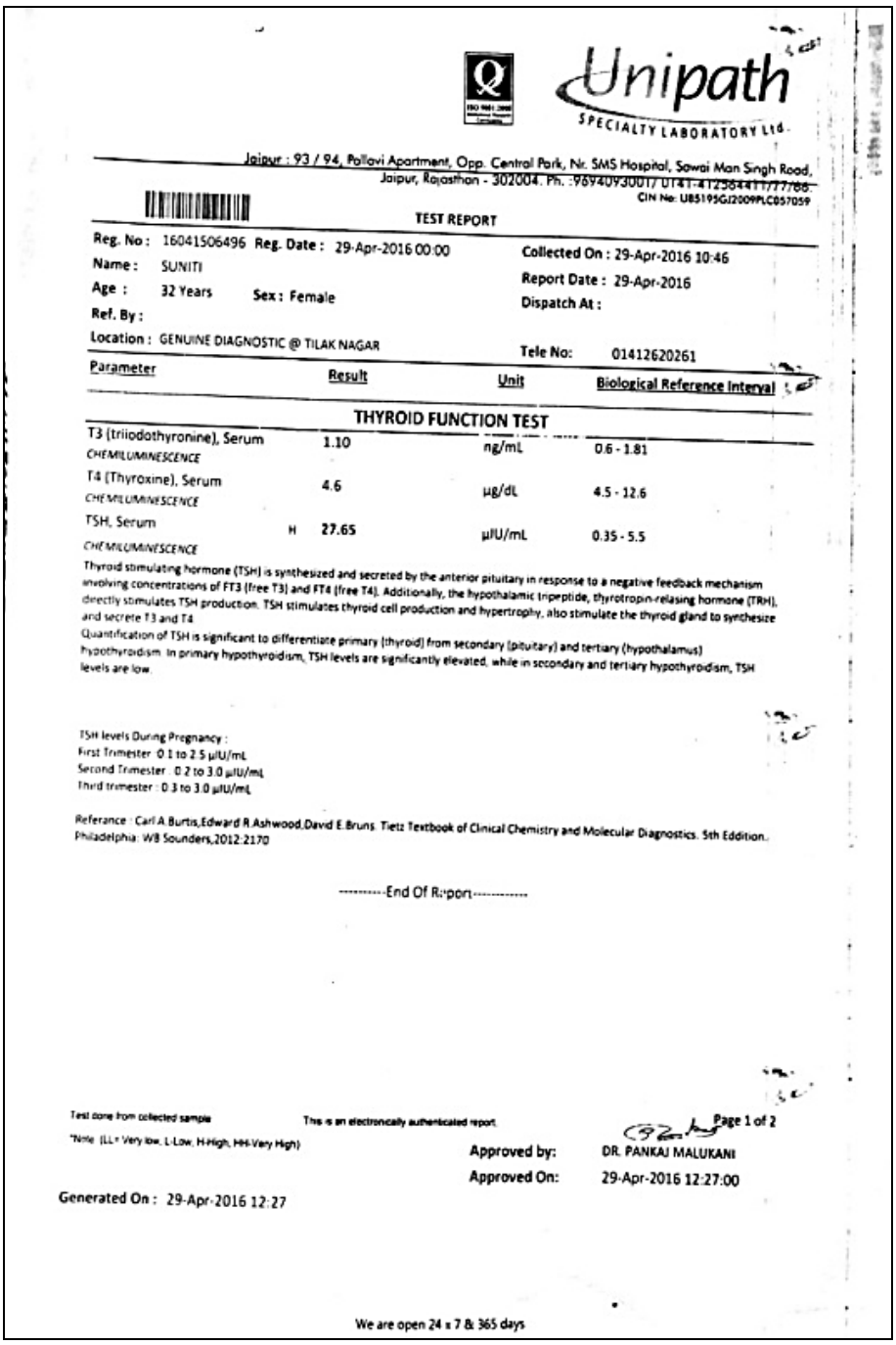
Rx: Natrum mur 200/ 1dose; Phytum 30 /tds/ 7 days with Thyroid Profile advised.

Table 1: Follow up of the patient

Date	Symptoms	Prescription
06/ 05/2016	Tiredness mild relieved. Other complaints –S.Q. THYROID PROFILE reported elevated TSH value suggestive of Hypothyroidism on 29/04/2016.(Fig 2)	Placebo 30/tds- 30 days
27/05/2016	Tiredness better. Irritability decreased in intensity. Other complaints –S.Q.	Placebo 30/tds- 30 days
24/06/2016	Irritability better. Menses appeared on 08/ 06 / 2016 but only one day with scanty flow. Tiredness much better. LMP was on 08/06/2016.	Placebo 30/tds- 45 days
5/07/2016	All complaints better.	Placebo 30/tds- 45 days
19/08/2016	Sleep better . constipation also better. LMP Was 18/07/2016	Placebo 30/tds – 60 days
20/10/2016	Sleep better. Irritability also better. LMP was on 28/8/2016.	Placebo 30/tds- 60 days
16/12/2016	Patient mentally feels better. Irritalibilty well improved. Sleep better. LMP was on 13/10/2016 & 25/11/2016	Placebo 30/tds- 60 days
17/02/2017	Irritability with fluctuation and sleep much better. LMP was 6/01/2017 & 16/02/2017.	P.L. 30/tds- 60 days
14/04/2017	Constant Irritability with distrubed sleep. Constiptaion occasional with unsatisfactory dry stool. LMP was on 27 /03/2017.	Natrum mur 1M / 1 d P.L. 30/tds- 60 days
16/06/2017	She had an episode of diarrhoea with cramps 7 days back.She had taken home remedies. LMP was on 8/05/2017 &16/06/2017.	P.L. 30/tds- 60 days
18/08/2017	Irritability with fluctuation of intensity and intervals.Occasional constiptaion with unsatisfactory dry stool. LMP was on 26/07/2017.	P.L. 30/tds –40days
20/10/2017	Irritability with fluctuation of intensity and intervals. Stool better. LMP was on 3/09/2017 & 06/10/2017.	P.L. 30/tds – 60 days
22/12/2017	Irritability increased with gloomy mood. Sleeplessness- S.Q. Constiptaion with unsatisfactory stool. LMP was on 21/11/2017.	Natrum mur 1M/ 1dose P.L. 30/tds – 60 days
20/04/2018	Sleep better . Irritability better.Ocassional constipation. LMP was on 30/12/2017 & 07/02/2018 & 14/03/2018.	P.L. 30/tds – 90 days
22/06/2018	Irritability and Sleep better. Thirst better and satisfactory.Satisfactory stool. LMP was on 21/04/2018 & 26/05/2018.	P.L. 30/tds – 60 days
24/08/2018	Irritability and Sleep better. Satisfactory stool. LMP was on 30/06/2018 & 4/08/2018.	P.L. 30/tds – 60 days
26/10/2018	All symptoms are better. LMP was on 7/09/2018 & 9 /10/ 2018 & 9/11/2018.	P.L. 30/tds – 60 days
28/12/2018	All symptoms are better. LMP was on 10/12/2018.	P.L. 30/tds – 60 days

1/03/2019	All symptoms better. LMP was 10/ 1/2019 & 10/2/2019.	P.L. 30/tds – 14 days
22/03/2019	All symptoms better. LMP was 11/03/2019 Thyroid Profile advised	P.L. 30/tds – 30 days
22/04/2019	LMP was on 11/04/ 2019, Duration 4 days. Menstrual flow was normal. Partly fluid and partly clotted. Thyroid profile was normal with TSH value within range. (Fig 3)	P.L. 30/bd – 45 days
6/06/2021	Regular menses with normal flow. LMP was on 11/05/ 2019. Partly fluid and partly clotted.	P.L. 30/bd – 45 days
22/07/2021	Regular menses with normal flow. LMP was on 11/06/2021 & 11/07/2021 respectively. Duration 4 days. Partly fluid and partly clotted.	P.L. 30/bd – 45 days
6/09/21	Regular menses with normal flow, duration was 4 days. Partly fluid and partly clotted.	Medicine Stopped

Investigation0073



Unipath
SPECIALTY LABORATORY Ltd.

Jaipur : 93 / 94, Pallavi Apartment, Opp. Central Park, Nr. SMS Hospital, Sawai Man Singh Road, Jaipur, Rajasthan - 302004. Ph. :9694093001/ 0141-4125844117/7/66.
CIN No: U85195GJ2009PLC057059

TEST REPORT

Reg. No : 16041506496 Reg. Date : 29-Apr-2016 00:00
Collected On : 29-Apr-2016 10:46
Name : SUNITI
Report Date : 29-Apr-2016
Age : 32 Years Sex : Female
Dispatch At :
Ref. By :
Location : GENUINE DIAGNOSTIC @ TILAK NAGAR
Tele No: 01412620261

Parameter		Result	Unit	Biological Reference Interval
THYROID FUNCTION TEST				
T3 (triiodothyronine), Serum *CHEMILUMINESCENCE*		1.10	ng/mL	0.6 - 1.81
T4 (Thyroxine), Serum *CHEMILUMINESCENCE*		4.6	µg/dL	4.5 - 12.6
TSH, Serum *CHEMILUMINESCENCE*	H	27.65	µIU/mL	0.35 - 5.5

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4.
Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :
First Trimester : 0.1 to 2.5 µIU/mL
Second Trimester : 0.2 to 3.0 µIU/mL
Third trimester : 0.3 to 3.0 µIU/mL

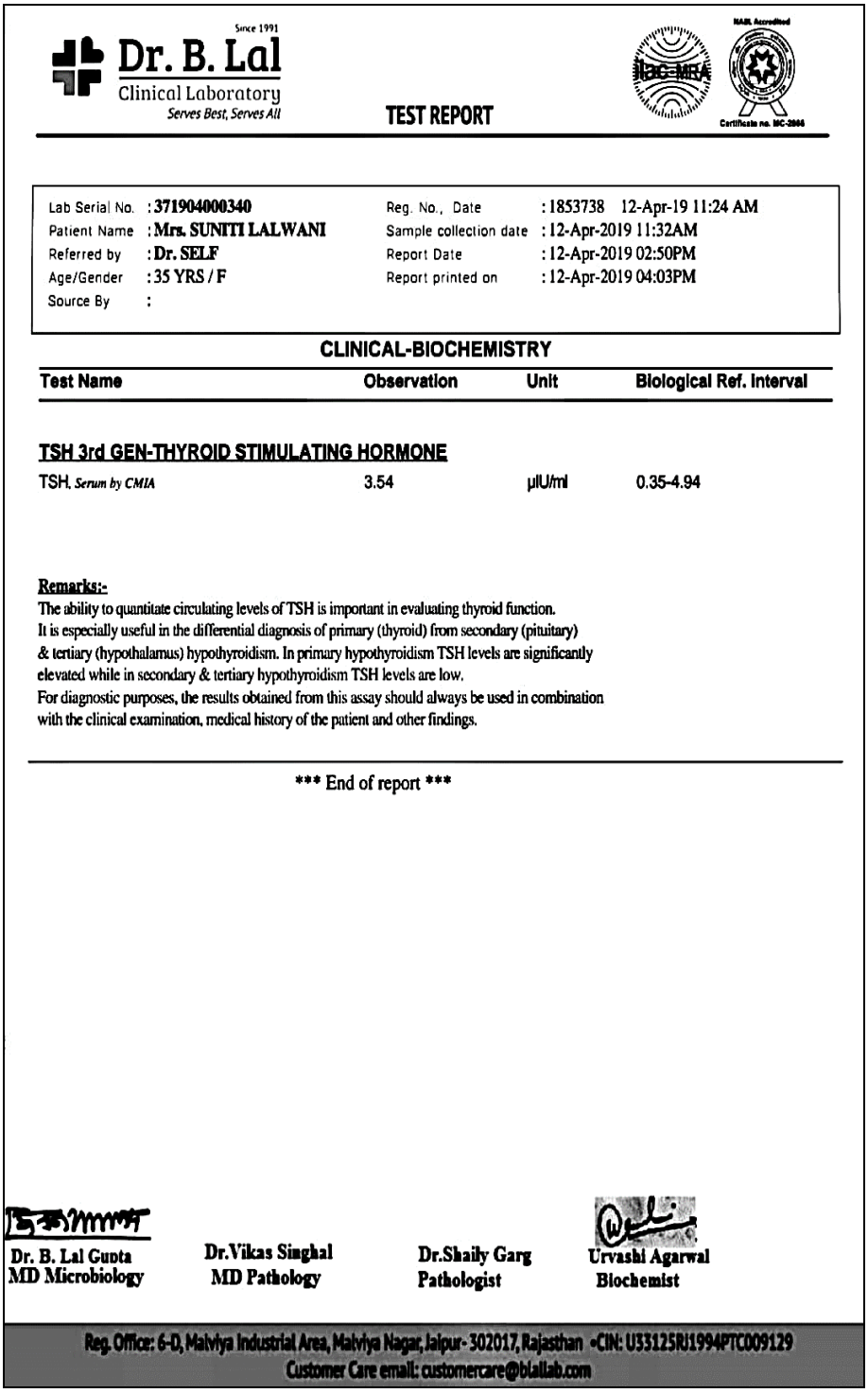
Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

----------End Of Report----------

Test done from collected sample
This is an electronically authenticated report.
Page 1 of 2
*Note: (LL= Very low, L-Low, H-High, HH-Very High)
Approved by: DR. PANKAJ MALUKANI
Approved On: 29-Apr-2016 12:27:00
Generated On : 29-Apr-2016 12:27

We are open 24 x 7 & 365 days

Fig 2: Pre-treatment report



Since 1991
Dr. B. Lal
Clinical Laboratory
Serves Best, Serves All

TEST REPORT

Lab Serial No.	: 371904000340	Reg. No., Date	: 1853738 12-Apr-19 11:24 AM
Patient Name	: Mrs. SUNITI LALWANI	Sample collection date	: 12-Apr-2019 11:32AM
Referred by	: Dr. SELF	Report Date	: 12-Apr-2019 02:50PM
Age/Gender	: 35 YRS / F	Report printed on	: 12-Apr-2019 04:03PM
Source By	:		

CLINICAL-BIOCHEMISTRY

Test Name	Observation	Unit	Biological Ref. Interval
TSH 3rd GEN-THYROID STIMULATING HORMONE			
TSH, *Serum by CMIA*	3.54	µIU/ml	0.35-4.94

Remarks:-
The ability to quantitate circulating levels of TSH is important in evaluating thyroid function.
It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) & tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism TSH levels are significantly elevated while in secondary & tertiary hypothyroidism TSH levels are low.
For diagnostic purposes, the results obtained from this assay should always be used in combination with the clinical examination, medical history of the patient and other findings.

*** End of report ***

Dr. B. Lal Gupta
MD Microbiology

Dr.Vikas Singhal
MD Pathology

Dr.Shaily Garg
Pathologist

Urvashi Agarwal
Biochemist

Reg. Office: 6-D, Malviya Industrial Area, Malviya Nagar, Jaipur- 302017, Rajasthan •CIN: U33125RJ1994PTC009129
Customer Care email: customercare@blallab.com

Fig 3: Post-treatment report

Case profile 2

A 38 years female, reported to Sindhi Camp Campus OPD on 26/10/2018. Patient was apparently well 6 months back. Later on she observed weight gain inspite of diminished appetite, tiredness feeling throughout the day and always want to lie down due to letharginess. Amenorrhea since 36 days. Her normal menstrual cycle of 28 days changed to 45-50 days with scanty flow. LMP was on 20/09/2018. During history taking she informed that She has sad feeling before menses and it increases after talking. She has general debility too.

Past history

Not Specific

Family history

Father –Healthy and alive
Mother- Diabetes Mellitus

Physical general

Increased thirst after eating.
Nausea in morning.
Muscular pain, most of the time.
Dry skin with burning sensation.

Evaluation of symptoms

Sadness feeling before menses, aggravates after talking. Menses scanty.
Weakness feeling. Diminished Appetite. Increased thirst

after eating.
Nausea feeling in morning. Muscular pain, most of the time.

Dry skin with burning sensation

Reportorial Sheet

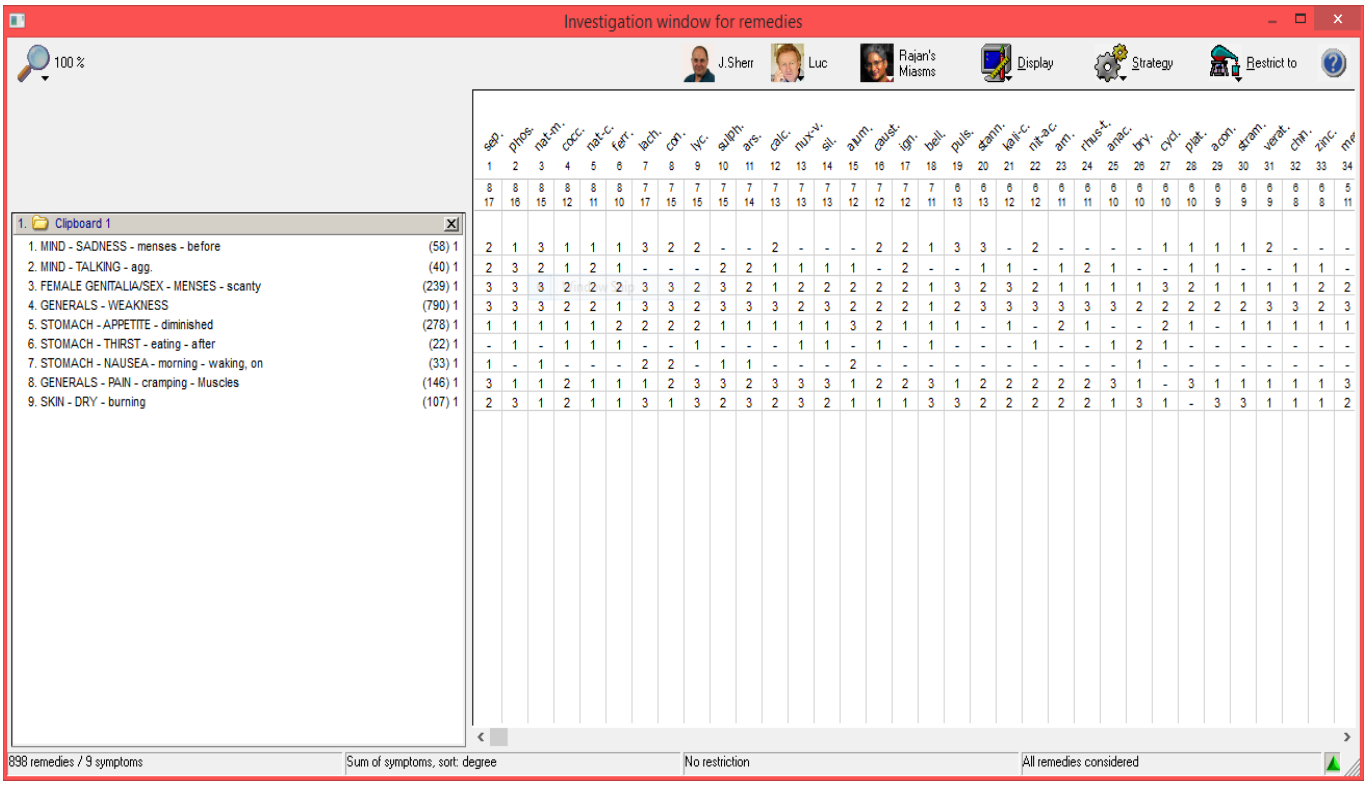


Fig 4: Repertorization from synthesis repertory using RADAR software[6]

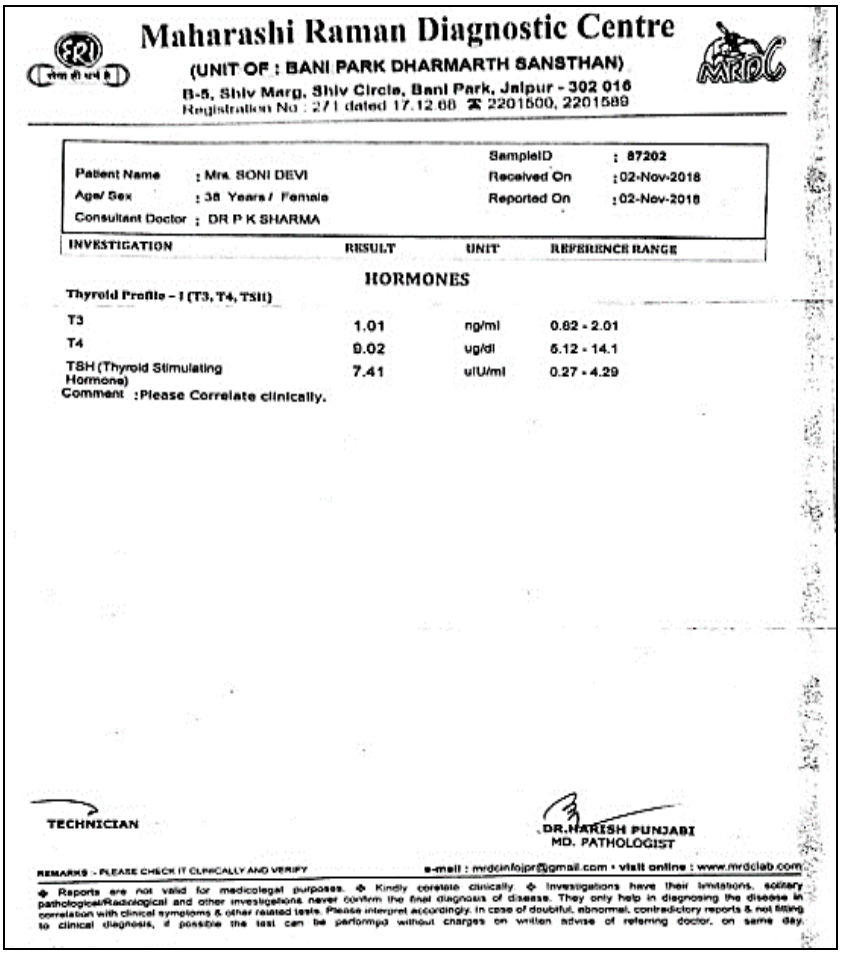
First Prescription: 26/10/2018

Rx: Sepia 200/ 1dose, Placeo 30/tds/ 14 days, Thyroid profile advised.

Table 2: Follow up of the patient

Date	Symptoms	Prescription
09/ 11/2018	Nausea better. weakness – better. dry skin with burning sensation better. THYROID PROFILE reported elevated TSH level suggestive of Hypothyroidism on 2/ 11/2018 (Fig:5)	Placebo 30/tds-21 days
30 /11/2018	Nausea better. weakness–better dry skin with burning sensation better. LMP was on 10/11/2018.	Placebo 30/tds-21 days
21/12/2018	Muscular pain better. Nauseatic feeling better weakness feeling –better dry skin with burning sensation better.Sadness feeling also better. LMP was on 15/12/2018, flow was normal.	Placebo 30/tds-21 days
18/1/2019	Muscular pain better. Nausea better weakness feeling –better. dry skin with burning sensation better. Sadness feeling also better LMP was 17/01/2019, flow was normal	Placebo 30/tds-21 days
08/02/2019	Muscular pain better. Nauseatic feeling better weakness feeling –better. dry skin with burning sensation better. Sadness feeling also better Thirst normal. Thyroid Profile advised.	Placebo 30/tds-14 days
22/02/2019	Muscular pain better. Nauseatic feeling better weakness feeling –better. dry skin with burning sensation better. Sadness feeling also better Thirst normal. LMP was 18/02/2019, flow was normal. TSH level within range. Patient was euthyroid. (Fig 6)	Placebo 30/tds-21 days
15/03/2021	Muscular pain better. Nauseatic feeling better weakness feeling –better. dry skin with burning sensation better. Sadness feeling also better Thirst normal.	Placebo 30/tds-45 days
1/05/2021	All complaints disappeared. No any complaints noticed. LMP was 18/03/2019 & 18/04/2019 respectively. Flow was normal.	Medicine Stopped

Investigation



Maharashi Raman Diagnostic Centre

(UNIT OF : BANI PARK DHARMARTH SANSTHAN)

B-5, Shiv Marg, Shiv Circle, Bani Park, Jaipur - 302 016

Registration No : 271 dated 17.12.68 ☎ 2201500, 2201589

Patient Name	: Mrs. SONI DEVI	SampleID	: 87202
Age/ Sex	: 38 Years / Female	Received On	: 02-Nov-2018
Consultant Doctor	: DR P K SHARMA	Reported On	: 02-Nov-2018

INVESTIGATION	RESULT	UNIT	REFERENCE RANGE
HORMONES			
Thyroid Profile – I (T3, T4, TSH)			
T3	1.01	ng/ml	0.82 - 2.01
T4	9.02	ug/dl	5.12 - 14.1
TSH (Thyroid Stimulating Hormone)	7.41	ulU/ml	0.27 - 4.29

Comment : Please Correlate clinically.

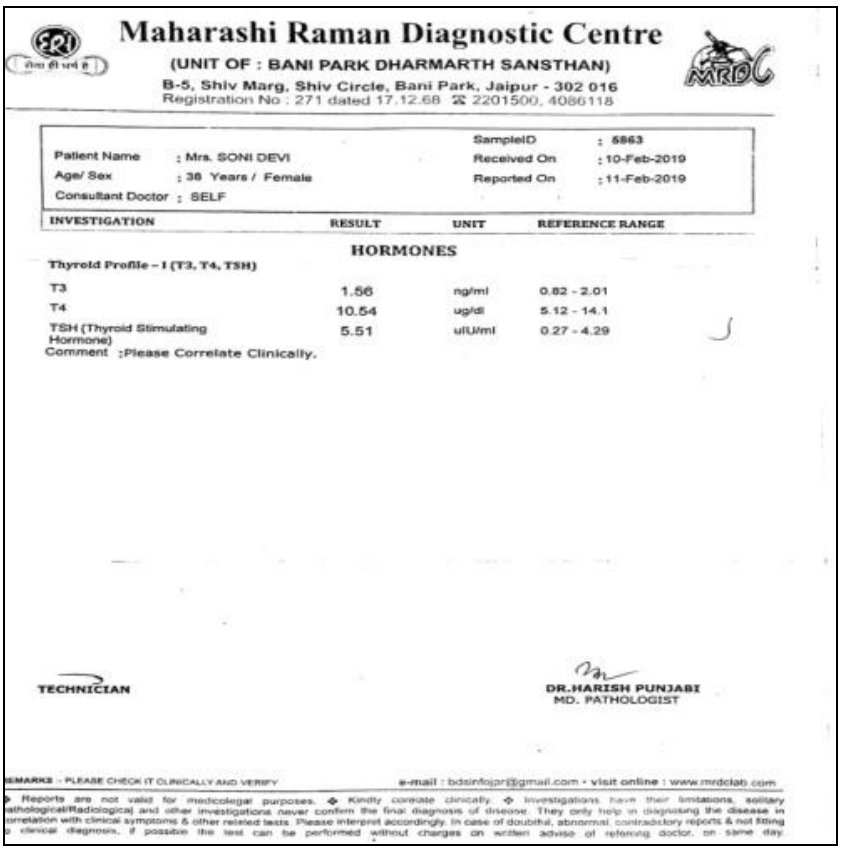
TECHNICIAN

DR.HARISH PUNJABI
MD. PATHOLOGIST

REMARKS - PLEASE CHECK IT CLINICALLY AND VERIFY e-mail : mrdcinfojpr@gmail.com • visit online : www.mrdclab.com

❖ Reports are not valid for medicolegal purposes. ❖ Kindly correlate clinically ❖ Investigations have their limitations, solitary pathological/Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation with clinical symptoms & other related tests. Please interpret accordingly. In case of doubtful, abnormal, contradictory reports & not fitting to clinical diagnosis, if possible the test can be performed without charges on written advise of referring doctor, on same day.

Fig 5: Pre-treatment report



Maharashi Raman Diagnostic Centre

(UNIT OF : BANI PARK DHARMARTH SANSTHAN)

B-5, Shiv Marg, Shiv Circle, Bani Park, Jaipur - 302 016

Registration No : 271 dated 17.12.68 ☎ 2201500, 4086118

Patient Name	: Mrs. SONI DEVI	SampleID	: 5863
Age/ Sex	: 38 Years / Female	Received On	: 10-Feb-2019
Consultant Doctor	: SELF	Reported On	: 11-Feb-2019

INVESTIGATION	RESULT	UNIT	REFERENCE RANGE
HORMONES			
Thyroid Profile – I (T3, T4, TSH)			
T3	1.56	ng/ml	0.82 - 2.01
T4	10.54	ug/dl	5.12 - 14.1
TSH (Thyroid Stimulating Hormone)	5.51	ulU/ml	0.27 - 4.29

Comment : Please Correlate Clinically.

TECHNICIAN

DR.HARISH PUNJABI
MD. PATHOLOGIST

REMARKS - PLEASE CHECK IT CLINICALLY AND VERIFY e-mail : bdsinfojpr@gmail.com • visit online : www.mrdclab.com

❖ Reports are not valid for medicolegal purposes. ❖ Kindly correlate clinically. ❖ Investigations have their limitations, solitary pathological/Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation with clinical symptoms & other related tests. Please interpret accordingly. In case of doubtful, abnormal, contradictory reports & not fitting to clinical diagnosis, if possible the test can be performed without charges on written advise of referring doctor, on same day.

Fig 6: Post-treatment report

Discussion and Conclusion

Homoeopathy is a system of medicine which treats the patients as a whole not a disease. As per Homoeopathic Philosophy, disease of thyroid gland belongs psora and sycosis in general. Thyroid diseases are outcome of some exciting causes, which in turn keeps increasing if not treated properly. Most of the patients of this disorder are treated by allopathic medicines and by the time they consult a homoeopathic physician, the exciting cause has become maintaining cause by modren medicines. The actual reason behind the maintaining cause is inherited chronic disease i.e. Miasm. This predisposition generated by genetics is result of state of health which goes from generation to generation.[7] In this article, we provided evidences (Laboratory Investigation) which shows that individualized Homoeopathic medicines not only relieved the symptoms but also bring the TSH value within normal range.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Mathew KG, Aggarwal P. Medicine Prep Manual for Undergratuate. 4th edition. New Delhi: Elsevier, a division of Reed Elsevier India Private Limited, 2014, 810.
2. Das Somen. A Concise Textbook of Surgery. 6th edition. Kolkata: Dr. Das Publictions, 2011 Calcutta: India, 552.
3. Swash M. Hutchison's clinical methods. 21st edition Edinburgh; an imprint of Harcourt Publishers Limited, 2002, 166.
4. Radar 10. Archibel Homoeopathic Software. Belgium; c2009.
5. Dua D. Know and Solve Thyroid Problem. Delhi: Health Harmony; c2004.

How to Cite This Article
Kamboj M, Mathur S, Dabhi DP, Jain A. Individualized homoeopathy for hypothyroidism: Evidence based case series. International Journal of Homoeopathic Sciences. 2022;6(4):09-15.
DOI: https://doi.org/10.33545/26164485.2022.v6.i4a.632