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Efficacy of Individualized homoeopathic intervention in subclinical hypothyroidism: A case report

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Abstract

Background: Subclinical Hypothyroidism is a condition where serum TSH is raised, and serum T3 & T4 concentrations are at the lower or normal end of the reference range. This may persist for many years, although there is a risk of progression to overt thyroid failure. SCH may be resolved spontaneously within 2 years, typically in patients with TSH values of 4 to 6 mIU/L with *thyroxine or levothyroxine*. The rate of progression to overt hypothyroidism (6.5 mIU/L to onwards) is estimated to be 33% to 55% over 10 to 20 years of follow-up with thyroxine or levothyroxine. Homoeopathic medication is improving the serum lipid profile of SCH with no side effect & it's less time consuming & side by side improved vitality/ Immunity of patients.

Case Summary: A 41-year-old Hindu female Suffered for weakness, lethargy and constipation with hard stool, headache, Swelling in Neck and Constricted feeling in the neck. She was housewife of a good socioeconomic condition with less physical activity and sedentary habits.

Keywords: Subclinical hypothyroidism (SCH), thyroid-stimulating hormone, neck swelling, nat. MUR, individualisation, homoeopathy

Introduction

Subclinical Hypothyroidism is a condition where serum TSH is raised, and serum T3 & T4 concentrations are at the lower or normal end of the reference range. Mainly these hormones help to support the heart, brain, and metabolic functions. When thyroid hormones aren't working properly, this affects the body. This may persist for many years, although there is a risk of progression to overt thyroid failure. The overall prevalence is 4-10% in the general population and up to 20% in women, those with thyroid autoimmunity and older than 40 years [1, 2]. Subclinical hypothyroidism in India is 11% compared with only 2% in UK and 4-6% in USA [3, 4]. The euthyroid state was defined as thyroid-stimulating hormone (TSH) 0.45 to 4.49 mIU/L, and subclinical hypothyroidism as TSH 4.5 to 19.9 mIU/L [3, 4]. According to age the upper limit of normal serum TSH is 3.5 mIU/L in individuals 20-29 years old, 4.5 mIU/L in those 50-59 years old, and 7.5 mIU/L in those older than 80 years [4, 5]. In the young age thyroid problems are latent stage or asymptomatic & Symptoms come out according to their age increased. Probable cause of elevated thyroid-stimulating hormone/SCH are Autoimmune (Hashimoto) thyroiditis, Suboptimal treatment of overt hypothyroidism, Partial thyroidectomy, Radioactive iodine ablation, External beam radiation of head and neck, Infiltrative diseases of the thyroid (amyloidosis, sarcoidosis, hemochromatosis, Riedel thyroiditis, scleroderma), Drugs, iodine contrast, amiodarone, lithium, tyrosine kinase inhibitors (sunitinib, sorafenib), interferon alpha, or immune response modulators (ipilimumab, alemtuzumab, pembrolizumab), Iodine deficiency, Excess iodine, Thyroid dysgenesis [6, 7, 8, 9]. Diurnal variation, Recovery phase of euthyroid sick syndrome, Recovery phase of subacute, painless, or postpartum thyroiditis this are the physiological cause & others are Assay variability, Substances that interfere with TSH assays (heterophile antibodies, rheumatoid factor, biotin, macro-TSH or abnormal TSH isoforms), Central hypothyroidism or hyperthyroidism, Thyroid hormone resistance, Impaired renal function, Adrenal insufficiency, Obesity, Older age etc [10, 11, 12, 13, 14]. Initial stage the most frequent symptoms reported were problems with memory, slowness of thinking, muscle cramps, muscle weakness, tiredness, dry skin, feeling colder, hoarseness of voice, puffy eyes, more constipation, joint pains & along with comorbidity like, Diabetes, Arterial Fibrillation, adverse metabolic, reproductive, maternal-fetal, and cognitive abnormalities and lower quality of life [15, 16, 17].

SCH may be resolved spontaneously within 2 years, typically in patients with TSH values of 4 to 6 mIU/L with *thyroxine or levothyroxine*. The rate of progression to overt hypothyroidism (6.5 mIU/L to onwards) is estimated to be 33% to 55% over 10 to 20 years of follow-up with thyroxine or levothyroxine & D3 tablet therapy may improve the serum lipid profile & maintain D3 level in bone [18, 19, 20, 21]. Evidence based modern therapy is good & time consuming, apart from this Homoeopathic medication is improve the serum lipid profile of SCH with symptoms & it's less time consuming & side by side improved vitality/ Immunity of patients. So, we are going to present an evidence-based cases with SCH treated with Homoeopathy rule on individualisation.

Case Report

A 41-year-old Hindu female visited to my clinic for weakness, lethargy and constipation with hard stool, headache, Swelling in Neck and Constricted feeling in the neck. She was housewife of a good socioeconomic condition with less physical activity, sedentary habits weight 55 kg & height 5.3 feet. Her past history was indigestion, constipation & headache. She was suffering chickenpox at childhood. Her family history was important to us because her mother suffered from thyroid dysfunction problems & her father was affected by CVA with HTN.

Clinical findings

Physical examination reveals pre-hypertensive stage (blood pressure [BP]-136/82mm Hg), normal pulse rate (76 bpm), weight- 55 kg, Respiratory rate normal, percussion abdomen was clear & gait was regular normal. Swelling in Neck and Constricted feeling in the neck were present.

Homoeopathic Generality

Mental general: Mind- H/O Grief (Due to Her Husband), Anger++, Depressed, Irritable from any slight matter, Wants to Cry Alone, Consolation <, depressed & fright all time, can't share her expression to others.

Physical generals: Desire: fish++, Salted things++, fried bitter food, Extra Salt added in Rice, Aversion- Roti, Bread, Tall, slender & bright++, H/C relation: Hot++, Appetited less, sunlight aggravation, stool hard, constipated, unrefreshed sleep due to grief & sad thoughts, urine regular etc.

Miasmatic Analysis: In eczema all the chronic miasmas are reflected said by Allen [21]. This case was also multi-miasmatic but the predominance of Psora and Syphilis could be found [22].

Analysis of the case & Totality of symptoms: A detailed analysis & evaluation, the characteristics symptoms were converted to totality symptoms & further converted to the rubrics, use RADER for Repertorization and also help with Materia medica for final selection.

Totality of Symptoms

- Swelling on Neck and Constricted feeling in neck.
- Mind- H/O Grief (Due to Her Husband)
- Anger++, Depressed
- Irritable from any slight matter.
- Wants to Cry Alone.
- Consolation <
- Headache- Throbbing headache, <Sun heat/Sunlight, >Rest, Sleep.
- Sometime Continuous Sneezing & fluent coryza, Dryness & Soreness of Internal Nose.
- Heartburn Sometimes.
- Stool constipated & Stool was dry, burning pains and stitching after stool.
- Numbness and tingling in fingers and lower extremity.
- Dryness of vagina, Bearing down sensation < Morning.
- Tachycardia, Palpitation with constricted feeling in chest.
- Desire: Salted things++, Extra Salt added in Rice.
- Aversion- Roti, Bread.
- Tall, slender & bright++
- H/C relation: Hot++

Repertorization

THE OFFICER IN-CHARGE,
Without a name -

This analysis contains 1025 remedies and 25 Intensity is considered
Sum of symptoms (sorted degrees)

	nat-m.	lyc.	sep.	calc.	sulph.	nit-ac.	bell.	puls.	nux-v.	ign.	thuj.	nat-c.	phos.	sil.	kalir-c.	con.	plat.	dukl.	graph.
1	23	22	22	21	21	21	21	20	20	20	20	20	19	18	18	18	18	18	17
2	55	53	47	45	44	38	36	41	38	33	33	32	42	36	35	34	32	25	38

▼ 1. Clipboard 1

▶ 1. MIND - ANGER - easily	(78) 1	1	3	1	1		1	1		3	1	2	1	2		1	2	2	2
▶ 2. MIND - SADNESS	(762) 1	3	3	3	3	3	3	2	3	2	3	3	2	2	2	2	3	2	3
▶ 3. MIND - IRRITABILITY - trifles, from	(132) 1	2	2	1	2	1	3	2	1	3	1		1	2	1		1	2	1
▶ 4. MIND - CONSOLATION - agg.	(57) 1	4	1	4	1	1	2	2		1	3	1	1	2	3	1	1	2	1
▶ 5. MIND - WEEPING - alone, when	(14) 1	2	1					1		1						2			
▶ 6. GENERALS - FOOD AND DRINKS - salt - desire	(161) 1	4		1	2	1	2			1	2	1	4	1		2			1
▶ 7. GENERALS - FOOD AND DRINKS - bread - aversion	(72) 1	3	2	2	2	2	2		2	2	1			2		2			
▶ 8. GENERALS - WARM - agg.	(219) 1	3	2	1	2	3	1	1	3	1	1	2	1	2	1	1		3	2
▶ 9. NECK - CONSTRICTION OR BAND	(14) 1			1				1											1
▶ 10. NECK - SWELLING	(49) 1		2		1	1	1	3	1	1		1	1	2	1	2	1		1
▶ 11. RECTUM - CONSTIPATION	(528) 1	3	3	3	3	3	3	1	2	3	2	3	2	3	3	2	3	3	2
▶ 12. RECTUM - PAIN - stool - after - agg.	(229) 1	1	2	2	1	3	3	1	1	1	3	1	2	1	1	1		2	1
▶ 13. RECTUM - PAIN - stitching pain	(160) 1	2	3	3	2	3	3	1	2	1	3	2	2	2	3	3	3	1	1
▶ 14. RECTUM - PAIN - burning	(217) 1	3	2	3	3	3	3	1	3	3	1	3	2	2	3	3	1	1	2
▶ 15. EXTREMITIES - NUMBNESS - Fingers	(202) 1	1	3	2	3	2	1	1	1	1	1	2	1	3	2	1	2	3	1
▶ 16. EXTREMITIES - TINGLING - Fingers	(98) 1	3	2	1	2	1		1	2			2	1		3	1	1	1	1
▶ 17. EXTREMITIES - NUMBNESS - Lower limbs	(163) 1	1	2	2	3	1	1	1	3	2	1	1		2	1	3	2	1	1
▶ 18. EXTREMITIES - TINGLING - Lower limbs	(68) 1	1	3	2		2	1		1	1	1	1	1		2	3		1	3
▶ 19. FEMALE GENITALIA/SEX - DRYNESS - Vagina	(36) 1	4	3	3	1	1		2	1			1							2
▶ 20. FEMALE GENITALIA/SEX - PAIN - bearing down	(41) 1	1	2	3			1	3		1		1	1		1	1	1		
▶ 21. HEAD - PAIN - pulsating pain	(203) 1	3	3	2	2	3	1	3	3	2	2	1	1	2	2	2		1	1
▶ 22. HEAD - PAIN - sun - exposure to sun; from	(72) 1	2			2	2	1	3	3	2	1		3	1					1
▶ 23. CHEST - PALPITATION OF HEART	(516) 1	3	3	3	3	3	2	2	3	3	2	2	3	3	2	3	3	2	1
▶ 24. CHEST - CONSTRICTION	(349) 1	3	3	2	3	3	2	3	2	2	3	1	2	3	3	2	3	2	3
▶ 25. STOMACH - HEARTBURN	(278) 1	2	3	2	3	2	1	1	3	3	1	1	2	2	2	3	1	1	2

Clinical diagnosis: Endocrinological screening was done. Laboratory report showed high TSH- 8.66 µIU/mL (normal reference 0.54 to 5.3) & T3- 0.91 ng/ml (normal 0.50-2.00),

T4 – 8.27 µg/dl (adult male: 4.4 to 10.8 µg/dl & adult female: 4.8 to 11.6 µg/dl)

Associate : LGT/19	Received On : 25/11/2021	Page 1 of 1 Clinch/Phy/alk
Patient's Name : [REDACTED]	Reported On : 25/11/2021	
ID Number : LSD29313/K-4293	Age/Sex : 41Y/FEMALE	
Referred By : DR A SAHBOD MD,HOM	Sample Source : O.S.S.	

SERUM HORMONE EXAMINATION			
Test Description	Result Value	Unit	Bio. Ref. Interval
T3, T4 & TSH (CLIA)			
T3 (Total Tri-iodothyronine) <small>Methodology : CLIA (Chemiluminescence Immuno Assay)</small> Specimen : Serum	0.91	ng/ml	0.50-2.00
T4 (Total Thyroxine) <small>Methodology : CLIA (Chemiluminescence Immuno Assay)</small> Specimen : Serum	8.27	µg/dL	Adult Male: 4.4 to 10.8 µg/dL Adult Female: 4.8 to 11.6 µg/dL
TSH (Thyroid Stimulating Hormone) <small>Methodology : CLIA (Chemiluminescence Immuno Assay)</small> Specimen : Serum	8.66	µIU/ml	Clod Blood-3days : 1-17.4 1 week - 4 weeks : 1.7-9.1 4 Mnth - 12 Mnth : 0.8-8.20 Adult : 0.27 - 4.20 For Pregnent Women : 1st Trimester : 0.60 - 3.40 2nd Trimester : 0.37 - 3.60 3rd Trimester : 0.38 - 4.04

Comment : Increase in serum concentration of TSH is an early and sensitive indicator of decreased thyroid reserve and in conjunction with decreased T4 is diagnostic of primary hypothyroidism. In secondary and tertiary hypothyroidism concentration of T4 are usually low and TSH level are generally low or normal. An increase in T3 without an increase in T4 is frequently associated with recurrent thyrotoxicosis in previously treated patients. Graves' disease, which is an autoimmune disorder, most often causes hyperthyroidism and older women may get another form of hyperthyroidism like toxic nodular goiter

:: End of Report ::

Fig 1: Before Treatment

Treatment and follow- up prescription: The prescription was Nat. Mur 30 after match & consultant with A

Dictionary of Practical Materia Medica [23] & William BOERICKE, M.D.; "Homoeopathic Materia Medica" [24].

Table 1: Total follow up of the case

Consultation	Date	Medicine	Doses	Improvement
1 st	30/11/2021	Nat Mur 30 Sac Lac 200	3 doses BD & 15 days BD	Swelling on Neck and Constricted feeling in neck, Appetite less, constipation, Depressed, Sadness, Anger++
2 nd	21/12/2021	Nat Mur 200 Sac Lac 200	3 doses BD & 15 days BD	Swelling on Neck and Constricted feeling in neck & no new symptoms appear. Anger, Sadness
3 rd	09/01/2022	Sac Lac 200	20 days BD	Anger slightly diminished, Swelling on Neck and Constricted feeling in neck is slightly reduce
4 th	26/01/2022	Nat Mur 200 Sac Lac 200	3 doses OD & 15 days BD	Swelling on Neck and Constricted feeling in neck is gradually reduce
5 th	15/02/2022	Sac Lac 200	20 days BD	Anger↓, Sadness↓, Swelling on Neck but no constriction feeling
6 th	02/03/2022	Nat Mur 1M Sac Lac 200	1 dose OD & 20 days BD	Swelling on Neck but feel better
7 th	23/03/2022	Sac Lac 200	20 days BD	Anger↓, Sadness↓, Swelling on Neck is slightly reduced
8 th	14/04/2022	Nat Mur 1M Sac Lac 200	1 dose OD & 20 days BD	Swelling on Neck is reduced
9 th	05/05/2022	Sac Lac 200	30 days BD	Patient mentally quite ok, Swelling on Neck is reduced & Appetite Increased
10 th	04/06/2022	Nat Mur 10M Sac Lac 200	1 dose OD BD 20 days	Appetite good, Swelling on Neck is reduced
11 th	06/07/2022	Sac Lac 200	30 days BD	Mentally well, No new complaints
12 th	07/08/2022	Sac Lac 200	30 days BD	No Complaints
13 th	11/09/2022	Sac Lac 200	30 days BD	Pt feel better, No Complaints

Table 2: Modified Naranjo Criteria [25]

SL. No	Item/ Question	Yes	No	Not sure or N/A
01	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	0	0
02	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-2	0
03	Was there an initial aggravation of symptom? (need to define in glossary)	+1	0	0
04	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1	0	0
05	Did overall wellbeing improve? (Suggest using a validated scale)	+1	0	0
06 (A)	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
06 (B)	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms -from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards.	+1	0	0
07	Did old symptoms" (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
08	Are there alternate causes (other than the medicine) that-with a high probability- could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention	-2	+1	0
09	Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+1	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+2	0	0
Total score =Maximum score=13 Minimum score=02		Score=09		

The interpretation of the total Naranjo Score predicting drug action is as follows: Total scores range from -4 to +13; the reaction is considered definite if the score is 9 or higher,

probable if 5 to 8, and possible if 1 to 4, and doubtful if 0 or less.

Associate : TM	Sample Type : DIRECT
Name : [REDACTED]	Received On : 14/09/2022
Age / Gender : 42Y / FEMALE	Reported On : 14/09/2022
ID Number : SDC/14775/1-414/4	
Referred By : DR.A.SABUD(DMS)	

User: sdc
ClinicPro / Spectrum
Page: 1 of 1

DEPARTMENT OF HORMONE ASSAY

Test Description	Result	Unit	Bio. Ref. Interval
T3 (Total Tri-Odothyronine)	1.14	ng/ml	Adult: 0.52-1.90 Cord Blood & Newborn: 0.5-4.0
Methodology : CLIA			Infant: 1.0-2.5
Specimen : Serum			Adult: 4.3-11.8 Cord Blood & Newborn: 11-34
T4 (Total Thyroxine)	7.18	µgm/dl	Infant: 7-15
Methodology : CLIA			
Specimen : Serum			
TSH (Thyroid Stimulating Hormone)	3.23	µIU/ml	0.33-5.0
Methodology : CLIA			
Specimen : Serum			
Instrument : ## Test done by U.S Technic.(Access2)			

Comment:
Increase in serum concentration of TSH is an early and sensitive indicator of decreased thyroid reserve and in conjunction with decreased T4 is diagnostic of primary hypothyroidism. In secondary and tertiary hypothyroidism concentration of T4 are usually low and TSH level are generally low or normal. An increase in T3 without an increase in T4 is frequently associated with recurrent thyrotoxicosis in previously treated patients. Graves' disease, which is an autoimmune disorder, most often causes hyperthyroidism and older women may get another form of hyperthyroidism like toxic nodular goiter.

Note:
Reports may be correlated clinically.

End of Report

Fig 2: After Homoeopathic Treatment

Discussion

In this case, we found that the serum TSH level was high with normal T3 and T4 level; thus, the final diagnosis is the SCH. When the patient was visiting in clinic, her complaints were weakness, constipation with hard stool, headache, Swelling in Neck and Constricted feeling in the neck, appetited less & pre hypertensive stage. We are going to take a proper case taking & after that it was analysed & converted the characteristic symptoms (CS) into Totality of symptoms (TOS). After that Totality of symptoms, use RADER for Repertorization and also matched to the Materia medica & Nat. mur was given. Total 13 follow up were taken after the prescription, which was given Table no 01 & In the 3rd, 4th & 5th follow up were improved the constriction of neck. In the 8th and 9th follow up swelling of neck, appetited improved & stool is soft, regular. TSH Level in 1st prescription was TSH- 8.66 µIU/mL (normal reference 0.54 to 5.3) & T3- 0.91 ng/ml (normal 0.50-2.00), T4 – 8.27 µg/dl (adult male: 4.4 to 10.8 µg/dl & adult female: 4.8 to 11.6 µg/dl) & after 10 months homoeopathic intervention the TSH value was 3.23 µIU/mL. In this stage patient complaints were ameliorated & feels very good with the homoeopathic medication. In the modern treatment *thyroxine or levothyroxine* was the basic treatment for SCH & maybe it is taking time for 2 years(approx.). Thyroxine or levothyroxine are lots of side effect present, whereas homoeopathic intervention was curing the SCH within 10 months with no side effect. A Modified Naranjo Criteria was also mention on Table no 2 & it is clearly scoring 09.

That means homoeopathic intervention work properly or according to the homoeopathic law of nature, cost effective & side effect free.

Conclusion

The case reports followed HOM-CASE guidelines for reporting the outcomes. If we selected remedies on the bases of totality of characteristic symptoms and through individualization which covers the patient's miasmatic background. These types of remedies selection procedures have capability to cure the patient at deeper level. Individualized Homoeopathic Medicine (IHM) also capable to cure the mental symptoms of SCH patient. *Nat.mur* proved once again without doubt that it can cure the characteristic symptoms of SCH, along with mental symptoms. Further research study needed on this topic for the betterment of Homoeopathy. Homoeopathic remedies effectively manage these cases and are able to decrease the TSH level into a normal range without any help of modern medicine.

Declaration of patient consent

The author certifies that she has obtained the appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published.

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