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Hypothyroidism: Homeopathic panorama two cases of hypothyroidisim cured by lithium carbonate

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Abstract

Lithium Carbonate is one of the most widely used and studied medications for treating bipolar mood disorders. It works by stabilizing the mood and reduces extremes in behavior by restoring the balance of certain 'neurotransmitters' in the brain.

Lithium carbonate is also used as a long-term prophylaxis for bipolar disorders, but its long term use is associated with thyroid abnormalities that has been widely reported in the medical literature over the last six decades. These include hypothyroidism, hyperthyroidism, autoimmune thyroiditis and goiter.

Lithium Carbonate side effects include

- Increasing iodine content within the thyroid gland.
- Reducing thyroid's ability to produce thyroxine (T4) and thyronine (T3).
- Blocking the release to thyroid hormones from thyroid.
- Altering the release of thyroid hormones from thyroid.
- Altering the structure of thyroglobulin, a protein responsible for making thyroid hormone.¹

The thyroid gland is one of the most important glands in the body with a far-reaching influence. It is one of the endocrine, hormone-producing gland that has an effect on immunity, energy levels, circulation and sugar regulation. Also plays an important role in mood.

Essentially, thyroid gland makes hormones thyroxine (T4), tri-iodothyronine (T3) and calcitonin that effects calcium metabolism. Ninety percent of body's iodine is contained in the thyroid gland in organic form that is needed to manufacture thyroid hormones.

The thyroid hormones function via a "feedback loop," the hypothalamus in the brain is affected by circulating level of the thyroid hormones, if the levels is low than it should be, then it pumps out a hormone, called thyrotropin releasing hormone (TRH) that stimulates the pituitary to produce more thyroid stimulating hormone (TSH) that causes the thyroid to produce more thyroxin until it achieves the adequate levels.

Hence, this research study is to evaluate the action of "Potentized Lithium Carbonate" on the 'Hypothalamus- Pituitary-Thyroid Axis' that has become dysfunctional or disturbed due to the effects of pharmacological action of 'Crude Lithium Carbonate' during its therapy in the treatment of mood disorders.

Keywords: Lithium carbonate, thyrotropin releasing hormone (TRH), thyroid stimulating hormone (TSH)

Introduction

Homoeopathic approach to treatment of Malfunctioning Thyroid

- In homoeopathic system of medicine the above action of crude Lithium Carbonate is termed as the "Primary Action" of the drug which is due to the deranged vital force resulting from the damaging and destructive mechanism of the crude remedy administered for treating mood disorders ^[2].
- On administration of potentized homoeopathic remedy Lithium Carbonate in minute dosage, stimulates the "production of antibodies" by rejuvenating the deranged vital force which then initiates the repair mechanism by rousing itself again opposite to the condition of health (Counteraction) that is termed as the "Curative Action or Secondary Action^{[3].}
- For example a hand bathed in hot water is at first warmer than the other hand that has not been so treated (Primary action) but when it is withdrawn from the hot water and again thoroughly dried, it becomes cold in a short time and much colder than the other (secondary action).

Similarly excessive vivacity follows the use of strong coffee (primary action) but sluggishness and drowsiness remain for a long time afterwards (secondary action) unless removed by imbibing fresh supplies of coffee (Palliative)^[4].

Homoeopathic Management of Hypothyroidism

- Homoeopathy remedies in potentized form "reverts" the damaging process –"Primary Action" caused due to crude medicines by effecting a "Secondary Action" which is the defensive and automatic reaction of vital force against the primary action of medicine, the vital force now being revitalized by the homoeopathic dosage, to make its 'super power' available in the extinction of disease, and restoration of normal health. (Aphorism 66, Organon of Medicine)⁵
- In clinical practice, potentized Lithium Carbonate restores the normal secretions of thyroxine (T4) and thyronine (T3) that has been altered due to damage of thyroid follicles by administration of crude lithium carbonate in the treatment of mood disorders. (Aphorism 67,Organon of Medicine) ^[6]."Potentized lithium carbonate in homoeopathic dosage can also restore cases not treated by crude lithium carbonate" that could be proved by corrected parameters of TSH, T3 and T4.

Case I: 30.12.2011 Chief Complaints

43-year old married female with one daughter and suffering from:

- Tendency to gain weight since the last one year.
- Puffiness of face, tiredness and fatigue. associated complaints
- Irregular uterine bleeding.
- Pain / numbness in digits of right hand < right, lying down.
- Hoarseness of Voice.
- Weight 70.0 kilograms.

A) Past History

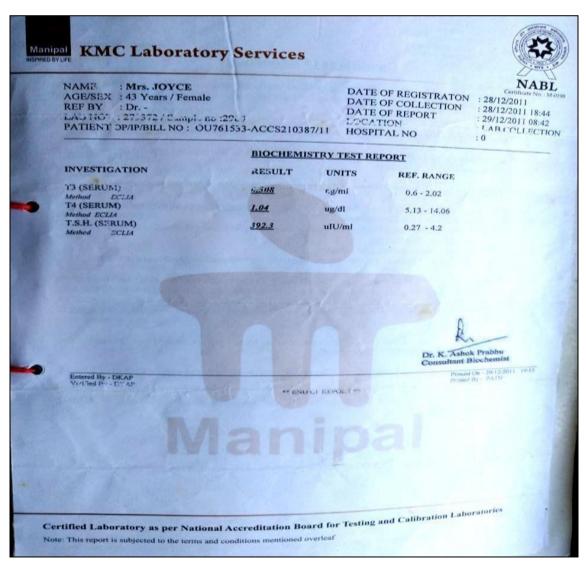
- Nothing Significant
- B) **Medical (Treatment History)** Blood pressure-92/60mm; Pulse – 64/m
- On Thyronorm (Levo-thyroxine 100mcg)

Family History

 Strong history of Hypothyroidism in the family (Father, Brother and Sister)

Investigation

- Thyroid function test (29.12.2011)
- T3 -0.508 ng/ml, T4- 1.04 ug/dl, TSH 392.3 μIU/ml.



- Medicine Prescribed
- Lithium Carbonate 200 weekly x 2 months
- βovista 30 daily x 2 weeks

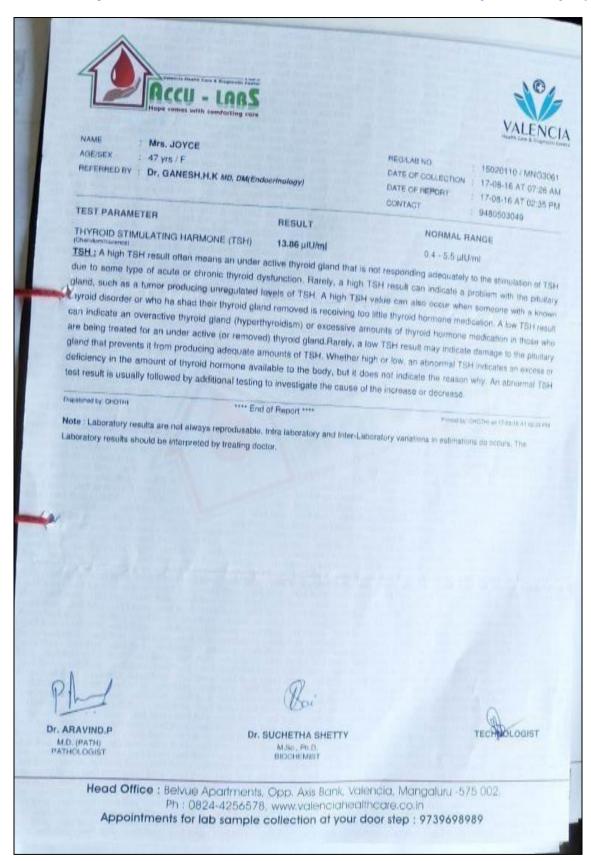
Follow Ups Date wise-10/03/2012

aboratory Services	a presi-		An ISO 9001:2008 Certified Hospital	and and
NAME : Mrs. JOYCE AGE/SEX : 43 Years / Female REF BY : Dr. GANESH H & LAB NO : 348590 / Sample a PATIENT OP/IP/BILL NO : OU	C	DATE	OF REGISTRATON OF COLLECTION OF REPORT TION TAL NO	Certificat 105/01/2 105/01/2 105/01/2 106/03/2 1.AB C
INVESTIGATION	BIOCHEMI RESULT	STRY TEST R		. 0
T.B.H. (SERUM)	1.06	ult/ml	0.27 +4,2	
ANTIBODIES TO THYROID PER (Anti-TPO) (NERUM) Medical False	IOXIDSE	159.0	Юля Сето за	
			R	
Land In . 194 10			Br. K. Ashe Consultant	
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Intered By . DKAP Verified By - DKAP	an	OF REPORT **	Consultant I	Biochem

TSH – 1.06 u/u/nl, Anti TPO -159

- Patient much better overall.
- Menstrual cycle regular
- Pain around right wrist joint (Carpal Tunnel)

- Numbness in fingers better by 50% Lithium Carb 1m weekly x 2 months. βovista 30 and Caulophyllum 30 alternate days for 2 . weeks.



Thyronorm reduced to 75 mcg (Patient relocated to Kolkatta due to husband's job. Returned back after 4 years, did not continue homoeopathy medicines regularly but taking Thyronorm 50 mcg)

18.08.2016

 Patient clinically belter but experiences severe headache (Occipital region) with chronic constipation once in a month. Head ache comes like a flash.

- Had missed periods twice in last one year.
- TSH 13.86 u /u/ml.
 - BP- 100/80mmhg. Pulse -72/m. Prescription- 1. Lithium carbonate 200Thrice a week x 15 days.
 2. Sanguinaria Can. 200 Thrice a week x 15 days.

07.09.2016

$TSH - 5.44 \mu/u/ml$

- Patient clinically asymptomatic. Same prescription, Lithium carbonate 200Thrice a week repeated for 2 months.
- But Sanguinaria Can. 200 only SOS for Headache (Climacteric)
- Thyronorm reduced to 25 mcg.

23.11.2016

Hope comes with com	forting cure	VALEN
and the second		TALEN
NAME : Mrs. JOYCE AGE/SEX : 47 yrs / F REFERRED BY :		REGLAB NO. 15020110 / MNGS17 DATE OF COLLECTION 17-11-16 AT 07-46 AI DATE OF REPORT 17-11-16 AT 07-46 AI
and the second s		CONTAGT : 17-11-16 AT 01:09 Pt 9480503049
TEST PARAMETER	RESULT	NORMAL RANGE
THYROID STIMULATING HARMO		0.4 - 5.5 µlLimit s not responding adequately to the stimulation of T
can indicate an overactive thyroid	gland (hyperthyroidiem) or sussessing in	1 TSH result can indicate a problem with the place H value can also occur when someone with a loss so little thyroid hormone medication. A low TSH result mounts of thyroid hormone medication in those and the result may indicate damage to the place low TSH result may indicate damage to the place.
gland that prevents it from producin deficiency in the amount of thyroid	ng adequate amounts of TSH. Whether	high or low, an abnormal TSH indicates an excess of
gland that prevents it from producin deficiency in the amount of thyroid test result is usually followed by add	adequate amounts of TSH. Whether hormone available to the body, but it ditional testing to investigate the cause	high or low, an abnormal TSH indicates an excess a does not indicate the reason why. An abnormal TS of the increase or decrease.
gland that prevents it from producin deficiency in the amount of thyroid test result is usually followed by add	adequate amounts of TSH, Whether hormone available to the body, but it ditional testing to investigate the cause ""End of Report """ s reprodusable, http laboratory and Inter-	high or low, an abnormal TSH indicates an excess o does not indicate the reason why. An abnormal TSP of the increase or decrease

Patient overall very much better.

Weight- 62.0kgs. to 63.0kgs. over the last 6 months. No

https://www.homoeopathicjournal.com

complaints around this time. Lithium Carbonate 1m weekly x 2 months.

6.01.2017

	UALITY MANAGEMENT SYSTE		
	State	M 150 9001 2015	VALE
NAME : Mrs. JOYCE PICARDO			
AGE/SEX : 47 yrs / F		DATE OF COLLECTION	15020110 / MNG117
nerenced by :		DATE OF REPORT	06-01-17 AT 08 114
		CONTACT	06-01-17 AT 12-14 DI
TEST PARAMETER	RESULT		9480503049
THYROID PROFILE		NORMAL	RANGE
TOTAL TRI IODOTHYRONINE (T3)			
TOTAL THYBOXINE (TA)	1.138 ng/mL	0.8 - 1.8 ng	Veril.
	9.431 ug/dl	4.5 - 12 000	
THYROID STIMULATING HORMONE (TSH) Total T3: Tri lodothyronine is transported in Circulating T3 is protein-bound. T3 contribut concentration has a role in screening for	1.004 µIU/L	05.55.0	
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T3 – 1.138 ng/ml, T4- 9.431 µg/dl, TSH -1.004 u/u/ml, Weight – 64.2 kgs.

Patient asymptomatic, hence medicine prescribed for 6 months. Lithium carbonate 1m fortnightly x 6 months, asked to consult only if any complaints.

27.07.2017

Accu -	LABS		VALENCIA
	AH BO MIT JUS CERTFED L	ABORATORY	Health Care & Dagenetik Carden
		REGLAS NO.	
NAME MIN. JOYCE AGE/SEX 48 yrs / F REFERRED BY	PICARDO	DATE OF COLLECTION DATE OF REPORT CONTACT	27-07-17 AT 07:48 AM 27-07-17 AT 07:48 AM 27-07-17 AT 12:52 PM 9480503049
TEST PARAMETER	RESULT	NORMAL	RANGE
THYROID STIMULATING HARM	IONE (TSH) 1.865 µIU/ml	0.4 - 5.5	ult_Ums
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amounts of TSH. Whether high or 1	tow, an abnormal TSH totaleates as access reason why An abnormal TSH tost con		of thysnid hormone available to-
amounts of TSH. Whether high or I the body, but it does not indicate th cause of the increase or decrease. Objandency Origine	low, as abnormal TSH indicates an excess e reason why An abnormal TSH test row	x or deficiency in the amount of the amount of the second by addition of the second by addition of the second by addition of the second s	of depend hormone available to tional testing to investigate the nearby CHOTH in 21-01-11 AT 52-12 FM
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TSH – 1.665 IU/ml

No complaints except occasional headache occipital region and posterior neck especially before menses. Patient asked to "Discontinue Tablet Thyronorm" since consistent TSH

07.12.2017

values observed over the last one year. BP 102/70 mmhg, Pulse -72/m Lithium carbonate 10m, once a month x 6 months.

	STRATE CONTRACTOR		
Hope comes with comforting care	AN ISO 9001:2015 CERTIFI	ED LABORATORY	VALENCIA Health Cure & Diagnottic Centre
NAME : Mrs. JOYCE PICARE	20		
AGE/SEX : 48 yrs / F REFERRED BY : CENTER : ACCU - LABS MANG		DATE OF COLLECTION :	15020110 / MNG8607 06-12-17 AT 07:58 AM 06-12-17 AT 12:14 PM
TEST PARAMETER	RESULT		
THYROID PROFILE	RESULT	NORM	AL RANGE
TOTAL TRI IODOTHYRONINE (T3)	0.931 ng/mL	0.8 - 1	1.8 ng/mL
TOTAL THYROXINE (T4)	6.541 ug/dl	4.5 -	12 ug/di
CTHYROID STIMULATING HORMONE (TSH)	8.490 µIU/L	0.5 - 5	5.5 µIU/L
(14) for hyperthypoldiam. A fail in 13 conter feats brench disease 13 concentrations may be altered pregnancy when a test for 13 or 14 uptake may be netabolically active free T3. GraII4.: Thyrokine accounts for at least 90% of hypoxine-binding globulin(TBG), it is the free fracti- hypoxine-binding blobulin(TBG), it is the free fracti- vith other tests. 14 levels may be netabolically active free T4. 541: A high TSH result often means an under active 541: A high TSH result often means an under active.	T3 alone cannot diagn sof up to 50% is know of a conditions affect used with the total T3 circulating protein-bc on that is biologically uate, and diagnostic eight ons affecting the capat used with the total T4	ase hypothyroidism, but it may m to occur in a variety of clin ng the capacity of the thyro sull to actualist the free T3 und iodine. While >99.9% o active. In most patients the t ficiency may be improved by thy of the thyraid homone bir rosult to calculate the free T4	Ind. hormone binding produce and index(FT3) to estimate the level of fT4 is protein-bound, primarily to obel T4 protein-bound, primarily to obel T4 protein-bound indicator of use of alevel is a good indicator of indicator of the second of
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- T3 0.931 ng/ml, T4-6.541 ug/dl, TSH -8.490 uIu/ml.
- 'Elevated TSH' probably due to "rebound effect" of discontinuation of Thyronorm.
- BP 114/82 mmHg, Pulse 72/m, Patient complaining of sleeplessness after 4am. Tingling and numbness bilateral hands/ fingers aggravated at night / bed-time

only.

- Lithium carbonate CM, 1 dose stat. and fortnightly for 2 months;
- Bovista 200 and Caulophyllum 200 on alternate 15 days.

05.02.2018

Polisica Nama Age/Gendari I Mis. KOYCE UHD/MR Na UHD/MR Na DMSL. BODOCITI 648 Nick (IO Ref Deuter ID/OP NO		Collected Repaired Repaired Status Client Passes Client Code	F 0824-6 04/Fwb/2018 07:5 04/Fwb/2018 09:2 04/Fwb/2018 12:1 Fore August 5L MANGALORE	4.414
	DEPARTMENT	OF IMMUNOLO	1 50018	
Test Name	Robult	Unit	Blo. Ref. Range	1
THYROID PROFILE (TOTAL T3, TOTAL	L T4, TSHD , 1991			Meth
TRUIDOOTHVRONINE (T3, TOTAL)	0.07	and the second division of the second divisio		
THYROXINE (TA, TOFAL)	0.00	mg/mi	0.87-1.78	CUA
THYROID STIMULATING HORMONE (TSH)	0.1	hill of a	6.09-12.23	CUA
Serum TSH concentrations exhibit a diam 10 nm. and 4 p.m.In primary hypothym hyperthyroidism,TSH levels will be low.	All an address of the second	Contraction of the state of the state of	THE CANADA STANDAR WILLS	ar whevated. It
by porthy rolation, TSH hevels will be low- nub-linear hypes or hyperthyroid-ners, respan- atoroid therapy. Recommended inst for T3 and T4 is unbound Note:	Elevated or low Tr crively Physiologics I fluction or free low [Bio Ref Ref	al rise in Total T3 / ols as it is restabeli-	of normal five thyroxy T4 levels is seen to pro- cully active.	ar whevated. It
hyperthyroidiam, TSH levels will be low- nubclinical repose or hyperthyroid-arm, respon- teroid therapy. Recommended next for T3 and T4 is unboard	Elevated or low Tr crively Physiologics I fluction or free low [Bio Ref Ref	If in the costest of rise in Total T3 / vis as if is restabeli- inge for TSH in a Thyroid Associat	reality active.	ar whevated. It
hyperthyroidiant,TSH Javeta with Sp. Jon- uthchinad hypes or hyperthyroid-ann, respa- ateroid therapy. Recommended text for T3 and T4 is unbound Note. Fur pregnant females	Elevated or low Tr crively Physiologics I fluction or free low [Bio Ref Ref	If in the context of rise in Total T3 / wis in if is metabolic inge for TSH in a Thyroid Associat 0.1 - 2.5	or (1531) investional with a of mornal few thyroan T4 levels is seen in pro- culty active. ((U/mt (As per ion)	ar whevated. It
hyperthyroidiam. TSH hevels will be low, autokinical popo, ar hyperthyroidians, rega erroid therapy. Recommended but for T3 and T4 is unboard Note: For pregnant females For pregnant females	Elevated or low Tr crively Physiologics I fluction or free low [Bio Ref Ref	If in the costest of rise in Total T3 / vis as if is restabeli- inge for TSH in a Thyroid Associat	of roomal free dynam T4 levels is seen in pre- culty active. ((U/mt (As per lon))	ar whevated. It
Dynerflyrnidium, TSH Bevela will be low- advelinial therapy arenoid therapy Noen Noen Fire pregnant females Fire pregnant females	Elevated or low Tr crively Physiologics I fluction or free low [Bio Ref Ref	If in the costosy of rise in Total T3 / where it is restabeling for TSH in a Dhyroid Association 0.1 - 2.5 0.2 - 3.0	of roomal free dynam T4 levels is seen in pre- culty active. ((U/mt (As per lon))	M whevated

- T3- 0.97ng/ml, T4 -9.00 ug/dl, TSH 0.1 uIU /ml
- Irritability and drowsiness increased after discontinuation of Thyronorm, as reported by patient. Menses has been irregular, once in two months since

06.03.2018

last 3-4 months.

- Lithium carbonate 0/3 prescribed twice a week x 2 months.
- Bovista 1M stat. (Irregular menses and neuritis)

HID/MR No DMSL.000001648 Isit ID DMSL0PV11083 ef Doctor Dr GANESH H K P/OP NO :	Collected Received Reported Status Client Na Client Na DEPARTMENT OF IMMUI	: 04/Mar/2018 08:1 : 04/Mar/2018 10:4 : Final Report : SL MANGALORE : SL0018	MAE	Patient Name : Mrs.JDYCE Age/Gender : 49 Y 0 M 0 UHID/MR No : DMSL.6000 Visit ID : DMSL.6001 Ref Doctor : Dr GANESH 1 IP/OP NO :	01648 063 1 K	Received : Reported : Status : Client Name : Client Code :	04/Mar/2018 07:23 04/Mar/2018 08:13 04/Mar/2018 08:47 Final Report SL MANGALORE SL0018	АМ
Test Name	Result Un	Manager and a second	Method	Test Name	DEPARTMENT OF			
	()	BID. Ref. Kange	Method		Result	Unit	Bio. Ref. Range	Method
IVROID PROFILE (TOTAL T3, TOTAL	L T4, TSH), SERUM			LIPID PROFILE, SERUM				
RI-IODOTHYRONINE (T3, TOTAL)	0.8 ng/	mL 0.87-1.78	CLIA	TOTAL CHOLESTEROL	202	mg/dL	<200	CHE/CHO/POD
HYROXINE (T4, TOTAL)	8.50 µg/	/dL 6.09-12.23	CLIA	TRIGLYCERIDES	70	mg/dL	<150	Enzymatic
HYROID STIMULATING HORMONE	4.39 µIU/	/mL 0.35-5.5	CUA	HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
SH)	the second se			NON-HDL CHOLESTEROL	161	mg/dL	<130	Calculated
				LDL CHOLESTEROL	147	mg/dL	<100	Calculated
omment: rum TSH concentrations exhibit a diurn			warmen and an and	VLDL CHOLESTEROL CHOL / HDL RATIO	4.93	mg/dL	<30	Calculated
r pregnant females	American Thyroid A	An Alexandra Street and a second s		TOTAL CHOLESTEROL TRIGLYCERIDES	<pre><200 <150 Optimal < 100</pre>	200 - 239 150 - 199	≥ 240 200 - 499	≥ 500
st trimester		0.1 - 2.5 0.2 - 3.0		LDL	Near Optimal 100-129	130 - 159	160 - 189	≥ 190
rd trimester	0	0.3-3.0		HDL	≥ 60			
	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	State of the second sec		NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
1	*** End Of Report			Measurements in the same patient on NCEP ATP III identifies non-HDL	an show physiological and an cholesterol as a secondary tar	lytical variations. get of therapy in per	sons with high trig	ycerides.

Dr. Ganesh H.K, MD; DM Endocrinologist, at Pumpwel, Mangalore, whom the patient has been consulting occasionally since the last 7 years, as per my advice, requested for a lipid profile which showed elevated levels of

LDL.

Irritability and drowsiness reduced.

Same prescription-Lithium Carb. 0/3, twice a week, repeated for 6 months as patient was travelling abroad.

06.11.2018

Patient Name Mrs.JOYCE Age/Gender 49 Y 0 M 0 UHED/MR No DMSL.0000 Visit ID DMSL0PV24 Ref Doctor : DR.GANESH IP/DP NO :	1001648 4816 Н К	Collected Received Reported Status Client Name Client Code	04/Nev/2018 07: 94/Nev/2018 09: 04/Nev/2018 09: Final Report SL MANGALORE SL0018	IZAM	Patient Name : Mrs.JOYCE Age/Gender : 49 Y 0 M 0 D /F UHID/MR No : DMSL.0000001648 Visit ID : DMSLOPV24515 Ref Doctor : DR.GANESH H K IP/OP NO ::		Collected Received Reported Status Client Name Client Code	04/Nov/2018 07:52 04/Nov/2018 09:12 04/Nov/2018 10:11 Final Report SL MANGALORE SL0018	2.40M
Test Name	DEPARTMENT	and the second second second second	RY		Test Name	1	OF IMMUNOLO	570 mm	
	Result	Unit	Bio. Ref. Range	Method		Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	95	mg/dL	70-100	GOD - POD	THYROID PROFILE (TOTAL T3, TOTA	and the second se			
OTAL CHOLESTEROL , SERUM	177	mg/dL	(305	1	TRI-IODOTHYRONINE (T3, TOTAL)	0.91	ng/mL	0.6-1.81	CLIA
		mayor	<200	CHE/CHO/POD	THYROXINE (T4, TOTAL) THYROID STIMULATING HORMONE	10.20	ug/dL uIU/mL	3.2-12.6 0.35-5.5	CLIA
					steroid therapy. Recommended test for T3 and T4 is unbou Note: For pregnant females	Bio Ref	Range for TSH in	uIU/ml (As per]
					Recommended test for T3 and T4 is unbou Note:	Bio Ref		auTU/ml (As per ation) 1.5 5.0	

- Patient returned from abroad •
- •
- Total Cholesterol 177 (down from 202) T3-0.91 ng/ml, T4-10.20ug/dl, TSH-1.41 uIU/ml. •
- •
- •
- Patient feeling much better. BP- 110/80mmhg, Pulse- 78/m Lithium Carbonate 0/6, thrice a week x 6 months. •

11.05.2019

Patient Name Mrs.JOYCE Age/Gender 49 Y 0 M 0 UHID/MR No DMSL.000 Visit ID DMSL.000 Ref Doctor Dr.SELF	0 D /#	Collected Received Reported Status	: 08/May/2019 07:0 : 08/May/2019 08:1 : 08/May/2019 09:0 : Final Report	L3AM	UHID/MR No Visit ID Ref Doctor IP/OP NO	: DMSL.0000001648 : DMSLOPV34601 : Dr.SELF :		Received Reported Status Client Name Patient location	: 08/May/2019 07:1 : 08/May/2019 08:1 : 09/May/2019 10:1 : Final Report : SL MANGALORE	13AM 32AM
IP/OP NO :		Client Name Patient location	: SL MANGALORE : Mangiore, Mangior				DEPARTMENT C	OF IMMUNOLO	: Manglore, Manglor	re
Test Name	DEPARTMENT O	F BIOCHEMISTRY	- Hangton et Hangtor	e		stivame	Result	Unit	Bio. Ref. Range	1
ALCO CONST.	Result	Unit	Bio. Ref. Range	Method	THYROID PROFI	LE (TOTAL T3, TOTAL	TA TOUS	-	olo. Kel. Kange	Met
LIPID PROFILE , SERUM				Imethod	TRI-IODOTHYROI	NUME (TO TOTAL				
TOTAL CHOLESTEROL		-			THYROXINE (T4,	TOTAL)	0.98	ng/mL	0.6-1.81	CLIA
TRIGLYCERIDES	178	mg/dL	<200	CHE/CHO/POD	THYROID STIMU	ATING HORMONE	8.70	µg/dL	3.2-12.6	CLIA
HDL CHOLESTEROL	72	mg/dL	<150	Enzymatic	(TSH)	ATING HORMONE	0.670	µIU/mL	0.35-5.5	CLIA
NON-HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD				and the second s	0.00 0.0	CLIA
LDL CHOLESTEROL	138	mg/dL	<130	Calculated						
VLDL CHOLESTEROL	123.6	mg/dL	<100	Calculated	Comment:					
CHOL / HDL RATIO	14.4	mg/dl.	<30	Calculated	Scrum TSH concer	trations exhibit a diurna In primary hypothyro:	variation with the	peak occurring de	ring the night on Lab	and the second
Comment: Reference Interval as per Nationa	Desirable	Borderline Hi		port.	hyperthyroidism, T subclinical hypo- or steroid therapy.	SH levels will be low. E hyperthyroid-ism, respect for T3 and T4 is unbound	tively. Physiological	rise in Total T3 /	F4 levels is seen in prej	ine is often re gnancy and in
Comment: Reference Interval as per National TOTAL CHOLESTEROL TRIGLYCERIDES	Desirable < 200	Borderline Hi 200 - 239	gh High ≥ 240	Very High	hyperthyroidism, T subclinical hypo- or steroid therapy. Recommended test f	hyperthyroid-ism, respect for T3 and T4 is unbound	fraction or free leve	I rise in Total T3 /	I normal free thyroxi I'4 levels is seen in pre- cally active.	ne is often rel gnancy and in p
Reference Interval as per National TOTAL CHOLESTEROL TRIGLYCERIDES	Desirable < 200 <150	Borderline Hi	gh High		hyperthyroidism,T: subclinical hypo- or steroid therapy. Recommended test f Note: For pregnant fema	hyperthyroid-ism, respect for T3 and T4 is unbound	fraction or free leve	I nine context c rise in Total T3 / Is as it is metabolion nge for TSH in u Thyroid Associati	r4 levels is seen in pre- cally active.	ne is often rei gnancy and in j
Reference Interval as per National TOTAL CHOLESTEROL TRIGLYCERIDES LDL	Desirable < 200	Borderline Hi 200 - 239	gh High ≥ 240	Very High	hyperthyroidism,Ti subclinical hypo- or steroid therapy. Recommended test f Note:	hyperthyroid-ism, respect for T3 and T4 is unbound	fraction or free leve	I rise in Total T3 / Is as it is metaboli nge for TSH in u hyroid Associati 0.1 - 2.5	r hormai free thyroxi F4 levels is seen in prej cally active. IU/ml (As per on)	ne is often ref gnancy and in j
Reference Interval as per National TOTAL CHOLESTEROL TRIGLYCERIDES	Desirable <200 <150 Optimal < 100 Near Optimal 100-129 ≥ 60	Borderline Hi 200 - 239 150 - 199	gh High ≥ 240 200 - 499	Very High ≥ 500	hyperthyroidism,T: subclinical hypo-or steroid therapy. Recommended test f Note: For pregnant fema First trimester	hyperthyroid-ism, respect for T3 and T4 is unbound	fraction or free leve	I nine context c rise in Total T3 / Is as it is metabolion nge for TSH in u Thyroid Associati	I formal free thyroxi T4 levels is seen in prej cally active. IU/ml (As per on)	ne is often rei gnancy and in p
Reference Interval as per National TOTAL CHOLESTEROL TRIGLYCERIDES LDL	Desirable <200	Bordertine Hi 200 - 239 150 - 199 130 - 159	gh High ≥ 240 200 - 499	Very High ≥ 500	hyperthyroidism, T. subclinical hypo-or steroid therapy. Recommended test f Note: For pregnant fema First trimester Second trimester	hyperthyroid-ism, respect for T3 and T4 is unbound	fraction or free leve	I rise in Total T3 / Is as it is metaboli nge for TSH in u Thyroid Associati 0.1 - 2.5 0.2 - 3.0	I formal free thyroxi T4 levels is seen in prej cally active. IU/ml (As per on)	ne is offen ref
Reference Interval as per National TOTAL CHOLESTEROL TRIGLYCERIDES LDL HDL	Desirable ≤ 200 <150 Optimal < 100 Near Optimal 100-129 ≥ 60 Optimal <130; Above Optimal 130-159	Borderline Hi 200 - 239 150 - 199 130 - 159 160-189	gh High ≥ 240 200 - 499 160 - 189 190-219	Very High ≥ 500 ≥ 190 >220	hyperthyroidism, T. subclinical hypo-or steroid therapy. Recommended test f Note: For pregnant fema First trimester Second trimester	hyperthyroid-ism, respect for T3 and T4 is unbound	fraction or free leve	Is an it is metaboli inge for TSH in u hyroid Associati 0.1 - 2.5 0.2 - 3.0 0.3 - 3.0	I formal free thyroxi T4 levels is seen in prej cally active. IU/ml (As per on)	ne is often re gnancy and in

T3-0.98ng/ml, T4-8.70 ug/dl, TSH -0.570 uIU/ml.

- Patient advised to stop treatment as she has been asymptomatic for the last 6 months. Patient menstruating every 2 months (Climacteric phase) Asked to do thyroid profile every six months and report in case of any trouble.
- A very, very difficult case of Hypothyroidism cured by Homoeopathy !!!!!

Case II: 13.04.2018

Chief Complaints

37 year old married female with two daughters complained of:

- Tiredness and weight gain since one year.
- Left sided headache since six months.
- Menses early and profuse since six months.
- Pain in left breast since six months.
- Constipation with dry, hard stools since 1 year.
- Diagnosed with hypothyroidism a year ago by Endocrinologist at Falnir, Mangalore.
- Prescription given Thyronorm (Levo-thyronine 125 mcg) increased from 50 mcg since last one year.

Associated complaints

Allergic Rhinitis, sneezing aggravated on waking in

morning, change of weather and use of air conditioner.

Past History

Nothing significant.

Menstrual History

- Menarche at 13 years of age, menstrual cycle -28 days with 2-3 days of flow.
- Early and profuse menses since 6 months lasting for 5-6 days.

Physical Generals

- Fair Complexion, short in stature (5'1")
- Appetite normal, Thirst normal, Bowels- constipated.

Mental Generals

- Irritable
- Angry whey contradicted.

General Examination

- Weight 66 kgs
- BP-110/70mmhg, P-70/m, S1/S2 normal, RS-NAD

Local Examination

 Thyroid Gland – Slight swelling of gland noted on empty swallowing.

Investigations

Ideat	教授的复数教授教授		SRL
Ideas	TEST REPORT		
COLLECTION DATE : 12/04/2018 07:42 AM ACCESSION NO : 5023RD004050 PATIENT NAME : MRS. SHAMEEM REFFERED BY : SELF	ENDOCRINOLOGY	REPORTING DATE : 12/04/20 PERM ID : SHAMF120 AGE / SEX : 38 Years / CENTRE : WALK IN	Female
TEST	RESULT	REFERENCE RANGE	
THYROID FUNCTION TEST TOTAL T3 (TRIIODDOTHYRONNIE) TOTAL T4 (THYROXINE) TSH (THYROID STIMULATING HORMONE)	0.83 4.60 14.0 H	0.80 - 1.80 4.50 - 11.50 Ngh 0.40 - 5.50	ng/ml µg/dL µIU/ML
			× .
	2		
G.S.Balasubramanyam M.Scit Missian MIBMS(Lon) Dr. Char Poppy Weallist MID(3) MI	MOMY K.V.Shetty ndravya AMSG (Med D (PATH)	ical Micro) Aicrobiologist	Dr. Chandray MD (Path) Consulting Path

T3-0.83ng/ml, T4-4.60ug/dl, TSH- 14uIU/ml. Medicine Prescribed (First Prescription) Lithium Carbonate 200 stat. and biweekly for 3months. SL

for other days. Nux Vomica 200 SOS for headache.

Follow-ups (date wise): 13/08/2018

Patient Name : Mrs.SHAMEEM Age/Gender : 38 Y 0 M 0 D /F UHD/MR No : DMSL0000018092 Visit ID : DMSL0FV19251 Ref Doctor : Dr.SELF IP/OP NO :		Received Reported Status Client Name Client Code	: 13/Aug/2018 07:40A : 13/Aug/2018 09:19/ : 13/Aug/2018 12:01 : Final Report : SL MANGALORE : SL0018	PM	SIN No: IM00351922 This we hav been performed at A	godie Health and Lifenyle Lai Many dan	: Lab. : Mangalore - 87500	a.		
DE	PARTMENT	OF IMMUNOL	OGY	Metho						
Test Name	Result	Unit	Bio. Ref. Range							
	TAL TAS TSE	4)								
HYROID PROFILE (TOTAL T3, TO	TAL TRACTOR	ng/mL	0.7-2.04	CLIA						
TRI-IODOTHYRONINE (T3, TOTAL)	1.24	μg/dL	3.2-12.6	CLIA						
THYPOYINE (T4 TOTAL)	9.10	ulU/mL	0.35-5.5	CLIA				Collected	: 13/Aug/2018 07:40	MM
THYROID STIMULATING HORMONE (TSH)	1.33	Li0/mc			Patient Name Age/Gender UHID/MR No	: Mrs.SHAMEEM : 38 Y 0 M 0 D /F : DMSL.0000018092		Received Reported Status	: 14/Aug/2018 09:57 : 15/Aug/2018 05:42 : Final Report : SL MANGALORE	
				the exerciting	Visit ID	DHSLOPV19251		Client Name Client Code	1 SL0018	
Comment: erum TSH concentrations exhibit a diurnal vi	ariation with th	e peak occurring d	uring the night and th	e nadir occurring	Ref Dector IP/OP NO		Contraction of the local division of the loc		a av	
6 a.m. and 4 p.m.In primary hypothyroidi 0 a.m. and 4 p.m.In primary hypothyroidi	ism, thyroid-st	timulating hormon	ne (TSH) levels will	be elevated. In	In row is	ANTITHYROID ANTIE	EPARTMEN	OF IMMONT	TITHYROGLOBU	LIN ANTIBODY)
						ANTITHYROID ANTIE	ODIES (ANT	TPO AND AN	Bio Ref. Bange	Method
hyperthyroidism, TSH levels will be low. Ele subclinical hypo- or hyperthyroid-ism, respecti	vely, Physiolog	gical rise in Total T.	3 / T4 levels is seen in	pregnancy and in		Test Name	Result	Unit		CLIA
subclinical hypo- or hyperinytona land or pro- on steroid therapy. Recommended test for T3 and T4 is unbound fi	raction or free lo	evels as it is metabo	blically active.		ANTI THYROG	LOBULIN ANTIBODY	0.1	IU/mL	< 4.0	CLIA
Note:		Range for TSH in	mIII/ml (As per	7						dumiditis monstal
	Bio Ref	Range for 1 SH in	ation)		Comment:	as an adjunct in the diagnosis	of autoimmune il	yroid diseases: Has	himoto disease, postpart	have detectable anti-Tg
For pregnant females	America	n Thyroid Associ	2.5	7	This test is used	as an adjunct in the diagnosis , and Graves disease. In indi	viduals with autoi	mmune hypothyroi	to Graves disease, both	types of autoantibodies
First trimester				-	autoantibodies,	as an adjunct in the diagnosti and Graves disease. In indi- while 50% to 90% will have	detectable anti-T	PO autoantibodies.	In Graves disease,	the Anti Ta
		0.2 -		-	are observed at	approximately into ment	the and of the	mid cancer patients	could result in transcore	To anything patients.
Second trimester		0.3	3.0		The presence o	approximately half these rate f anti-Tg, which occurs in 1: oth falsely-low and, less com-	monly, falsely his	h serum Tg measur	ements. Therefore, in a	ould be interpreted with
Third trimester					serum Tg meas	f anti-Tg, which occurs in 1 oth falsely-low and, less com- urements should not be used	as the sole measu	rement for thyroid o	ancer rouse of	
					caution,					
					FRINCOLD D	EROXIDASE ANTIBO	DIES (ANTI	MICROSOMAL	ANTIBODIES)	
					THYROLD P	EROXIDASE (TPO) / AL ANTIBODY	295.3	IU/mL	0-9	CLIA
					Graves disease levels of anti-T	se (TPO) amibodies are pos . Very high titer is saggestiv PO antibodies, in the conte sionally positive in papillar idrits (in approximately 60%	st of the clinical p	resentation of hyp-	othyroidism, confirm th	e diagnosis of riasianoto
					Edwa Dr. ZEHRATUL MBBS, DOT, ABE	(Bio) M.B.B.S., M.D.	(PATH)	Of Report ***	-	
				Pag		Consultant Pa	thologist			

- T3 1.24ng/ml, T4 -9.10ug/dl, Anti TPO-295.3 u/ml
- TSH 1.33.
- Weight 64.0kgs, BP-104/66mmhg, P-68/m
- Slight pain in (L) breast persists during and before menses.
- Menses regular since 2 months, flow normal x 3 days.

- Stools still hand but no episodes of headache like before.
- Lithium carbonate 10m biweekly x 3 months
- SL for other days.
- Thyronorm reduced to 50mcg.

18/12/2018

"rebound effect" of reduced thyronorm.

Stool normal and soft (Probable side effects of

Pain in breast reduced.

Thyronorm – reduced)

Age/Gender : 38 Y 0 I UHID/MR No : DMSL.0	0000018092 PV27097		Collected Received Reported Status Client Name Patient location	17/Dec/2018 09:02/ 18/Dec/2018 02:22/ 18/Dec/2018 03:31/ Final Report SL MANGALORE Manglore, Manglore	PM PM
	DE	PARTMEN	T OF IMMUNO	LOGY	IL IN A
ANTITHY	ROID ANTIBO	DIES (ANT	TPO AND AN	TI THYROGLOBU Blo. Ref. Range	T
Test Name		Result	Unit	Bio, Ref. Hange	-
ANTI THYROGLOBULIN	ANTIBODY	0.2	IU/mL	< 4.0	CLIA
may result in ooth Taisery to serum Tg measurements she caution.		IES (ANTI	MICROSOMA	LANTHBOLDIES)	ICL
the second se	E TDOY	407.8	IU/mL	0-9	IC L
THYROID PEROXIDAS	YOU				
THYROID PEROXIDAS MICROSOMAL ANTIBO Comment: Thyroperoxidase (TPO) ant Graves disease. Very high t levels of anti-TPO antibodio disease. It may be occasionally posit (painless) thyroiditis (in appr	ibodies are positiv iter is suggestive o es, in the context o	e in approxin of Hashimoto of the clinical collicular carc patients), Lov	nately 95% of case thyroiditis but abso presentation of hy moma of the thyro v titers are present	s of Hashimoto diseas ence does not exclude pothyroidism, confirm rid, subacute thyroidit in >10% of normal pop	n the diag
MICROSOMAL ANTIBO Comment: Thyroperoxidase (TPO) ant Graves disease. Very high t levels of anti-TPO antibodis disease. It may be occasionally posit (painless) thyroiditis (in appr	ibodies are positiv iter is suggestive of es, in the context of tive in papillary-f roximately 60% of	e in approxin of Hashimoto of the clinical collicular carc patients), Lov	nately 95% of case thyroiditis but abso presentation of hy	s of Hashimoto diseas ence does not exclude pothyroidism, confirm rid, subacute thyroidit in >10% of normal pop	n the diag
MICROSOMAL ANTIBO Comment: Thyroperoxidase (TPO) ant Graves disease. Very high t levels of anti-TPO antibodio disease. It may be occasionally posit (painless) thyroiditis (in appr	ibodies are positiv iter is suggestive o es, in the context o	e in approxim of Hashimoto of the clinical ollicular care patients). Lov *** Enc	nately 95% of case thyroiditis but abso presentation of hy moma of the thyro v titers are present	s of Hashimoto diseas ence does not exclude pothyroidism, confirm rid, subacute thyroidit in >10% of normal pop	n the diag

- Patient overall better but headache has returned (may be Other basic parameters Normal.
 - Lithium Carbonate 50M Stat. and fortnightly x 2 months SL on other days.
 - Thyronorm reduced to 25mcg /day.

15.02.2019

15.06.2019

ty Hospital NABH Accredited	Kodiatbait, Mangalore - 575,003. Tol. : 91 824 423 88 55 Tol. : 91 824 249 68 00 Fax : 91 824 249 68 00 E-mail : hospital⊛yonepoya.org				
Request No : 306017 Name : Mrs SHAMEEMA Reg No : 139423 / Ref. By Dr : Dr DIRECTOR MEDICAL		Reg.Date 1 09-10-2017/18:34 Age / Sex 1 38 Years / Famale Reporting 1 12-02-2019/16:01 Date			
Specimen : SERUM		Received Date/Time : 12-02-2019/11:16			
	RESULTS		Reference	Range	Units
BIOCHEMISTRY T3	2.56		2.3	4.2	pg/ml
T4	0.82		0.89	1.8	ng/dl
SH	11.1		0.3	4	uIU/ml
ESULT ENTERED BY : B	ent902 GIREESH N ent902 GIREESH I	AVYA - 12-02-2 NAVYA - 12-02-2	019 / 10:03 1019 / 10:03		Lab InCharge
ESULT ENTERED BY : B	ent902 GIREESH N ent902 GIREESH I	44744 - 12-02-2 NAVYA - 12-02-2	019 / 10:03 2019 / 10:03		Lab Incharge
ESULT ENTERED BY : B	ent902 GIREESH N ent902 GIREESH I	AAVYA - 12-02-2 NAVYA - 12-02-3	019 / 10:03		Lab Incharge
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ESULT ENTERED BY : B	ent902 GIREESH I	NAVYA - 12-02-2 NAVYA - 12-02-3	2019 / 10:03		Lab Incharge

T3- 2.56 ng/ml, T4-0.82ug/dl, TSH - 11.1 uIU/mL,

Stat. and fortnightly x 3 months SL on other days.

- Bp-114/80mmhg, p-64/m, RS-NAD, Weight 64.0kgs
 - Patient clinically asymptomatic, Lithium Carbonate CM
 - 11/Jun/2019 07:48AM 11/Jun/2019 08:55AM Mrs.SHAMEEM 38 Y 0 M 0 D /F DMSL.0000018092 DMSL0PV35880 Dr.SELF Final Report SL MANGALORI 244 OF IMMUNOLOGY DEPARTMENT FREE AND TOTAL THYROID PROFILE (T3,T4, FT3, FT4,TSH) -Result Unit Bio. Ref. Range Test Name Т T CLIA 0.6-1.81 8.0 Т ng/mL Т TRI-IODOTHYRONINE (T3, TOTAL) CLIA 3.2-12.6 T 7.70 Т HE/dL THYROXINE (T4, TOTALARUM Т CLIA 0.35-5.5 THYROID STIMULATING HORMONE (TSH) SERUM 17.96 µIU/mL TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a p throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies.

For pregnant females	Bio Ref Range for TSH in ulU/ml (As per American Thyroid Association)				
First trimester	A CONTRACTOR OF	0.1 - 2.5			
Second trimester	0.2 - 3.0 0.3 - 3.0				
Third trimester					

FREE T3 (FT,3)ERUM

Patient Name Age/Gender UHID/MR No Visit ID Ref Doctor IP/OP NO

Comment: Free T3 gives corrected values in patients in whom the total T3 is altered on account of changes in serum pre-sites (e.g., pregnancy), drugs (e.g., androgens, estrogens, birth control pills, phenytoin [Dilantin]), altered level (e.g., nephrosis).

(e.g., nephrosis). Elevated concentrations of T3 occur in Grave's disease and most other classical causes of hyperthyroidism. Decreased concentrations occur in primary hypothyroid diseases such as Hashimoto thyroiditis and neonata secondary hypothyroidism due to defects at the hypothalamohypophyseal level. It may decrease by ≤25% in h while FT4 remains normal.

International Journal of Homoeopathic Sciences

- T3-0.8ng/ml ML, T4-7.70 ug/dL, TSH -17.96uIU /ml.
- Basic Parameters NAD
- Weight 65.0kg

Patient better but claims TSH increased due to excess consumption of raw cruciferous vegetables cabbage, cauliflower, broccoli as advised by relatives !!??

Lithium Carbonate 0/3 stat. and thrice / week for 4

months (Patient travelling to HAJ pilgrimage)

- SL on other days. Patient better but claims TSH increased due to excess consumption of raw cruciferous vegetables cabbage, cauliflower, broccoli as advised by relatives !!??
- Lithium Carbonate 0/3 stat. and thrice / week for 4 months (Patient travelling to HAJ pilgrimage)
- SL on other days.

30.10.2019

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74 (Total) Illerure(CMER)			.7.81	NOVEL	5.0-12.5 First Tremester : 8.0-17.1 Decord Tremester : 8.0-20. Therd Tremester : 8.0-20.	
TSH(Ultrase (Server, 2525, 34)	naithes)		33.25	satistives.	0.45-4.5 First Trimester : 0.1-2.5 Second Trimester : 0.2-5 Third temester : 0.3-5.0	
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			Page 1 of 1	MD Path I	Consultant Pathologist	

- T3 = 81.97 ng/dl, T4-7.51 ug/ml, TSH 11.75 uIU/ml.
- NO acute complaints reported. BP- 108/68mmhg, Pulse- 66/m, Weight- 65 kgs.
- Lithium carbonate 0/6 stat. and thrice a week for 3 months.
- SL on other days.

Conclusion

Lithium Carbonate in potentized doses from 200c to 10M to CM, all the way to 50 millesimal 0/3 and 0/6 in repeated doses, as per homoeopathic principle has been found to be effective in not only bringing down TSH – levels (as lab reports reveal) but also in alleviating the associated complaints.

Conflict of Interest

Not available

Financial Support

Not available

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