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

Dr. Allwyn Pais

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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)

- 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**

**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.

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**KMC Hospital**

**KMC Laboratory Services**

**NAME** : Mrs. JOYCE
**AGE/SEX** : 43 Years / Female
**REF BY** : Dr. GANESH H K
**LAB NO** : 348590 / Sample no: 2203
**PATIENT OP/BILL NO** : OU797854-ACC-264989/11

**INVESTIGATION**

<table>
<thead>
<tr>
<th>INVESTIGATION</th>
<th>RESULT</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSH(SERUM)</td>
<td>1.06</td>
<td>u/l Ul/ml</td>
</tr>
<tr>
<td>ANTIBODIES TO THYROID PEROXIDASE (ANTITPO)(SERUM)</td>
<td>159.0</td>
<td>IU/ml UPTO 14</td>
</tr>
</tbody>
</table>

**BIOCHEMISTRY TEST REPORT**

- **DATE OF REGISTRATION**
- **DATE OF COLLECTION**
- **DATE OF REPORT**
- **LOCATION**
- **HOSPITAL NO**

**NABL**

- **Certificate No:** M-011
- **Date:** 05/03/2012

**Dr. K. Ashok Pratima**

**Consultant Biochemist**

**KMC Hospital Laboratory Services**

**NABL**

**Certificate No:** M-011

**Date:** 05/03/2012

**Sample No:** 2203

**Lab Collector:**

**Certified Laboratory as per National Accreditation Board for Testing and Calibration Laboratories**

**Note:** This report is subject to the terms and conditions mentioned above.

**Tests parameters marked by asterisk (*) are excluded from the report of NABL accredited tests.**

**END OF REPORT**

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**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 Kolkata 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 better 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/ul/ml.
- BP- 100/80mmhg. Pulse -72/m.
Prescription- 1. Lithium carbonate 200 …..Thrice a week x 15 days.
2. Sanguinaria Can. 200 …..Thrice a week x 15 days.
## 07.09.2016

### International Journal of Homoeopathic Sciences

**TSH – 5.44 µ/u/ml**

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

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### 23.11.2016

**TSH**

<table>
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<tr>
<th>Test Parameter</th>
<th>Result</th>
<th>Normal Range</th>
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</thead>
<tbody>
<tr>
<td>Thyroid Stimulating Hormone (TSH)</td>
<td>2.86 µIU/ml</td>
<td>0.4-6.5 µIU/ml</td>
</tr>
</tbody>
</table>

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*Note: Laboratory results are not always reproducible. Mrs. Joyce and inter-Laboratory variations in estimation do occur. The laboratory results should be interpreted by treating doctor.*
TSH – 2.862 µ/u/ml.
Patient overall very much better. Weight- 62.0kgs. to 63.0kgs. over the last 6 months. No
complaints around this time. Lithium Carbonate 1m weekly x 2 months.

6.01.2017

T3 – 1.138 ng/ml,
T4 – 9.431 µg/dl, TSH -1.004 u/u/ml,
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
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 values observed over the last one year.

BP 102/70 mmhg, Pulse -72/m
Lithium carbonate 10m, once a month x 6 months.

07.12.2017

- 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
- 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 last 3-4 months.
- Lithium carbonate 0/3 prescribed twice a week x 2 months.
- Bovista 1M stat. (Irregular menses and neuritis)

06.03.2018

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.
- 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.
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) 
- Patient was advised 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.
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
- 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.

18/12/2018

- 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.

- Anti TPO - 407.6 IU/ml.
- Patient overall better but headache has returned (may be “rebound effect” of reduced thyronorm.
- Pain in breast reduced.
- Stool normal and soft (Probable side effects of Thyronorm – reduced)

- Menses regular and flow x 2-3 days.
- 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

T3 - 2.56 ng/ml, T4-0.82ug/dl, TSH – 11.1 uIU/mL,
Bp-114/80mmhg, p-64/m, RS-NAD, Weight – 64.0kgs

- Patient clinically asymptomatic, Lithium Carbonate CM

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

15.06.2019
- 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

References
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