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## Managing a case of subclinical hypothyroidism with Thyroidinum 200: A case report

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### Abstract

**Background and Objectives:** Numerous regional studies carried out over the preceding ten years have shown a dramatic increase in thyroid problems in India. Obesity, rapid iodination, and autoimmunity have all been mentioned as contributing reasons. One in ten people in India suffer from hypothyroidism. The objective of this study was to use the homeopathic medicine Thyroidinum, which is thought to be a specific supplement for hypothyroidism, in order to discover a feasible homeopathic remedy.

A patient who had hypothyroidism symptoms had their TSH, T<sub>3</sub>, and T<sub>4</sub> levels checked. The Thyroidinum is started, the symptoms are reevaluated at each follow-up appointment, and TFT is done to determine the treatment response.

**Result:** Thyroidinum, a homeopathic medicine, is effective in treating hypothyroidism. After treatment, hypothyroidism symptoms subsided and TFT returned to normal.

**Conclusion:** From the above result and observation, it is concluded that homeopathic remedy Thyroidinum cures hypothyroidism. No adverse effects were recorded when homeopathic remedy Thyroidinum is given to treat Hypothyroidism.

**Keywords:** Hypothyroidism, homeopathy, thyroidinum

### Introduction

Thyroxine (T<sub>4</sub>) and triiodothyronine (T<sub>3</sub>), two thyroid hormones, are essential for growth and development as well as adult metabolism, which affects nearly every organ system. Numerous regional studies conducted over the past ten years have shown that thyroid diseases are rapidly increasing in India. The justifications advanced have included anything from fast iodination and obesity to the growth in autoimmune [1, 2]. In India, there are 11% more people with hypothyroidism than those with hyperthyroidism [2].

Low levels of thyroid hormones in the bloodstream cause hypothyroidism. When the thyroid gland cannot create enough thyroid hormone, hypothyroidism is referred to as primary hypothyroidism. When the thyroid gland itself is normal and the illness is connected to the pituitary gland or hypothalamus, secondary hypothyroidism, a less prevalent condition, is diagnosed [3].

Over 99% of those who are affected have primary hypothyroidism [4]. The most typical cause of hypothyroidism is global iodine shortage. However, Hashimoto's disease is the most prevalent cause of thyroid failure in regions with adequate iodine supplies [4, 5].

The majority of hypothyroidism sufferers are comparatively asymptomatic, and the condition's symptoms are vague and frequently coincide with those of otherwise healthy people, including fatigue, weight gain, constipation, dry skin, dry hair, and other common concerns. As a result, it cannot be distinguished from symptoms experienced by the general population. Therefore, a thyroid function test (T<sub>3</sub>, T<sub>4</sub>, and TSH) is required to diagnose a diagnosis of hypothyroidism. Where there will be a high TSH level [6].

Either overt or subclinical primary hypothyroidism is possible. The T<sub>4</sub> level will be below the reference range in overt conditions, and it will be within the normal range but insufficient for the individual in subclinical conditions [6].

The principle of individualization and symptom similarity between the patient and the medicine forms the foundation of the homeopathic system. There are many examples of clinical and therapeutic trials arising in the field of homeopathy, despite the fact that it treats every human illness as an independent entity.

A diagnosis of subclinical hypothyroidism made after considering the patient's medical history, general physical examination, and biochemical testing. Thyroidinum 200 was used to treat the patient as a homoeopathic medicine. Following that, all the changes were noticed, and periodical reassessments were conducted. This research will aid in understanding how Thyroidinum 200 treats hypothyroidism at the clinical and biochemical levels.

#### Patient information

A 11-year-old female child visited peripheral rural health center on 12/08/2021 with complaints of pain in abdomen which was burning in type. The complaints got aggravated with spicy food intake. And nose block got aggravated with cold exposure. And itching in eyes aggravated with sneezing. She also complained of increasing body weight.

She had extreme intolerance to cold. Hair loss & Easy fatigability was there. She also had constipation.

#### Clinical findings

Patient was examined. Mild pallor present. Other general examinations were normal. All systemic examinations were normal.

#### Diagnostic assessment

Suspected hypothyroidism and requested to do Thyroid function test.

Patient came back with TFT report (fig 1) dated 28/08/2021 on 02/09/2021. TFT values are given below.

nT<sub>3</sub>: 106.19ng/dl

T<sub>4</sub>: 5.47mcg/dl

TSH: 7.12 mIU/L.

Test Description	Value Observed	Reference Range
<b>THYROID FUNCTION TEST</b>		
T3	: 106.19 ng/dl	60 - 181
T4	: 5.47 ug/dl	5.0 - 13.0
TSH	: 7.12 mIU/L	0.4 - 5.5

**Fig 1:** Patient was diagnosed as subclinical Hypothyroidism

#### Therapeutic intervention

Organopathic prescriptions are made based on the Paracelsus theory, which holds that the pharmaceuticals prescribed impact certain organs (or parts) based on self-elective choice. J. H. Clark, R. T. Coopers, Boger, and Burnett are just a few of the medical professionals who have shared their knowledge on the benefits of choosing organopathic medicines and their application in circumstances when other guiding symptoms, causations, and miasms were few or absent (10).

After a proper case taking *Thyroidinum* 200 was given as weekly dose.

#### Follow-up and outcomes

*Thyroidinum* 200 was given as weekly dose. Patient came after 2 weeks with mild improvement in the symptoms. So *Thyroidinum* was repeated with same potency. With the regular weekly dose of *Thyroidinum* 200 the patient showed drastic improvement within 4 months (table-1). Then the patient is advised to do TFT which showed normal. (Figure-2).

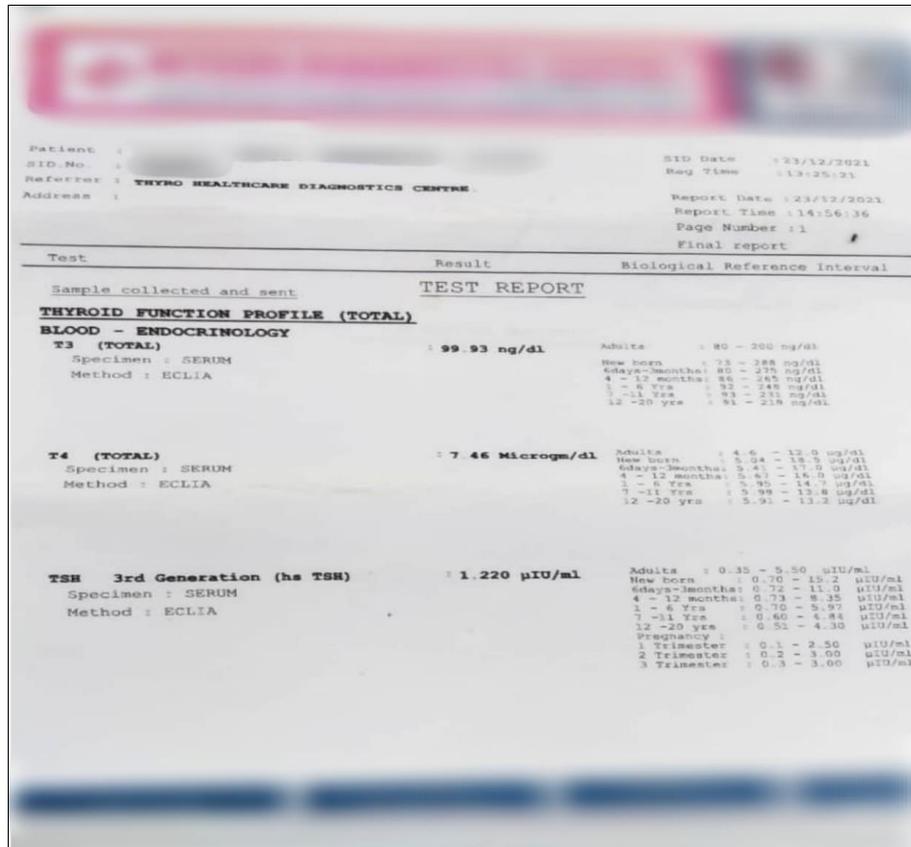


Fig 2: Show Figure Test Report

Table 1: Show table Date, Symptom change and Prescription

Date	Symptom change	Prescription
12/8/2021	Burning pain in abdomen present Nose block present Itching in eyes present Hair loss present Easy fatigability present Continuous increase in body weight Generals: Loss of appetite present Constipation present	<i>Arsenicum album</i> 0/3 /3 doses (to be taken at night) Placebo was given as daily dose for 15 days (To Do TFT)
2/9/2021	Burning pain in abdomen better than before Nose block cleared. Itching in eyes persist as same Hair loss present Easy fatigability present Continuous increase in body weight Generals: Loss of appetite present Constipation present TFT shows hypothyroidism	<i>Thyroidinum</i> 200/2doses weekly once Placebo was given as daily dose for 15 days
1ss6/9/2021	Burning pain in abdomen relieved Itching in eyes relieved Hair loss present Easy fatigability present Body weight persists Generals: Loss of appetite present Mild improvement in constipation	<i>Thyroidinum</i> 200/2doses weekly once Placebo was given as daily dose for 15 days
30/9/2021	Distension of upper abdomen Hair loss present Easy fatigability present Body weight persists Generals: Appetite better than before improvement in constipation	<i>Thyroidinum</i> 200/2doses weekly once Placebo was given as daily dose for 15 days
14/10/2021	Distension of upper abdomen better than before Hair Loss present Easy fatigability present Generals: Appetite normal Moderate improvement in constipation	<i>Thyroidinum</i> 200/2d weekly once Placebo was given as daily dose for 15 days daily

28/10/2021	Distension of upper abdomen reduced Hair loss present Easy fatigability reduced Generals: Appetite normal Passes stool without straining	<i>Thyroidinum</i> 200/2d weekly once Placebo was given as daily dose for 15 days
11/10/2021	Hair loss present Easy fatigability reduced Body weight has not increased Generals: Good	<i>Thyroidinum</i> 200/2d weekly once Placebo was given as daily dose for 15 days
25/11/2021	Hair loss reduced. better than before Easy fatigability reduced Generals: Good	<i>Thyroidinum</i> 200/2d weekly once Placebo was given as daily dose for 15 days
9/12/2021	Hair loss reduced Easy fatigability reduced Body weight reduced Generals: Good	<i>Thyroidinum</i> 200/2d weekly once Placebo was given as daily dose for 15 days
23/12/2021	Hair loss reduced well Easy fatigability reduced Body weight reduced Generals: Good	<i>Thyroidinum</i> 200/2d weekly once Placebo was given as daily dose for 15 days
6/1/2022	Hair fall is better than before TFT: T3: 99.93 ng/dl T4: 7.46 mcg/dl TSH: 1.220 mIU/ml Test report (23/12/2021) Generals: good	Placebo was given as daily dose for 15 days

**Discussion**

Primary hypothyroidism (poor thyroid gland function) and central hypothyroidism (insufficient thyroid-stimulating hormone stimulation) are the two main causes of hypothyroidism. Compared to central hypothyroidism, primary hypothyroidism is more prevalent. Numerous constitutional symptoms, including weight gain, dry skin, irregular menstruation, hair loss, cold intolerance, constipation, hoarseness of voice, coldness of skin, and widespread weakness and weariness, can be brought on by it. In children, hypothyroidism causes developmental delays that, in more severe cases, are known as cretinism.

Thyroid dysfunction requires a lifetime supplement regimen for normal allopathic treatment. This lifelong levothyroxine prescription is linked to various adverse reactions even if the dosage is determined and controlled by the patient's history, symptoms, and present TSH level.

Homoeopathy is a form of medicine that focuses on healing the patient rather than the illness. Additionally, it seeks to

quickly, gently, and permanently restore health. In homoeopathy, we effectively boost the body's thyroid gland activity to treat illness since the thyroid gland acts on the body at the level of immunity. This is distinct from making up the loss.

In this case study, the homoeopathic medication *Thyroidinum* works well to cure hypothyroidism. *Thyroidinum* 200 was used to treat the hypothyroidism symptoms, and after 4 months of treatment, TSH returned to normal. This suggests that *Thyroidinum* 200 accelerates the control of thyroid hormones. This example demonstrates the efficiency of homoeopathic treatment in both reducing hypothyroidism symptoms and bringing about beneficial pathological alterations, as demonstrated by the investigation. (Fig 2)

The modified Naranjo criteria score of the patient after treatment was '9', which indicates there is a definite relationship between the result observed and the prescribed medication. (Table 2).

**Table 2:** Show table Modified Naranjo criteria, Patient's Answer and score

S. No	Modified Naranjo criteria	Patient's Answer	Score
1.	Was there an improvement in the main symptom or condition for which the homoeopathic was prescribed?		+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	Yes	+1
3.	Was there an initial aggravation of symptoms?	Yes	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	No	+1
5.	Did overall well-being improve?	Yes	0
6.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	Yes	0
7.	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms	Not sure	0
8.	From organs of more importance to those of less importance?	Not sure	+1
9.	From deeper to more superficial aspects of the individual?	No	+2
	From the top downwards?	No	+1
	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	Yes	+9
		Total Score	

10.	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 interventions) Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.) Did repeat dosing, if conducted, create similar clinical improvement?		
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### Conclusion

From the above result and observation, it is concluded that homeopathic remedy *Thyroidinum* 200 is effective in the treatment of hypothyroidism. No adverse effects were recorded when homeopathic remedy *Thyroidinum* is given to treat Hypothyroidism.

### Informed consent

**Patient Consent for Publication**

The following information must be provided in order for this form to be processed accurately.

**Patients have the right to refuse to sign this consent form; refusal to sign this form will not affect their care in any way.**

- I hereby give my consent for images or other clinical information relating to my case to be reported in a medical publication.
- I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.
- I understand that the material may be published in a journal, Web site or other form of publication. As a result, I understand that the material may be seen by the general public.
- I understand that the material may be included in medical books.

Name of the patient \_\_\_\_\_  
Patient's date of birth 11/08/2010

Signature of patient (or signature of the Person giving consent on behalf of the patient) \_\_\_\_\_  
Date 04/11/2022

If you are not the patient, what is your relationship to him or her? (The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the patient).  
MOTHER

Why is the patient not able to give consent? (e.g. is the patient a minor, incapacitated or deceased?)  
MINOR

SL, Joseph L, *et al.* Harrison's principles of internal medicine. Edition 20<sup>th</sup>. New York: McGraw-Hill Education; 2018. p. 2698-99.

9. Clarke JH. A Dictionary of Practical Material Medical. Edition 2. London: Homeopathic Publishing Company; 2018. 1437-442.  
[https://www.nhp.gov.in/Principles-of-Prescribing\\_mtl](https://www.nhp.gov.in/Principles-of-Prescribing_mtl)

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### Conflict of Interest

Not available

### Financial Support

Not available

### References

- Menon AS. Rising prevalence of Thyroid disorders in India-The time to act is now. *Thyroid Research and Practice*. 2020 Sep 1;17(3):99.
- Unnikrishnan AG, Menon UV. Thyroid disorders in India: An epidemiological perspective. *Indian journal of endocrinology and metabolism*. 2011 Jul;15(2):S78.
- Patil N, Rehman A, Jialal I, Saathoff AD. Hypothyroidism (Nursing).
- Chiovato L, Magri F, Carlé A. Hypothyroidism in context: where we've been and where we're going. *Advances in therapy*. 2019 Sep;36(2):47-58.
- Ralston SH, Penman ID, Strachan MW, Hobson RP. *Davidson's principles and practice of Medicine*. Edition 23. Edinburgh: Elsevier; 2018. p. 644-49.
- Biondi B, Cooper DS. Thyroid hormone therapy for hypothyroidism. *Endocrine*. 2019 Oct;66(1):18-26.
- Chaker L, Bianco AC, Jonklaas J, Peeters RP. Hypothyroidism. *Lancet*. 2017;390(10101):1550-1562. DOI: 10.1016/S0140-6736(17)30703-1
- Jameson JL, Kasper DL, Longo DL, Fauci AS, Hauser