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Subclinical hypothyroidism in postpartum treated with individualized homoeopathic medicine: A case report

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Abstract

Introduction: Hypothyroidism is one of the most common endocrine disorder affecting people globally with high incidence. The thyroid gland is hyper stimulated during pregnancy which vary with race, iodine, nutrition and test method resulting changes in thyroid hormone concentrations with trimester specific reference range. Subclinical Hypothyroidism are usually treated with Thyroid Hormone replacement during and after pregnancy, but the long-term hormonal therapy leads to adverse effects.

Case summary: A 38-year-old woman presented with complaints of dryness and discomfort in throat and raised TSH levels since her pregnancy with subsequent elevation in the dosage of thyroid replacement therapy for 4 years without any improvement. To avoid long term usage of supplements and its complications, patient opted for Homoeopathic treatment. After a detailed case taking considering the observations, peculiar symptoms and repertorization, *Lachesis mutus* 30c was prescribed. Within 3-4 months patient TSH levels were reported normal without any hormonal supplements and regular follow ups maintained. The outcome was assessed by the modified Naranjo criteria. Through this case study we could explore the effectiveness of Individualized Homoeopathic medicines which can serve as a better treatment option for the Subclinical Hypothyroidism.

Keywords: Subclinical hypothyroidism (SCH), Thyroxine-binding globulin (TBG), Thyroid Stimulating Hormone (TSH), FT3 (Free tri-iodothyronine hormone), FT4 (Free thyroxine hormone), Homoeopathy

Introduction

Hypothyroidism is a failure of thyroid gland to produce sufficient amount of thyroid hormone to meet the metabolic demands of the body ^[1]. It affects mostly the female population in every stage of life like puberty, menstruation and especially during pregnancy ^[2]. Thyroid hormone is necessary for normal development of the baby ^[3]. The increased production of TBG which happens due to stimulation of TBG synthesis by elevated maternal estrogen levels. Also, due to reduced hepatic clearance of TBG from estrogen induced sialylation ^[4]. If there is a reduction in the thyroid reserve, mother may develop subclinical hypothyroidism ^[3]. The marked feature of subclinical hypothyroidism is elevated serum TSH level with normal free T3 and T4 levels.

The prevalence of SCH is 3-8% in general population and 15-18% in females ^[5]. 2-3% during pregnancy ^[6]. Previous studies states that women with subclinical hypothyroidism during pregnancy are at an increased risk of developing persistent long-term hypothyroidism about 38.9% and more than 1/3rd of the patients with SCH during pregnancy develop into persistent Hypothyroidism ^[7].

In conventional treatment, levothyroxine replacement therapy is usually recommended for all patients of SCH with TSH > 10mIU/L. High dosage often leads to adverse cardiac dysfunction, neuropsychiatric illness like anxiety and insomnia, Gastrointestinal disorders and dermatological manifestations ^[8]. In a study, 2 cases of symptomatic SCH shows the improvement in reduction of TSH levels and overall health was treated with Individualized Homoeopathic medicines ^[9]. In a case report the author says about the constitutional treatment of SCH in Homoeopathy with *Lachesis mutus* 200c ^[10]. In a clinical study by the author Prajakta Ghare shows the effect of *Thyroidinum* 3x in treating the SCH ^[11]. Thus, Homeopathic medicines have strong consideration in treating the Thyroid disorders.

Here, we present a case, in which the single Homoeopathic remedy prevented the patient from the long-term hormonal supplement therapy.

Case Report

Case history

A 38-year-old married female, visited out-patient department on 30th October 2021. She presented with the complaints of dryness and discomfort in throat since 1 month with difficulty on empty swallowing and liquids, but there is no discomfort while swallowing solids, sensation of obstruction in the throat while swallowing, singing and from warm drinks. She was suffering from Hypothyroidism since 4 years, was on Thyronorm tablet and still continuing with 150 mcg.

Past history

Complaints of anal fissure 2 years with bleeding per rectum during her pregnancy which was aggravated due to bad constipation and was treated with the conventional treatment by the obstetrician.

Physical generals

History of constipation, disturbed sleep, desires for sour food.

life space history

She was born and brought up in Punjab. She worked as teacher for 6 years and discontinued her job after the birth of 3rd child she wanted to continue her job but couldn't work. Since childhood she likes to talk and interact with people about different issues. Religious, likes to chant about God, daily in the morning hours without fail. She had a hobby of singing keertans and attending satsangs at the temple daily, but unable to do due to her present complaints. She had 2 co-sisters who have male kids. So, she always wanted to have a male child, took a chance of conceiving again after 11 years and prayed for whole 9 months during her pregnancy. She was very unhappy after the birth of girl child again. She used to cry and compare herself with her

co-sisters for not being blessed with male child, felt jealous at that time but now got adjusted to her situation.

Local examination of Throat

Inspection - no visible swelling of thyroid gland Palpation - swelling palpable during act of deglutination.

Totality of symptoms

- Ambitious
- Religious inclination Loquacity
- Desires for sour food
- Disturbed sleep due to discomfort in throat
- Constipation during pregnancy
- Lump like sensation in the throat < by warm drinks
- Difficulty on empty swallowing and liquids but there is no discomfort while swallowing solids
- Dryness in the throat

Analysis of the case

After analyzing the case the peculiar mental, physical and particular symptoms were considered. loquacity, ambitious and religious inclination, constipation aggravated during pregnancy, disturbed sleep, desire for sour food were the important general symptoms. Difficulty on swallowing liquids than solids with sensation of obstruction and dryness of throat were the particulars. Repertorial analysis was done with complete repertory using Hompath classic version 8 [12] [fig-1] considering the reportorial result and Materia medica differentiation similimum was selected.

Repertorial totality

Mind-ambition- much, ambitious Mind-religious affections Mind-loquacity.
 Rectum-constipation-pregnancy, during Generalities-food and drinks-sour, acids-desires Generalities-food and drinks-warm-drinks-agg Sleep-disturbed
 Throat-lump, plug, sensation of swallowing- agg on Throat-swallowing-difficult-liquids-more difficult than solids Throat-dryness

Remedy Name	Lach	Sulph	Verat	Puls	Sep	Stann	Graph	Calc	Nat-m
Totality	20	18	16	15	15	14	13	12	12
Symptom Covered	10	9	8	9	7	6	8	8	8
[C] [Mind]Ambition Much, ambitious:	2	1	2	1			1	1	1
[C] [Mind]Religious affections:	3	3	3	2	3	4	2	2	1
[C] [Mind]Loquacity:	4	1	2	1		3	1	1	1
[C] [Rectum]Constipation Pregnancy, during:	1	2	1	2	3		1	1	1
[C] [Generalities]Food and drinks Sour, acids Desires:	2	2	3	2	2	2		2	2
[C] [Generalities]Food and drinks Warm Drinks Agg:	1	2	1	2	1		2		
[C] [Sleep]Disturbed:	1	3	1	1	1	1	3	1	1
[C] [Throat]Lump, plug, sensation of Swallowing Agg on:	2	1		1	2		2	1	2
[C] [Throat]Swallowing Difficult, Liquids More difficult than solids:	2					1			
[C] [Throat]Dryness:	2	3	3	3	3	3	1	3	3

Fig 1: Repertorial sheet

Therapeutic intervention

After a thorough case taking, case anamnesis and reportorial analysis *Lachesis mutus (lach)*, *Sulphur* and *Veratrum album* covered similar symptoms of the patient.

In *Sulphur*, there is a marked burning, Sensation as if a hardball ascending throat and would close pharynx which was not presented by the patient.

As patient did not complain about sore throat with constrictive pain mainly during deglutition and dryness of throat which is not relived by any drink which is present in *Veratrum album*.

Finally, after a thorough Materia medica differentiation, *Lachesis mutus* was selected on the basis of marked symptoms like loquacity, jealousy, religious, ambitious and difficulty on empty swallowing of liquids than solids [12].

Diagnostic assessment

In this case patient thyroid values and complaints were indicating towards the diagnosis of Subclinical Hypothyroidism, were free thyroid hormone levels are

normal and TSH is elevated. The patient thyroid values were referred with the normal values during pregnancy. Details are given in table1

TFTs in Pregnancy

- In pregnancy Estrogen levels increase and TBG concentrations rise—this leads to an increase in total T4 and T3.
- First trimester Serum TSH falls due to the effect of human chorionic gonadotrophin and small fall in FT4.
- In the second and third trimesters FT4 and FT3 normal and TSH increase.

Table 1: Normal values of TSH during pregnancy

Stages of pregnancy	TSH[14]
First trimester	0.1-2.5 mIU/L
Second trimester	0.2-3.0 mIU/L
Third trimester	0.3-3.5 mIU/L

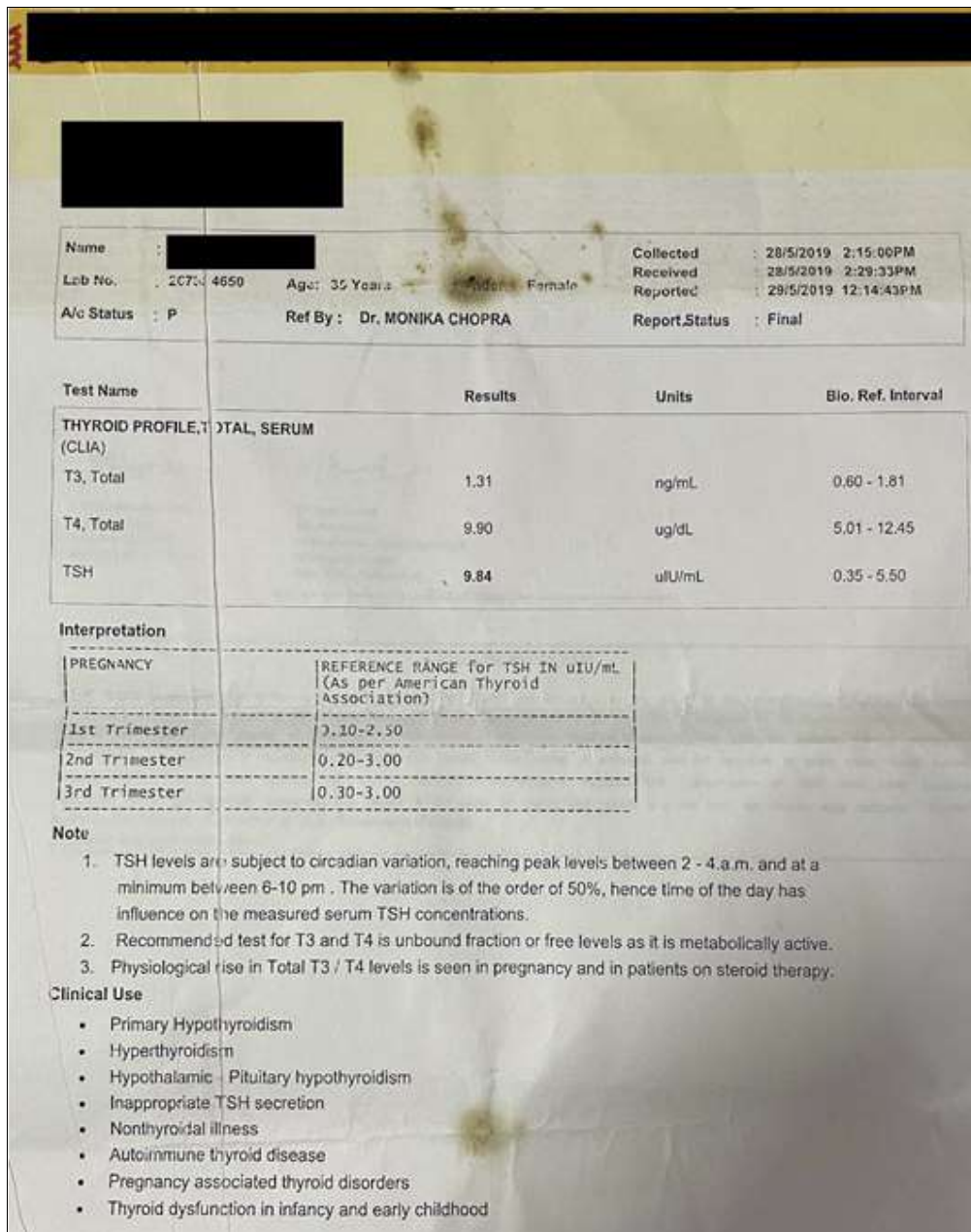


Fig 2: (28/5/2019) Thyroid profile during pregnancy

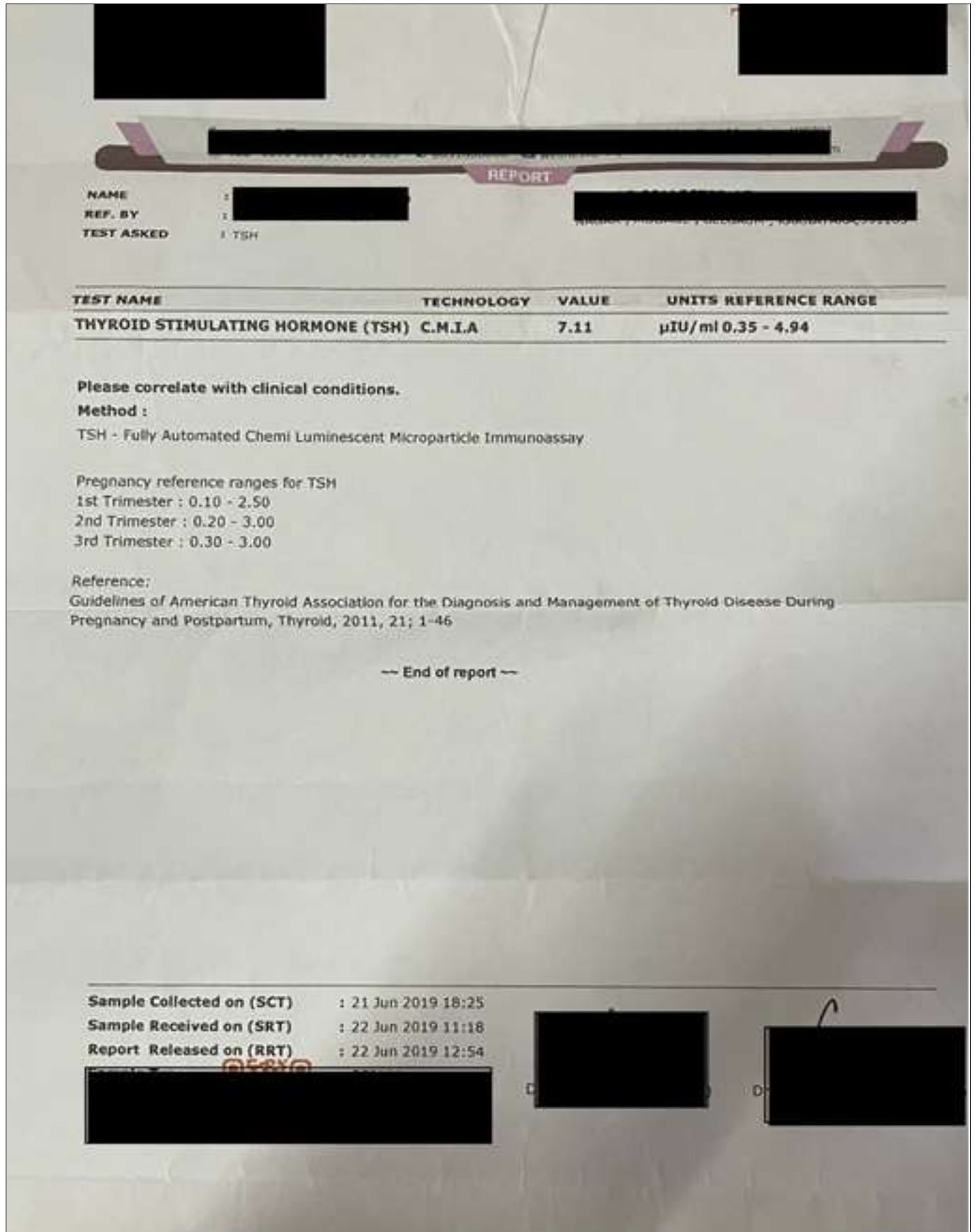


Fig 3: (21/6/2019) Thyroid profile after pregnancy

REPORT

NAME : [REDACTED] (37Y/F)
REF. BY : [REDACTED]
TEST ASKED : T3-T4-TSH

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	81	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	6.9	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	12.76	µIU/ml	0.3-5.5

Comments : IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION
Please correlate with clinical conditions.
Method :
T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY
Pregnancy reference ranges for TSH
1st Trimester : 0.10 - 2.50
2nd Trimester : 0.20 - 3.00
3rd Trimester : 0.30 - 3.00

Reference:
Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum, Thyroid, 2011, 21; 1-46

-- End of report --

Sample Collected on (SCT) : 27 Oct 2020 16:35
Sample Received on (SRT) : 28 Oct 2020 12:06
Report Released on (RRT) : 28 Oct 2020 14:25

Fig 4: (28/10/2020) Thyroid profile after pregnancy

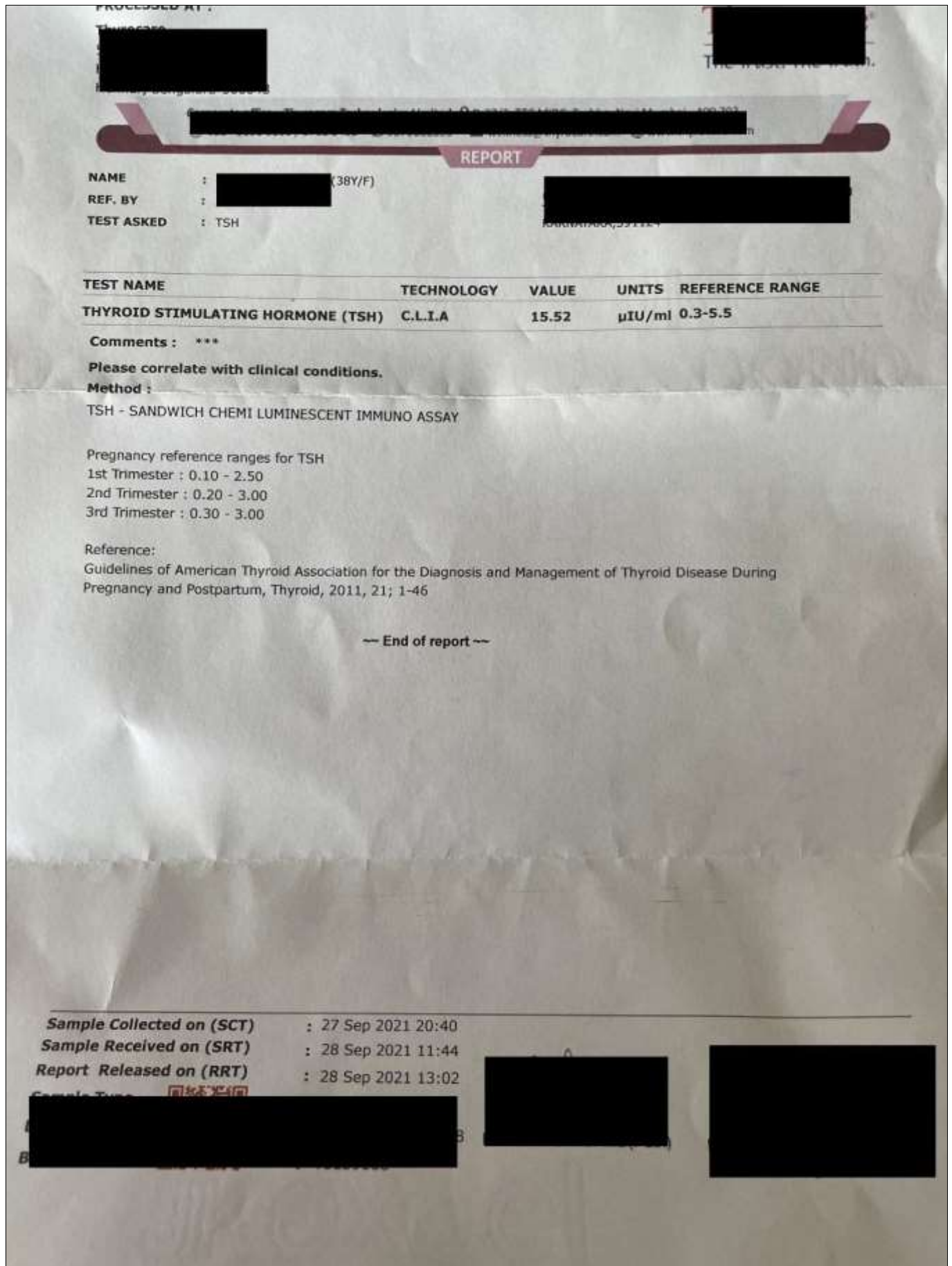


Fig 5: (28/9/2021) Thyroid profile before treatment

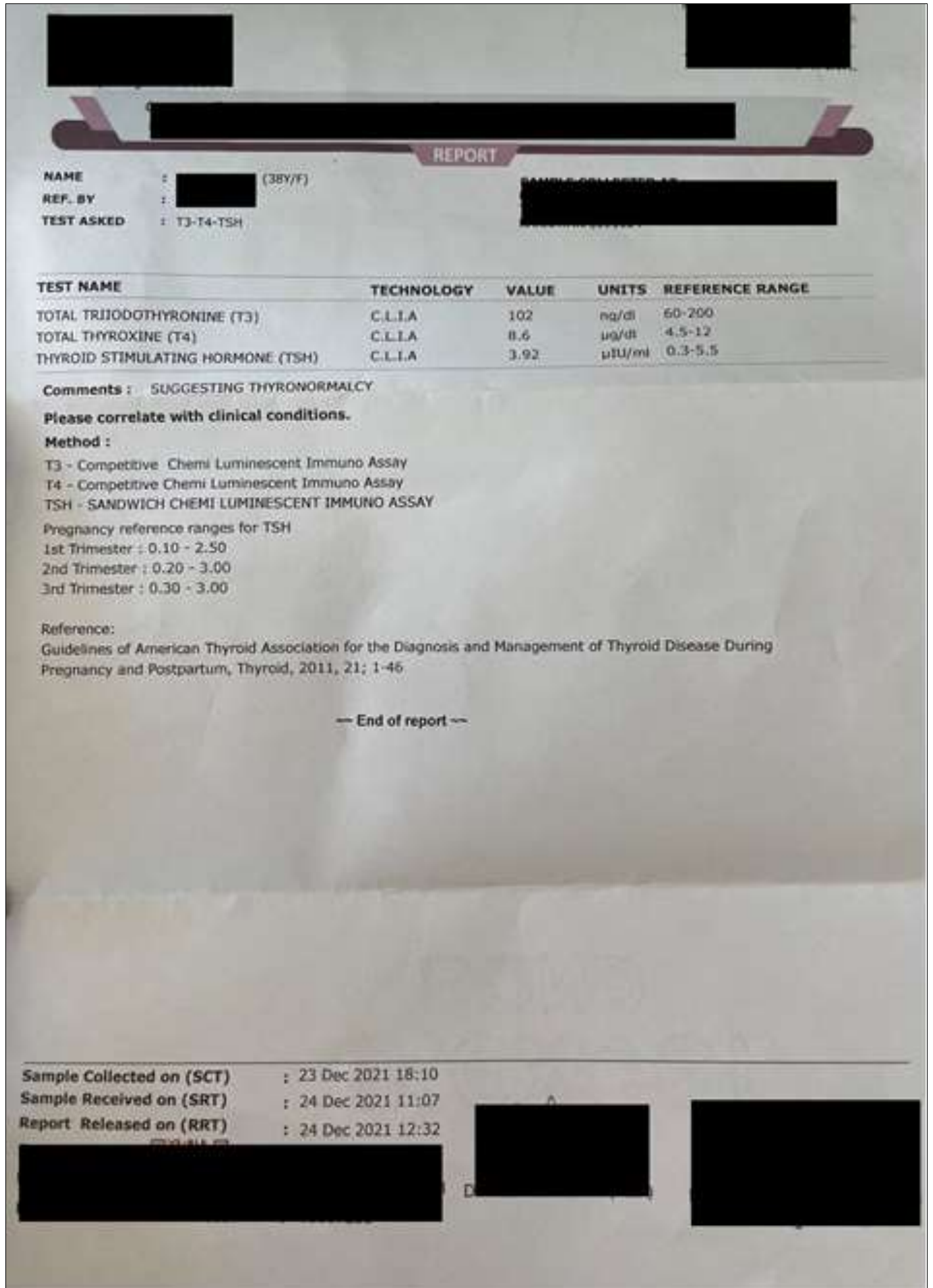


Fig 6: (24/12/2021) Thyroid profile after treatment

Table 3: Assessment of outcome with modified Naranjo criteria ^[15]

Criteria	Yes	No	Not sure or N/A
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+2		
Was there a homoeopathic aggravation of symptoms?		0	
Did the effect encompass more than the main symptom or condition, i.e, were other symptoms, not related to the main presenting complaint, improved or changed)?	+1		
Did overall wellbeing improve?	+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease? Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downward?		0	
Did 'old symptoms'(defined as nonseasonal and noncyclical symptoms that were previously thought to have resolved)reappear temporarily during the course of improvement?		0	
Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (e.g. Known course of disease, other forms of treatment and other clinically relevant intervention)?		+1	
Was the health improvement confirmed by any objective evidence as measured by external Observations?	+2		
Did repeat dosing, if conducted, clinical improvement?			
	create	similar	
	+1		
Total score – 10			

Discussion

In every Hypothyroidism case, thyroid hormonal supplements are generally suggested, but takes long time to revive back with the chance of having adverse effects ^[8]. This was also noticed in this patient where even after 4 years of regular intake of such medicines with increasing dosage, her TSH levels did not improve. Her complaints started since third trimester of her third pregnancy. As there was a Thyroid hormone fluctuation during pregnancy patient was put on Thyronorm 50mcg followed by subsequent increased doses depending on the elevating TSH levels till 150mcg. To avoid long term usage of supplements and its complications, patient opted for Homoeopathic treatment and was not on any hormonal supplements. On her 1st visit to OPD, TSH levels were 15.52 μ U/ml with the complaints of dryness and discomfort in throat. After a detailed case taking individualized Homoeopathic medicine was prescribed, with 3 repeated doses of medicine, there is a marked improvement in her symptoms with subsequent reduction in TSH levels. Zulewski's clinical score is generally used as gold standard for outcome measures in the treatment of Hypothyroidism ^[16]. But in this case, it was not used as many of the symptoms of the patient were not reflected. Outcome was assessed by post treatment thyroid report and modified Naranjo criteria. After assessing the case with modified Naranjo criteria the total score was 10 (table-3). It suggests a definite association between the medicine and outcome. Within 3-4 months patient TSH levels were reduced and regular follow ups maintained.

Conclusion

This case demonstrates the role of individualised Homoeopathic Medicines in the treatment of Subclinical Hypothyroidism. It also portrays significant reduction in TSH levels and resolved all the presenting complaints of the patient effectively with single Homoeopathic medicine which were persisting since past four years even after usage of continuous conventional treatment. Although, It is a single case study, Further clinical trials on larger sample size are suggestive to be helpful to assess the prominent remedial indications in subclinical Hypothyroidism.

Conflict of Interest

Not available

Financial Support

Not available

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