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A case of subclinical-hypothyroidism well managed by individualized Homoeopathic medicine: An evidence-based case report

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Abstract

Subclinical hypothyroidism is a prevalent endocrinopathy that progress to overt hypothyroidism and imparts danger to life threatening health hazards that includes coronary heart disease and heart failure. A 60 years old lady with subclinical-hypothyroidism is treated here successfully by individualized Homoeopathic medicine *Calcarea carbonica* 200 with in a duration of 3 months. The improvement was noted by laboratory report of serum TSH, T₃, T₄ and overall improvement towards the path of cure is established by MONARCH score. This case report portrays the positive effect of Homoeopathic medicine in the field of endocrinopathies. In addition to that this case reports infers that individualized Homoeopathic medicine is a sufficient tool for secondary prevention of disease.

Keywords: Subclinical hypothyroidism, *calcarea carbonica*, homoeopathy

Introduction

Hypothyroidism is termed as a condition when thyroid gland is unable to produce sufficient thyroid hormone to fulfil bodily requirement [1]. The first and the best screening and diagnostic test is evaluation of Thyroid Stimulating Hormone (TSH) followed by free T₄ in blood for identifying primary hypothyroidism. A low level of TSH and raised free T₄ is suggestive of primary hypothyroidism. A low level of TSH and normal range of free T₄ is suggestive of subclinical hypothyroidism (SCH). A low level of free serum T₄, low or inappropriately normal, serum TSH is suggestive of secondary hypothyroidism, furthermore it should be verified for hypothalamic-pituitary insufficiency [2]. Most common cause of subclinical hypothyroidism is chronic autoimmune thyroiditis (Hashimoto's thyroiditis), which is accompanied by antithyroid peroxidase antibodies. Although people with subclinical hypothyroidism are frequently asymptomatic, clinical signs can include general complaints or symptoms resembling those of overt hypothyroidism, like weakness, lethargy, weight gain, cold intolerance, and constipation. Between 3% to 18% of adults have subclinical hypothyroidism, which is very common and especially common in women, the elderly, and communities with access to iodine? Data presented in different studies details that, adults afflicted with subclinical hypothyroidism having higher risk of coronary heart disease, heart failure, and cardiovascular mortality. 2% to 6%, people with subclinical hypothyroidism are at risk for developing overt thyroid dysfunction according to the present yearly progression rate. This risk is higher in women, people with higher TSH levels, and people who have antithyroid peroxidase antibodies, though people without these antibodies also have a higher risk of progression [3]. According to conventional treatment if serum TSH level >10 mIU/l the patient should be treated to arrest progression to overt hypothyroidism and prevent complication. On the other-hand serum TSH levels ranging between 5 mIU/l - 9 mIU/l should be treated if the patient manifests symptoms of overt hypothyroidism to prevent progression and complications [4].

In different original articles we see successful treatment of SCH by Homoeopathic medicines. A study evidences significant decline in the anti TPO Antibody titres by Thyroidinum 3X, this indicates that Thyroidinum 3X is capable to treat SCH and can stop the patient to progress towards overt hypothyroidism [5]. Another case report showing a case of SCH treated successfully by Homoeopathic medicine *Ignatia amara* [4]. In different homoeopathic literatures we get medicines for symptoms that corresponds to SCH [5, 6, 7].

Patient details

A 60-year-old lady came to the out-patient department (OPD) of National Institute of Homoeopathy with laboratory report of serum T₃, T₄ and TSH. TSH level was high and serum T₃, T₄ were within the reference range. Along with that she had few overt symptoms of hypothyroidism including hair thinning, obstinate constipation.

From past medical history it was found that the patient had history of chickenpox and jaundice. In family history it was found that her mother had uterine fibroid.

Clinical finding

The patient was average in height, obese and fair in complexion. Her body weight was 68 kg. The patient had cold intolerance and aversion to meat, appetite and thirst was moderate and the patient had intolerance to milk which causes sour eructation. Patient’s bowel habit was irregular, stool was hard with obstinate constipation. Her sleep was disturbed by anxious visions of unusual things. Patient noticed forgetfulness while talking or narrating something.

Diagnostic assessment

A higher level of TSH and free serum T₃, T₄ value within reference range clearly diagnosed the case to be subclinical hypothyroidism.

Therapeutic intervention

The selection of potency, dose and repetitions were made at physicians discretion. The medicine was given orally and the repertorial sheet is attached with the case (Figure 1).

Repertorisation is done by RADAR 10.5.003

Prescription

Calcaria carbonica 200 Ch in sugar of milk was prescribed followed by 30 doses of placebo given for 30 days.

Basis of prescription

In reportorial analysis Calcarea carbonica got the highest score (9 out of 27). After going through Materia Medica it was confirmed for final prescription.

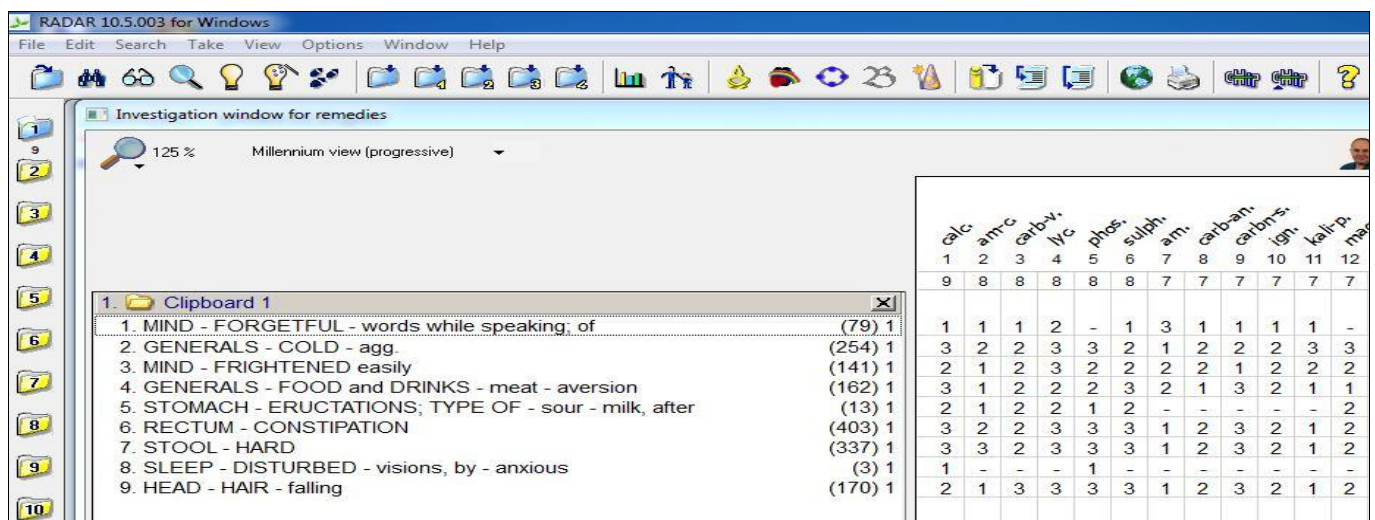


Fig 1: Repertorial sheet.

Response to the course of treatment

Follow up outcomes detailed in the Table-1.

Clinician and patient assessed outcomes

Patient started to improve gradually and it was following the direction of cure given by doctor Hering. At the end of the treatment patient was better in all the aspects.

Objective evidence

Improvement is noticed by laboratory investigation report.

Possible causal attribution

Modified Naranjo Criteria for Homoeopathy [8] (MONARCH) is followed for evaluation of causal attribution between intervention and improvement. This case obtained +9 MONARCH score that is detailed in table-2.

Adverse or unanticipated events

No adverse event was reported.

Homoeopathic Aggravation

No such condition was noted.

Table 1: Follow up details including past history and family history

Relevant past and family history (symptoms, diagnosis, interventions)		
Past history	Chicken pox, jaundice	
Family history	Mother have uterine fibroid	
Present complaints	Date	Intervention
Chilly patient with hair falling and intolerance to milk that causes sour eructation. Irregular bowel habit with hard stool and obstinate constipation. Disturbed sleep due to anxious visions of unusual things, forgetfulness of memory.	24.12.2022	1. Calcarea carbonica 200C/ 1Dose (in sugar of milk) 2. Rubrum 30/30 doses For 30 days

Sleep improved, hair falling was reduced to a great extent, all other complaints were same as before.	13.01.2023	Rubrum 30/30 doses For 30 days
Stool was regularised, milk intolerance is reduced to a great extent, hair falling was remarkably less, sleep improved, memory improved.	23.02.2023	Rubrum 30/30 doses For 30 days
Stool was regular. Sour eructation, hair falling was not noticed, all other complaints were better.	25.03.2023	Rubrum 30/30 doses For 30 days
All the physical and mental general symptoms are better.	29.04.2023	Rubrum 30/30 doses For 30 days
All the physical and mental general symptoms are better	17.05.2023	Rubrum 30/30 doses For 30 days

Table 2: Modified Naranjo criteria for homeopathy

Domains	Modified Naranjo criteria for homeopathy	Answered question	Score
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	Yes	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	Yes	+1
3.	Was there a homeopathic aggravation of symptoms?	No	0
4.	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)?	Yes	+1
5.	Did overall wellbeing improve? (suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	Yes	+1
6.	(A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	Not sure or N/A	+1
	(B) Direction of cure: did at least one 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?	Not sure or N/A	0
7.	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?	No	0
8.	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)	No	+1
9.	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	Yes	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	Not sure or N/A	-
Total score (maximum +13, Minimum -6)			+9

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ISO 9001:2015
 Patient Name: [Redacted]
 Age / Gender: 00 years / Female
 Patient ID: 26476
 Referral: [Redacted]

Scan to Validate
 Associate: SHM
 Collection Date: Dec 23, 2022
 Reporting Date: Dec 23, 2022
 Sample ID: [Redacted]

Test Description	Value(s)	Reference Range	Unit(s)
IMMUNOLOGY			
Thyroid Profile-I (Total)			
T3-Totals	0.87	0.58 - 1.62	ng/mL
T4-Totals	2.54	6.09 - 12.23	ug/dL
TSH	8.08	0.35 - 5.10	uIU/mL
Method: CLIA		First Trimester: 0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0	

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised TSH (especially in the range of 4.7 to 15 mIU/ml) is commonly associated with Hypothyroidism & High TSH (greater than 10 mIU/ml) indicates Autoimmune Hypothyroidism (Hashimoto's Thyroiditis) or Hypothyroidism. (T4 therapy for hypothyroidism Recovery phase after Non-Thyroidal illness)
Normal	Decreased	Decreased	Subacute Thyroiditis, Thyroiditis Post Radioiodine Therapy, Post radioactive Iodine phase of transient thyrotoxicosis
Normal or within range	Normal	Normal	Healthy individuals (Normal non-pregnant TPO antibodies, Anti-TPO 14 therapy or 14 evidence -Drug interference- Amiodarone, Heparin, Beta blockers, statins, anti-epileptics)
Decreased	Normal or within range	Normal or within range	Subacute Low TSH (especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness, Subclinical Hypothyroidism, Thyrotoxicosis)
Decreased	Decreased	Decreased	Central Hypothyroidism, Non-Thyroidal illness, Recent treatment for Hypothyroidism (TSH remains suppressed)
Decreased	Normal	Normal	Primary Hypothyroidism (Graves' disease) Multinodular goitre, Toxic nodules (Transient thyrotoxicosis, Postpartum, Silent (Symptomatic), Postnatal (granulomatous, subacute, DeQuervain's) Gestational thyrotoxicosis with hyperemesis gravidarum)
Decreased	Within Range	Normal	T3 toxicosis (Non-Thyroidal illness)
Within range	Decreased	Within range	Isolated Low T3 often seen in elderly & associated Non-Thyroidal illness in elderly the drop in T3 level can be upto 25%.

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ISO 9001:2015
 Patient Name: [Redacted]
 Age / Gender: 59 years / Female
 Patient ID: 41248
 Referral: [Redacted]

Scan to Validate
 Associate: SHM
 Collection Date: Mar 21, 2023
 Reporting Date: Mar 21, 2023
 Sample ID: [Redacted]

Test Description	Value(s)	Reference Range	Unit(s)
IMMUNOLOGY			
Thyroid Profile-I (Total)			
T3-Totals	1.02	0.58 - 1.62	ng/mL
T4-Totals	9.54	6.09 - 12.23	ug/dL
TSH	3.58	0.35 - 5.10	uIU/mL
Method: CLIA		First Trimester: 0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0	

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Normal	Within range	Within range	Normal TSH (especially in the range of 4.7 to 15 mIU/ml) is commonly associated with Hypothyroidism & High TSH (greater than 10 mIU/ml) indicates Autoimmune Hypothyroidism (Hashimoto's Thyroiditis) or Hypothyroidism. (T4 therapy for hypothyroidism Recovery phase after Non-Thyroidal illness)
Normal	Decreased	Decreased	Subacute Thyroiditis, Thyroiditis Post Radioiodine Therapy, Post radioactive Iodine phase of transient thyrotoxicosis
Normal or within range	Normal	Normal	Healthy individuals (Normal non-pregnant TPO antibodies, Anti-TPO 14 therapy or 14 evidence -Drug interference- Amiodarone, Heparin, Beta blockers, statins, anti-epileptics)
Decreased	Normal or within range	Normal or within range	Subacute Low TSH (especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness, Subclinical Hypothyroidism, Thyrotoxicosis)
Decreased	Decreased	Decreased	Central Hypothyroidism, Non-Thyroidal illness, Recent treatment for Hypothyroidism (TSH remains suppressed)
Decreased	Normal	Normal	Primary Hypothyroidism (Graves' disease) Multinodular goitre, Toxic nodules (Transient thyrotoxicosis, Postpartum, Silent (Symptomatic), Postnatal (granulomatous, subacute, DeQuervain's) Gestational thyrotoxicosis with hyperemesis gravidarum)
Decreased	Within Range	Normal	T3 toxicosis (Non-Thyroidal illness)
Within range	Decreased	Within range	Isolated Low T3 often seen in elderly & associated Non-Thyroidal illness in elderly the drop in T3 level can be upto 25%.

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(b)

Fig 2: Laboratory reports of the patient-(a) before treatment, (b) after treatment

Table 3: Follow ups of TSH Level (uIU/mL) with date

Date	Blood TSH
23.12.2022	9.08 uIU/ml
21.03.2023	3.58 uIU/ml

Discussion

A case of subclinical hypothyroidism is narrated here with sufficient objective evidences (Fig. 2) in the form of laboratory report showing successful treatment of the above-mentioned case by the intervention of homoeopathic medicine. Homoeopathic medicine *Calcarea carbonica* is used here on the basis of individualization. Before the commencement of treatment, the TSH level of the patient was 9.08 uIU/ml, after 3 months of treatment it came down to 3.58 uIU/ml (table-3). In addition to that the MONARCH score was assessed, after treatment evaluated MONARCH score was +9 confirming the definite causal attribution between improvement and intervention.

Homoeopathy is the system of medicine that not only follows the dictum of rapid, gentle method of treatment but also in aphorism 4 it directs the physician regarding the prevention^[9]. In this case by controlling the TSH we arrested the condition from progressing to overt hypothyroidism, and relieved the patient from tormenting symptoms like constipation, hair falling, sour eructation.

Conclusion

The above-mentioned case of subclinical hypothyroidism had a chance to progress towards overt hypothyroidism. In addition to that as the case is of an elderly lady it had risk of other fatal conditions like coronary heart disease, heart failure. It is clearly evidenced that indicated homoeopathic medicine can cure disease along with preventing a pathological condition progressing to its overt state.

Acknowledgments

We consider ourselves blessed enough that we got the chance to go through huge number of cases of National Institute of Homoeopathy in our under graduate and post graduate curriculum. Our heart-felt gratitude to our director, and all the teachers.

We would like to thank our parents for their constant support.

Informed consent

Signed "Informed Consent" was taken from the patient while she came for her treatment exclusively through homoeopathic medicines under care of the doctor.

Source of financial support: None

Declaration of competing interest: None

References

- Hollowell JG, Staehling NW, Flanders WD, *et al.* Serum TSH, T(4), and thyroid antibodies in the United States population (1988 to 1994): National Health and Nutrition Examination Survey (NHANES III). *J Clin Endocrinol Metab.* 2002;87(2):489-499.
- Gaitonde DY, Rowley KD, Sweeney LB. Hypothyroidism: An update. *South African Family Practice.* 2012 Sep 1;54(5):384-90.
- Baumgartner C, Blum MR, Rodondi N. Subclinical hypothyroidism: summary of evidence in 2014. *Swiss*

- medical weekly. 2014 Dec 15;144(5152):w14058.
- Ghare P, Jadhav AB, Patil AV. A clinical study to see the effect of Thyroidinum, a homoeopathic preparation on thyroid peroxidase antibody in subclinical hypothyroidism of age group between 18-70 years. *International Journal of Health Sciences and Research.* 2020;10(2):18-22.
- Boericke W. *New Manual of Homoeopathic Materia Medica with Repertory.* 2nd Re-augmented and revised ed., New Delhi: B Jain Publishers (P) Ltd; c2000, 281.
- Kent JT. *Repertory of the Homoeopathic Materia Medica.* 9th impression. New Delhi; B. Jain Publishers (P) Ltd; c2015.
- Allen HC. *Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica with Bowel Nosodes.* 10th Impression. New Delhi: B. Jain Publishers (P) Ltd; c2011.
- Lamba CD, Gupta VK, Van Haselen R, *et al.* Evaluation of the Modified Naranjo Criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy.* 2020;109(04):191-197.
- Hahnemann S. *Organon of Medicine.* 5th and 6th edition. Dudgeon RE, Boericke W, eds.). New Delhi: B. Jain Publishers Pvt. Ltd.; c2013.

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