

# Hypothyroidism Management through Individualized Homoeopathic Medicine: A Case Review

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**Abstract:** *Hypothyroidism is a disorder of endocrine system. It is a condition on when the thyroid gland is not producing enough thyroid hormones to the body. It is also called underactive thyroid. This is the most common thyroid disorder. It occurs more in women and it runs in families also. Homoeopathic medicine plays a vital role in management of thyroid disorder. In this article a case of 54 year old female with increased TSH level is taken. A complete case history was taken and Sepia officinalis was prescribed based on the totality of symptoms and repertorization. The patient gradually started improving during the course of treatment which shows the efficacy of Homoeopathic medicine Sepia officinalis in the treatment of hypothyroidism.*

**Keywords:** Homoeopathy, Hypothyroidism, Sepia officinalis

## 1. Introduction

Hypothyroidism is a condition characterized by inadequate production and release of thyroid hormones [1]. It can be either congenital or acquired later in life [2]. Thyroid hormones play a crucial role in regulating the body's metabolism. Iodine deficiency remains the most common cause of hypothyroidism worldwide. However, in regions of iodine sufficiency, the most common causes are autoimmune diseases, such as Hashimoto's thyroiditis, and iatrogenic factors [1].

Primary hypothyroidism occurs when the thyroid gland produces insufficient thyroid hormone due to its own dysfunction. In contrast, secondary hypothyroidism results from inadequate stimulation of the thyroid gland by the pituitary gland. Thyroid gland is regulated by the pituitary gland. Thyroid hormone exists in two major forms - thyroxine (T4) and Tri iodo thyronin (T3). When the level of T3 and T4 fall, pituitary increase the production of TSH and the TSH in turn stimulates thyroid gland to produce more T3 and T4 and this occurs vice versa [3]. The prevalence of primary hypothyroidism is approximately 1 in 100, but this rises to 5 in 100 when including patients with subclinical hypothyroidism [4].

### 1.1 Prevalence

Thyroid disorders are the most prevalent endocrine conditions globally, with hypothyroidism being the most common type in India, affecting approximately one in ten adults. In adults, hypothyroidism is 8 to 10 times more common in women than men, and its prevalence increases with age [5]. In India, the overall prevalence of hypothyroidism is around 10.95%. This is higher compared to developed countries, where the prevalence is typically 4% to 5% [6,7,8]. Among individuals of

reproductive age, the prevalence of hypothyroidism ranges from 2% to 4% [9].

### 1.2 Clinical features

Hypothyroidism can lead to a variety of clinical signs and symptoms, many of which are nonspecific. Common symptoms include weight gain, fatigue, depression, widespread muscle pain, difficulty in concentrating, and irregular menstrual cycles. More specific symptoms of hypothyroidism include constipation, dry skin, sensitivity to cold, weakness in proximal muscles, and hair loss. The condition is typically diagnosed through blood tests measuring TSH levels. A mildly elevated TSH with normal T3 and T4 levels suggests subclinical hypothyroidism, while significantly high TSH levels paired with low T3 and T4 levels indicate clinical hypothyroidism [9,10].

### 1.3 Complications

Hypothyroidism can result in serious cardiovascular and neurological complications, if left untreated [11]. It may also lead to mental health issues, peripheral neuropathy, myxedema, and infertility [12]. Due to the subtle nature of its signs and symptoms, the differential diagnosis of primary hypothyroidism based on clinical presentation includes conditions such as Euthyroid Sick Syndrome, goiter, myxedema coma, sub-acute thyroiditis, Addison's disease, anaemia, iodine deficiency, chronic fatigue syndrome, depression, erectile dysfunction, and infertility [13].

## 2. Case Report

A 54 years old female came with the report of increased TSH level on 14.05.2023. She has the complaints of hair fall in head with headache often and irregular menses since 1 year

(once in 2-3 months-scanty flow) with severe lower abdominal pain during menses. She becomes tired easily. She has bloated abdomen and eructation. She is moderately built and of dark complexion.

### 2.1 Case History

Patient was apparently healthy before 1 year. Complaints started gradually as generalised hair fall in head and weakness of body since 1 year. Headache of pulsative type occurs often relieved after sleep. If there is severe headache, she used to take allopathic tablet and got relief. Menses become irregular, once in 2-3 months with scanty flow for 2-3 days. She has severe lower abdominal pain during menses. She also has belching and eructation occasionally especially after eating. The patient was not having the history of weight loss or weight gain and no related history in the past.

### 2.2 Family history

Elder sister has been diagnosed with hypothyroidism and is receiving Homoeopathic treatment for it, while elder son experiences migraines and is also undergoing Homoeopathic treatment to manage his condition.

### 2.3 Personal history

Education – Degree  
Social status – Middle class family  
Food – Non vegetarian

### 2.4 Physical generals

Appetite is good, with three meals per day. Thirst is adequate, with 6-8 glasses of water consumed daily, and a preference for warm water. There is a strong desire for pickles. Bowel movements are regular, occurring once a day, and urination is also regular and satisfied. Sweating is generalized. However, sleep is reduced, averaging 4-6 hours per night. She could not bear cold climate, desire covering.

### 2.5 Life space investigation

The patient belongs to a middle class family. She is the third child to her parents. She has one elder brother, one elder sister and one younger brother. She is good with her family and friends. She has normal developmental milestones. She had good schooling and college life. She completed degree course. At the age of 23 years, she got married. Her husband was a government employee and she is housewife. They have 3 male children. Though her husband is easily irritated person and shout at her for silly reasons, she is calm and not get irritated easily. She is happy with her family and is friendly with others.

### 2.6 Mental generals

She is calm and not easily irritated. She is friendly with others.

### 2.7 Menstrual history

There have been irregular menses for the past year, occurring once every 2-3 months. The flow is scanty, lasting for 2-3 days, and is accompanied by severe lower abdominal pain during menstruation.

LMP: 20/02/2023

### 2.8 Obstetric History

G3 P3 L3 A0- Full term normal vaginal delivery

### 2.9 Physical examination

The patient is conscious, no pallor, no lymphadenopathy, not icteric, no oedema, no cyanosis and no clubbing.

Pulse Rate – 70/min

Respiratory Rate – 16/min

Blood Pressure – 110/70 mm of Hg

Temperature – 98.6 F

Height – 152 cm

Weight – 60 kg

Skin – No abnormalities

### 2.10 Local examination of neck

Examination of the neck revealed a uniform enlargement of the thyroid gland and free upward movement on swallowing. No visibly dilated veins were detected on the anterior part of the thorax. On palpation, the margins of the gland were well defined and no nodules were detected.

### 2.11 Lab investigation

Thyroid Panel

At baseline - (25/04/2023)

T3 - 124 ng/dL, T4 - 8.98 µg/dL, TSH - 9.03 µIU/mL

### 2.12 Totality of symptoms

Hair fall in head++

Headache relieved by sleep++

Easily tired++

Distension of abdomen+

Eructation++

Irregular menses

Severe lower abdominal pain during menses

Desire pickles+

Disturbed sleep++

Cold weather aggravation++

Calm minded, not easily irritated+

Friendly with others+

### 2.13 Repertorization

Done using synthesis repertory.

- 1 MIND - CALMNESS
- 2 MIND - FRIENDLY
- 3 HEAD - HAIR - falling
- 4 HEAD - PAIN - pulsating pain
- 5 HEAD - PAIN - sleep - amel.
- 6 STOMACH - ERUCTATIONS
- 7 ABDOMEN - DISTENSION
- 8 ABDOMEN - PAIN - menses - during
- 9 FEMALE GENITALIA/SEX - MENSES - irregular
- 10 SLEEP - DISTURBED
- 11 GENERALS - COLD - agg.
- 12 GENERALS - FOOD and DRINKS - pickles - desire
- 13 GENERALS - WEAKNESS - easily tired

Remedies	Sum Sym	Sum Deg	Symptoms
sep.	9	19	3,4,5,6,7,9,10,11,12
sulph.	8	21	3,4,6,7,9,10,11,12
lach.	8	17	3,4,6,7,9,10,11,12
nat-m.	8	17	3,4,6,7,9,10,11,12
ign.	8	14	3,4,6,7,9,10,11,12
thuj.	8	14	3,4,5,6,7,9,10,11
chel.	8	13	3,4,6,7,9,10,11,12
kali-bi.	8	13	3,4,6,7,9,10,11,12
staph.	8	12	3,4,6,7,9,10,11,12
verat.	8	12	3,4,6,7,9,10,11,12

2.14 Prescription

*Sepia officinalis* 200C 1 dose is prescribed with placebo for 30 days upon repertorization and totality of symptoms.

2.15 Follow-up


Date	Symptoms Change	Prescription
15-06-2023	Distension of abdomen slightly reduced. Headache, hair fall, tiredness and eructation present. LMP – 20/02/2023.	<i>Sepia officinalis</i> 200C /1 d SG (3-3-3)/1 month
18-07-2023	All complaints slightly reduced. LMP – 26/06/2023	<i>Sepia officinalis</i> 200C / 1 d SG (3-3-3)/1 month
21-08-2023	Distension of abdomen and eructation relieved. Headache, hair fall, tiredness reduced. LMP – 25/07/2023	SL/ 1 d SG (3-3-3)/1 month
25-09-2023	No changes in symptoms. LMP – 25/07/2023	<i>Sepia officinalis</i> 1M /1 d SG (3-3-3)/1 month
30-10-2023	All complaints got reduced. Patient feels better. LMP – 25/07/2023	SL/ 1 d SG (3-3-3)/1 month
16-12-2023	No new symptoms. TSH - 4.090µIU/mL	-

2.16 Treatment reports

**Mrs** ████████  
 Age : 54 Year(s) Female

APL Code : APD-KL-011  
 Ref Doctor:  
 Customer : S.J.HOSPITAL

Sample Type : SERUM  
 SID : **4377590**  
 Collected on : 2023-04-25 00:00  
 Regd on : 2023-04-25 14:24  
 Reported On : 2023-04-25 15:58



**CLINICAL BIOCHEMISTRY**

Test Description	Result	Units	Biological Reference Ranges
<b>THYROID PANEL I</b>			
Triiodothyronine Total (TT3) <small>(Method: Chemiluminescence)</small>	124.07	ng/dL	126 – 258 : 1 Yr – 5 Yr 96 – 227 : 6 Yr – 15 Yr 91 – 164 : 16 Yr – 18 Yr 87 – 178 : > 18 years Pregnancy : 1st Trimester : 81 - 190 2nd & 3rd Trimester:100 - 260 6.09 - 12.23
Thyroxine - Total (TT4) <small>(Method: Chemiluminescence)</small>	8.98	µg/dL	Pregnancy: 4.6-16.5 : 1st Trimester 4.6-18.5 : 2nd & 3rd Tri
Thyroid Stimulating Hormone (TSH) <small>(Method: Ultra-sensitive chemiluminescence)</small>	<b>9.03</b>	µIU/mL	0.46 - 8.10 : 1 yrs-5 Years 0.36 - 5.80 : 6 yrs-18 Years 0.38 - 5.33 : 18 yrs-88 Years 0.50 - 8.90 : >88 Years Pregnancy ranges: 1st Trimester:0.05 - 3.70 2nd Trimester:0.31 - 4.35 3rd Trimister:0.41 - 5.18.

**DIAGNOSTIC REPORT** **DDRC** *agilus* >>>  
diagnostics

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**PATIENT NAME :** [REDACTED] **REF. DOCTOR :** Dr.Ansalin A R

ACCESSION NO : <b>4193WL000702</b>	AGE/SEX : 54 Years Female
PATIENT ID : [REDACTED]	DRAWN : 14/12/2023 07:24:39
CLIENT PATIENT ID:	RECEIVED : 14/12/2023 07:27:12
ABHA NO :	REPORTED : 14/12/2023 11:30:38

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<b>Test Report Status</b> Final	<b>Results</b>	<b>Units</b>
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**SPECIALISED CHEMISTRY - HORMONE**

**WHOLE BODY PACKAGE 1 - FEMALE (258Q)**

<b>THYROID PANEL, SERUM</b>			
T3	82.10	Adult : 80-200	ng/dl
T4	8.8	Adults : 4.5-12.1	µg/dL
TSH	4.090	55-80 yrs : 0.35 - 4.5	µIU/mL



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aswasdiagnosticvzm@gmail.com  
Ph: 7034450123

*Your trusted health partner*



Name : Mrs. [REDACTED]	Visit ID : VZ20240929/1
Age & Sex : 54 yrs, Female	Collected on : 29/09/2024 7:17AM
Ref by : Dr.Ansalin A R	Reported on : 29/09/2024 2:55PM
Outlet :	

Test Description	Observed Value	Reference Range & Units
<b>BIOCHEMISTRY</b>		
<b>Blood Glucose (Fasting)</b>		
Fasting Blood Sugar	79 mg/dL	70 - 110 mg/dL
<b>Total Cholesterol</b>	153 mg/dL	130 - 200 mg/dL
<b>HORMONE</b>		
<b>TSH</b>	4.0 µIU/ml	0.27 - 4.2 µIU/ml

**Note**  
TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

**Clinical Use**  
- Diagnose Hypothyroidism and Hyperthyroidism  
- Monitor T4 replacement or T4 suppressive therapy  
- Quantify TSH levels in the subnormal range

**Increased Levels:**  
Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism, Thyroid hormone resistance

**Decreased Levels:**  
Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.

Issued By  
**UDAYAKALA U S**  
Lab Technician

Clinical Pathologist  
**Dr. Sharon Prasad M R**  
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\*\* End of report \*\*

### 3. Discussion

This case reports the treatment of a hypothyroidism case with individualized Homoeopathic medicine without any conventional supplement, over a period of 8 months. There were no recurrence of illness and patient is asymptomatic till date. The patient came with the report of TSH level 9.03µIU/mL with the symptoms like hair fall, irregular menses with abdominal pain, eructation, disturbed sleep and weakness. Gradually her complaints decreased. Patient was followed up monthly and she became better generally with the Homoeopathic medication Sepia officinalis. TSH level became 4.090µIU/mL within 8 months. She was asked to review if there is any symptoms or after 6 months with the

report of TSH. After 9 months she came with good health and with the report of TSH level 4.0µIU/mL. This shows the effectiveness of Homoeopathic medicine Sepia officinalis in the treatment of hypothyroidism.

### 4. Conclusion

This case study highlights the effectiveness of individualized Homoeopathic medicine Sepia officinalis for managing hypothyroidism. The remedy was selected based on a thorough assessment of the patient's total symptom picture and corroborated through repertorization. As this study involved a single case, further research involving a larger

number of cases is necessary to validate these findings and explore its potential in more complex scenarios.

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