

Understanding Hypothyroidism in Homoeopathy: Causes, Symptoms, and Diagnosis

Ramneek Kaur

PG Student, Sri Guru Nanak Homoeopathic College & Hospital, Ludhiana, PB, India

Abstract: *Hypothyroidism results from low levels of thyroid hormone with varied etiology and manifestations. Hypothyroidism is primarily categorized as primary and secondary (ie, central) hypothyroidism. In primary hypothyroidism, the thyroid gland cannot produce adequate amounts of thyroid hormone. The less commonly seen secondary or central hypothyroidism occurs when the thyroid gland functions normally; however, hypothyroidism results from the abnormal pituitary gland or hypothalamus function. Autoimmune thyroiditis and iodine deficiency are the most common causes of the disease.*

Keywords: Hypothyroidism, TSH, Homoeopathy, Conflict

1. Definition

A condition in which the thyroid gland doesn't produce enough thyroid hormone. Hypothyroidism's deficiency of thyroid hormones can disrupt such things as heart rate, body temperature and all aspects of metabolism. Hypothyroidism is most prevalent in older women.

Symptoms

- Whole body: fatigue, lethargy, or feeling cold
- Developmental: delayed puberty or slow growth
- Hair: hair loss or dryness
- Also common: brittle nails, constipation, dry skin, enlarged thyroid, high cholesterol, irregular uterine bleeding, irritability, sensitivity to cold, sexual dysfunction, slow heart rate, sluggishness, or weight gain.

Investigation

The symptoms of hypothyroidism can be different from person to person. And they often look like symptoms of other health problems. Because of that, a diagnosis of hypothyroidism doesn't rely on symptoms alone. It's usually based on the results of blood tests.

The first blood test typically done to diagnose hypothyroidism measures the level of thyroid - stimulating hormone (TSH) in the blood. If it's high, the test is done again, along with a blood test for the thyroid hormone T - 4. If the results show that TSH is high and T - 4 is low, then the diagnosis is hypothyroidism. In some cases, the thyroid hormone T - 3 may be measured as well.

If the second test shows high TSH but T - 4 and T - 3 are in the standard range, then the diagnosis is a condition called subclinical hypothyroidism. It usually doesn't cause any noticeable symptoms.

Development and Function of the Thyroid Gland: The thyroid gland is situated at the front of the lower neck below the larynx with one lobe on each side of the trachea. Originally, the thyroid gland was located in the oropharynx from where it descended to its final position, taking a path through the tongue and the neck. This connection is known as the thyroglossal duct. The primary function of the thyroid is the production of thyroxine (secretory quality), a hormone

that regulates the rate in which nutrients are converted into energy (see pituitary gland, TSH - thyroid stimulating hormone). Initially, the thyroid was an exocrine gland excreting hormones into the ingoing and outgoing section of the intestine to facilitate the ingestion of food and the elimination of feces. After the gullet had broken open, the thyroid became an endocrine gland releasing thyroxine directly into the bloodstream. The thyroid gland consists of intestinal cylinder epithelium, originates from the endoderm and is therefore controlled from the brainstem.

BRAIN LEVEL: In the brainstem, the thyroid gland has two control centers that are orderly positioned within the ring form of the brain relays that control the organs of the alimentary canal. The right half of the thyroid gland is controlled from the right side of the brainstem; the left half is controlled from the left brainstem hemisphere. There is no cross - over correlation from the brain to the organ.

BIOLOGICAL CONFLICT: Consistent with its role in digestion, the biological conflict linked to the thyroid gland is a "morsel conflict" (compare with "morsel conflict" related to the parathyroid glands, mouth and pharynx, stomach).

CONFLICT - ACTIVE PHASE: Starting with the DHS, during the conflict - active phase thyroid gland cells proliferate proportionally to the intensity of the conflict. The biological purpose of the cell increase is to improve the secretion of thyroxine so that the individual becomes faster to catch the desired morsel (right half of the thyroid) or to get rid of an undesired morsel (left half of the thyroid). This causes an overactive thyroid or hyperthyroidism. Because of the enhanced thyroxine production, persons with an overactive thyroid are often overexcited, nervous, irritable, and have trouble sleeping. High blood pressure is typically isolated to systolic hypertension (compare with hypertension related to the right myocardium and the kidney parenchyma). The nodule that appears during the conflict - active phase is generally referred to as a "hot nodule" (compare with "cold nodule" related to the thyroid ducts). With persistent conflict activity, the growth (secretory type) created by the continuing cell augmentation forms a hard struma, or goiter (compare with euthyroid struma related to the thyroid ducts). The enlargement of the thyroid could cause breathing difficulties due to the pressure on the trachea. A large swelling with

profuse cell proliferation might be diagnosed as a thyroid cancer. duodenum, pancreas gland, small intestine, and colon).

HEALING PHASE: Following the conflict resolution (CL), fungi or mycobacteria such as TB bacteria remove the cells that are no longer needed. Healing symptoms are pain due to the swelling, difficulties breathing and swallowing, and night sweats. If the healing process is accompanied by an inflammation, this causes thyroiditis. With the completion of the healing phase the thyroxine level returns to normal. However, with a hanging healing, that is, when healing is continually interrupted by conflict relapses, the prolonged decomposing process results in a loss of thyroid gland tissue causing a chronic underactive thyroid, or hypothyroidism, also termed Hashimoto's disease. It is a wide - spread belief that hypothyroidism is caused by iodine deficiency. This theory, however, cannot explain why the right or left thyroid lobe is affected or both. Symptoms of an underactive thyroid are fatigue and low energy, since the insufficient production of thyroxine slows down the body's metabolism (see also healing phase of thyroid ducts). In this case, supplementing thyroxine is advisable.

NOTE: Hypothyroidism is always preceded by hyperthyroidism!

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